**RAINBO**

**Raising the Digital Literacy of Professionals to Address Inequalities and Exclusion of LGBTQI Community**

**Intellectual Output 1:**

**National Report of the Needs Analysis in the UK**

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# Contents

[Contents 3](#_heading=h.3j2qqm3)

[1](#_heading=h.1y810tw) Introduction 5

[2](#_heading=h.gjdgxs) Desk Research 6

[2.1](#_heading=h.3znysh7) Challenges faced by LGBTQI people during the COVID-19 epidemic 6

[2.1.1](#_heading=h.2xcytpi) Issues facing LGBT+ workers in Wales 6

[2.1.2](#_heading=h.1ci93xb) Challenging LGBT+ exclusion in UK higher education 6

[2.1.3](#_heading=h.3whwml4) COVID-19 impacts on LGBTI communities in the UK 7

[2.1.4](#_heading=h.2bn6wsx) The impact of the covid-19 pandemic on LGBT communities in the UK 8

[2.2](#_heading=h.qsh70q) Good Practices 9

[2.2.1](#_heading=h.3as4poj) NHS UK 9

[2.2.2](#_heading=h.1pxezwc) NHS England 10

[2.2.3](#_heading=h.49x2ik5) Advancing LGBTQ+ equality LGBTQ+ Action Plan for Wales 10

[2.2.4](#_heading=h.2p2csry) Government Policy: Your rights as a LGBT+ worker 11

[2.2.5](#_heading=h.147n2zr) Stonewall Charity 12

[2.2.6](#_heading=h.3o7alnk) MindOut 12

[2.2.7](#_heading=h.23ckvvd) NHS England-Pride in Practice 13

[2.2.8](#_heading=h.ihv636) Welsh Parliament-Collecting LGBTQ+ histories 15

[2.2.9](#_heading=h.32hioqz) IGLYO-The International LGBTQI Youth and Student Organisation 15

[2.3](#_heading=h.1hmsyys) Available Support Services 16

[2.3.1](#_heading=h.41mghml) Organisations 16

[3](#_heading=h.vx1227) Field Research 19

[3.1](#_heading=h.3fwokq0) Interviews with providers 19

[3.1.1](#_heading=h.1v1yuxt) Profile of participants 19

[3.1.2](#_heading=h.4f1mdlm) The status and challenges of LGBTQI people during the pandemic 19

[3.1.3](#_heading=h.2u6wntf) Good practices 20

[3.1.4](#_heading=h.19c6y18) Needs for training or online resources 22

[3.2](#_heading=h.3tbugp1) Interviews with LGBTQI people 23

[3.2.1](#_heading=h.28h4qwu) Profile of participants 23

[3.2.2](#_heading=h.nmf14n) The status of LGBTQI people during the pandemic 23

[3.2.3](#_heading=h.37m2jsg) Good practices 23

[3.2.4](#_heading=h.1mrcu09) Needs for training or online resources 24

[3.3](#_heading=h.46r0co2) Online Research 25

[3.3.1](#_heading=h.2lwamvv) Profile of the respondents 25

[3.3.2](#_heading=h.111kx3o) Experiences of LGBTIQ+ 25

[3.3.3](#_heading=h.3l18frh) Needs of providers 27

[4](#_heading=h.206ipza) General Conclusions 30

[4.1](#_heading=h.2zbgiuw) An equality perspective is not always sensitive 30

[4.2](#_heading=h.1egqt2p) COVID-19 and the “mainstream” LGBTQI+ population 31

[4.3](#_heading=h.3ygebqi) Not having a partner, loneliness and lack of sex during lockdowns 31

[4.4](#_heading=h.2dlolyb) Challenges for LGBTIQ+ refugees, immigrants and undocumented people 32

[4.5](#_heading=h.sqyw64) Good practices 33

[4.6](#_heading=h.3cqmetx) Needs of providers 33

[5](#_heading=h.4k668n3) References 35

# Introduction

The reason for this report is to research and analyse the need for an online resource to support service providers in the UK who work with and for the benefit of the LGBTQI[[1]](#footnote-1) community. The report will provide an insight into how they coped with the challenges during the COVID-19 pandemic.

The learning resource will be developed by a team of partners from the UK, Greece, Luxembourg, Portugal, Romania, and the Netherlands in the context of the EU Erasmus+ project “RAINBO”: “Raising the Digital Literacy of Professionals to Address Inequalities and Exclusion of LGBTQI Community”.

The research undertaken for the need assessment was carried out between August 2021 and January 2022. It consisted of desktop research (i.e. literature review) and field research through a survey and interviews with providers and the LGBTQI community in all the partner countries.

In this report, we will report on the desk research in the UK, and then on the field research. In the conclusion of the report, we will formulate our findings and conclusions.

In addition to this RAINBO UK project report, other partners will also produce their own country’s report (i.e. Netherlands, Greece, Luxembourg and Portugal), and a publication on the international literature review.

# Desk Research

## Challenges faced by LGBTQI people during the COVID-19 epidemic

### Issues facing LGBT+ workers in Wales

• Transgender people report **high levels of discrimination and stigma** in many healthcare settings. Many recorded that they have been regularly **misgendered** at hospital, particularly those who live visibly as transgender and those whose name and gender are **not reflected accurately on medical papers**.

• Transgender people can experience **transphobia from staff and other patients** while a patient in hospital.

• LGBT+ people, including transgender and gender diverse people, have **higher rates of HIV and cancer**, and may have a compromised immune system.

• Practices common amongst Transgender men such as **chest binding** can exacerbate respiratory conditions. But this may not be widely known in the community or outside of it.

• The impact of Covid-19 on **mental health services for LGBT+ people is a concern**. Many of these services are run voluntarily by small charities and community groups who struggle to survive even without a global health pandemic. Many routine mental health appointments and face to face appointments have been cancelled.

• Living in **quarantine with homophobic family members or flatmates** can increase the risk of **hate crimes and domestic abuse**.

**Date:** Unspecified

**Source:** <https://www.tuc.org.uk/lgbt-workers-wales-and-covid-19>

### Challenging LGBT+ exclusion in UK higher education

45 of 122 respondents reported general stress and challenges during the pandemic.

Specific negative effect relating to the pandemic include:

•isolation from LGBT+ communities, affecting mental health and experiences of burnout,

•increased workload, which we know is occurring across the board in HE during the pandemic,

•difficulties taking parental/adoption leave for LGBT+ staff due to increased workload within HE institutions,

•difficulties taking care of elderly parents and families,

•unable to see partners and chosen families due to long distance relationship,

•concern that Covid-19 adds to and increases job insecurity in HE.

Other issues of concern reported by our respondents are specific to LGBT+ employees, some of which present intersectional concerns:

* I experience stress working from home; lack of work/life separation.
* I have been working from home, I have worries about not having any work and losing my job
* I have had little support from my manager and little contact with most colleagues.
* I am and worried about the future of my university course
* More isolated - missing mixing with peers, having to learn/teach online which can lead to some barriers.

**Date:** May 2021

**Source:** <https://www.ucu.org.uk/media/11495/Challenging-LGBT-exclusion-in-UK-higher-education/pdf/LGBT__exclusion_May2021.pdf>

### COVID-19 impacts on LGBTI communities in the UK

Delays or postponements of appointments and gaps in access to ongoing care were reported in **the United Kingdom**, where all Gender Identity Clinic appointments have been postponed.

Issues accessing sexual health and HIV services were reported in the **United Kingdom**, with reports of cancellation of HIV testing programmes as well as check-up appointments for people living with HIV, suspension of new prescriptions of PrEP, and PrEP trial cancellations.

The issue of increased incidence of domestic violence towards individuals from the LGBTI community was shocking and instrumental in putting together the rapid assessment, with reports **coming from the United Kingdom.**

**In the United Kingdom**, an LGBTI organisation highlighted that domestic violence was reported mostly by young LGBTI people and LGBTI people with disabilities.

Ability of LGBTI organisations to do advocacy work and engage with policymakers:

Reports of decreased access to policymakers and advocacy opportunities were reported **in the UK.**

Good practice examples:

ILGA-Europe received reports of active adoption by civil society of online services, support programmes, and event planning from the United Kingdomwhich is seen as a good practice.

The pandemic also served to bring attention to the issue of homelessness among LGBTI people, including LGBTI youth.

**Date:** 19 June 2020

**Source:** <https://www.ilga-europe.org/sites/default/files/covid19-lgbti-assessment-2020.pdf>

### The impact of the COVID-19 pandemic on LGBT communities in the UK

Although there is no evidence to suggest that LGBT people are inherently more likely to contract COVID-19 than other groups, a number of factors exist which may result in people from LGBT communities being more at risk of infection than the general population.

These include the following factors:

* LGBT communities are disproportionately impacted by HIV. Without the right treatment, a compromised immune system is more susceptible to the effects of COVID-19. BHIVA advises that people living with HIV with a CD4 count of under 50 or people who have been diagnosed with an opportunistic infection in the last 6 months should stay at home at all times and avoid face to face contact for 12 weeks. Those people living with HIV who do not know their status or are not accessing treatment of particular concern.
* LGBT people are more likely to smoke than the general population. Smoking has been linked as a factor that is ‘highly likely’ to increase the risk of coronavirus pneumonia.
* LGBT communities may be more reluctant to access healthcare due to fears of encountering LGBTphobia. This may result in people with COVID-19 symptoms avoiding advice or care once these develop.
* LGBT people are less likely to be active enough to benefit from the protective factors of exercise - resulting in a higher prevalence of long-term conditions. Both of these have been linked as risk factors leading to people getting more seriously ill from COVID-19. Exercise has also been listed as a factor in making people less likely to be admitted to intensive care should they develop symptoms associated with COVID-19.
* In the UK, LGBT people are more likely to be homeless meaning that many may be unable to self-isolate effectively & may not have what they need if they do fall ill.

These factors mean that LGBT communities run the risk of being disproportionally vulnerable to COVID-19 infection.

**Date:** 29th May 2020

**Source:** <https://lgbt.foundation/coronavirus/why-lgbt-people-are-disproportionately-impacted-by-coronavirus?__cf_chl_jschl_tk__=pmd_R7JIiNXlQTlIUZX0k1gGoH4dqS8kWmDAef84gMRi7F0-1629795528-0-gqNtZGzNAjujcnBszQbR>

## 

## Good Practices

### NHS UK

NHS is providing talking therapy. Talking therapies or psychological therapies are effective and confidential treatments delivered by fully trained and accredited NHS practitioners. They can help with common mental health problems like stress, anxiety and depression.

**Other support organisations**

These organisations offer mental health advice, support and services for LGBT people.

[Gendered Intelligence](http://genderedintelligence.co.uk/)  
The organisation runs youth groups in London, Leeds and Bristol for transgender, non-binary and questioning young people. It also runs a peer-led support group in London for people aged 18 to 30.

[**Imaan**](https://imaanlondon.wordpress.com/)  
Imaan is a charity that supports lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) Muslims, providing an online forum where people can share experiences and ask for help.

[**Consortium**](https://www.consortium.lgbt/)  
This membership organisation works to support LGBT+ organisations and projects around the country. Use the site's [Member's Directory](https://www.consortium.lgbt/member-directory/) to find local mental health services.

[**LGBT Foundation**](https://lgbt.foundation/)  
The LGBT Foundation offers information, advice, and support services, including a [Talking Therapies Programme](https://lgbt.foundation/talkingtherapies) to LGBT people.

[**London Friend**](http://londonfriend.org.uk/)  
London Friend offers support groups and services, such as counselling and drug and alcohol support, to LGBT people in and around London.

[**Mind LGBTQ**](https://www.mind.org.uk/information-support/tips-for-everyday-living/lgbtiqplus-mental-health/about-lgbtiqplus-mental-health/#.WVzoNUUrKM8)  
Get information about mental health support for people who are lesbian, gay, bisexual, trangender, intersex, non-binary, queer or questioning (LGBTIQ).

[**Pink Therapy**](http://www.pinktherapy.com/)  
Pink Therapy has an [online directory](http://www.pinktherapy.com/en-gb/findatherapist.aspx) of therapists who work with people who are lesbian, gay, bisexual, transgender, intersex and queer or questioning (LGBTIQ), and people who are gender- and sexual-diverse (GSD).

[**Stonewall**](http://www.stonewall.org.uk)  
Find LGBT mental health services near you using Stonewall's "[What's in my area?](https://www.stonewall.org.uk/help-advice/whats-my-area)" search box.

[**Switchboard LGBT+ Helpline**](https://switchboard.lgbt/)  
Switchboard provides a listening service for LGBT+ people over the phone, via email and online chat. It can provide you with contact details of an LGBT-friendly therapist.

<https://www.nhs.uk/mental-health/advice-for-life-situations-and-events/mental-health-support-if-you-are-gay-lesbian-bisexual-lgbtq/>

### NHS England

**LGBT health**

Dr Michael Brady National LGBT Health Advisor:

Dr Brady was appointed as the National Advisor for LGBT Health at NHS England in April 2019. In this new role Dr Brady works across NHS England and NHS Improvement, with the Government Equalities Office and a wide range of stakeholders, partner organisations and the LGBT community to address health inequalities for LGBT individuals and improve experience in the NHS. Michael is also an HIV and Sexual Health consultant at Kings College Hospital in London and the Medical Director of the Terrence Higgins Trust.



**Source:** <https://www.england.nhs.uk/about/equality/lgbt-health/>

### 

### Advancing LGBTQ+ equality LGBTQ+ Action Plan for Wales

The Welsh Government is committed to safeguarding human rights for everyone – we want to   
enable all LGBTQ+ people in Wales to live as full lives as possible – to be healthy, to be happy   
and to be safe. We’ve come a long way in the past three decades when it comes to   
strengthening equality and human rights for lesbian, gay, bisexual, transgender and   
queer/questioning (LGBTQ+) people in Wales and across the UK. Legislative change has   
meant that schools, organisations and public services are now doing much more to advance   
these rights and tackle LGBTQ+ bullying and discrimination. Equal marriage and adoption rights   
are now a reality for many and Section 28 (a law passed in 1988 that stopped councils and   
schools "promoting the teaching of the acceptability of homosexuality as a pretended family   
relationship) has been consigned to history. We have seen a huge shift in positive attitudes   
toward LGBTQ+ communities and for LGBTQ+ inclusion.

**Date:** July 2021

**Source:** <https://gov.wales/sites/default/files/consultations/2021-07/lgbtq%2B-action-plan.pdf>

### Government Policy: Your rights as a LGBT+ worker

Section 44 of the Employment Rights Act 1996 provides workers with the right to withdraw from and refuse to return to a workplace that is unsafe. There have been several examples of union branches walking off the job citing this law.

If you feel your workplace is unsafe due to Covid-19, you should contact your union's legal team for urgent advice.

The Equality Act 2010 is the key piece of legislation dealing with workplace discrimination. It protects workers from discrimination based on age, sex, disability, race, religion or belief, sexual orientation, marriage or civil partnership status, pregnancy or maternity, or gender reassignment.

The Equality Act 2010 defines sexual orientation as a person's sexual orientation towards—    
   
(a) persons of the same sex,    
(b) persons of the opposite sex, or    
   
(c) persons of either sex.

It defines gender reassignment as—

proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

Union representatives have a key role to play in:

* promoting equal rights for all members. Union Representatives can negotiate with employers for policies and procedures that advance equality and do not lead to one group being disadvantaged.
* creating a supportive atmosphere at work and in the union in which all members feel that they can participate and that their opinions are valued.
* challenging instances of harassment and discrimination and ensuring complaints are dealt with effectively.
* acting as a role model in treating everyone fairly.

**Source:** [**https://www.tuc.org.uk/lgbt-workers-wales-and-covid-19**](https://www.tuc.org.uk/lgbt-workers-wales-and-covid-19)

### Stonewall Charity

* At Stonewall, we stand for lesbian, gay, bisexual, transgender, queer, questioning and ace (LGBTQ+) people everywhere. We imagine a world where all LGBTQ+ people are free to be themselves and we can live our lives to the full.
* We are part of a vibrant global movement for change made up of LGBTQ+ people, our allies, families and friends. Since day one, we've fought for freedom, for equity and for potential.
* Over the last 30 years, we have helped create transformative change in the lives of LGBTQ+ people in the UK. Today, we have equal rights to love, marry and have children, and our lives, families and relationships are represented as part of the national curriculum in most of the UK.
* Our campaigns drive positive change in public attitudes and public policy. We ensure LGBTQ+ people can thrive throughout our lives by building deep, sustained change programmes with the institutions that have the biggest impact on us, whether we’re learning, working, praying or playing sport. We make sure that the world hears and learns from LGBTQ+ communities, and our work is grounded in evidence and expertise. And we’re committed to empowering people to create change in their own communities.
* We face rising intolerance degrading our hard-won rights. But we won't be silenced. Not until all of us are free to be proud, free to be loved, free to be together, free to be who we are. Our work continues until the world we imagine is the world we live in.

**Date:** Unspecified

**Source:** [**https://www.stonewall.org.uk/**](https://www.stonewall.org.uk/)

**Digital workshops:** <https://www.stonewall.org.uk/stonewall-stories-category/workplace/digital-workshops>

### MindOut

**Peer Support Groups**

MindOut peer support groups are welcoming of all LGBTQ people.

Our peer support groups are confidential and non-judgemental and are run by experienced LGBTQ group facilitators

Our identity themed groups are run by facilitators who share the same identity as the theme of the group.

These groups provide opportunities for LGBTQ people to:

* Meet other people with shared lived experiences and shared identities
* Create a safe and supportive space to share how you are feeling
* Use shared experiences and identities to give and receive support
* Help reduce loneliness and isolation and share coping strategies

Currently groups are for;

* Women
* People who are 50+
* People of Colour (PoC)
* LGBTQ people with experience of suicidal thoughts
* Men with experience of suicidal thoughts
* People juggling work with their mental health and wellbeing

There are also groups for under 30’s, transgender, BAME, non-binary, bi and queer people too. There are opportunities for interested people in these groups to contact and set groups up in response to interest and demand.

**Date:** Unspecified

**Source:** <https://mindout.org.uk/get-support/peer-support-groups/>

### NHS England-Pride in Practice

Pride in Practice is a quality assurance and social prescribing programme that strengthens and develops primary care services’ relationships with their lesbian, gay, bisexual and transgender (LGBT) patients. Pride in Practice enables primary care services to link with community assets and to utilise strength-based approaches to community healthcare delivery.

Pride in Practice is co-produced with commissioners, policymakers, clinicians and LGBT communities.

Assets to the scheme include:

* An accreditation award, including a wall plaque and Pride in Practice logos for letterheads and websites. This enables primary care services to promote their equality credentials, and demonstrates their commitment to ensuring a fully inclusive, patient-centred service. Awards are graded Bronze, Silver or Gold depending on assessment results. Assessments are carried out with the support of a dedicated Account Manager.
* Ongoing support from a dedicated Account Manager providing consultancy and support on a range of topics based on the needs of the service, identified through the supported assessment.
* Community Leaders volunteers who provide insight and live through experience to ensure patient voice, influence and greater public involvement.
* Support to deliver effective active signposting and social prescribing for LGBT communities, linking services with a range of LGBT-affirmative local community assets to facilitate holistic approaches to care.
* Access to training around LGBT inclusion, which provides information on how to provide appropriate services to LGBT people, support around Sexual Orientation and Transgender Status Monitoring, myth busting, and confidence building with staff around terminology and appropriate language.
* Access to our Pride in Practice compendium, which includes a wealth of information on conditions of high prevalence in LGBT communities, such as sexual health, mental health, cancer screening for LGBT people, referral pathways into specialist LGBT services (such as Gender Identity Services), and legal rights of LGBT people.
* Access to posters, rainbow lanyards and a suite of LGBT information resources for display in primary care services, which serve as a visual representation of inclusivity whilst also providing relevant support and information to LGBT patients.
* LGBT patient insight so that services can be proactive about meeting LGBT patients’ needs (i.e. access to research, focus group data and case studies sharing best practice), via involvement of Community Leader volunteers who we will support to ensure increased patient and public involvement in the programme.
* Support reviewing Equality & Diversity policies and inclusivity statements.
* Practical support, guidance and confidence building for staff members on how to implement the Sexual Orientation Monitoring Information Standard.
* Celebration of awarded primary care services within LGBT communities, to reduce potential fears or perceptions of homophobia, biphobia and transphobia within those services.
* Support in using Pride in Practice as evidence in CQC assessments.

**Evidence:**

Since 2016 they have worked with 398 primary care services, reaching over 1,600,000 patients across Greater Manchester. 100% of the 4,496 health professionals they have trained can/have evidence improvements within their service as a result of Pride in Practice.

87% of primary care services trained have implemented the NHSE Sexual Orientation Monitoring Information Standard, and 60% have implemented trans status monitoring. Our 2018 Patient Survey evidenced that:

* Transgender patients at GP practices monitoring trans status were 62.1% more likely to say their GP practice met their needs
* LGB patients at GP practices monitoring sexual orientation were 21.4% more likely to say their GP practice met their needs
* 100% of trans patients at Pride in Practice awarded GP practices say that their GP was supportive of their gender identity and their medical transition

Pride in Practice began as an LGBT charter mark and has become a vehicle for systems change across the health and social care sector, influencing change at all levels. For example, responding to feedback from trans people, the Pride in Practice model brought commissioners, GPs and trans communities together to develop a holistic, primary care led Trans Health Service for Greater Manchester.

Pride in Practice is endorsed and informed by the Royal College of General Practitioners, Care Quality Commission, Royal College of Nursing, and Government Equalities Office as well as regulatory bodies in dentistry, pharmacy, and optometry. In just a few simple steps, it enables practices to evidence their commitment and compliance with the General Medical Council Good Practice Guidelines and the Equality Act 2010.

**Source:** <https://www.england.nhs.uk/ltphimenu/lgbt/lgbt-and-improving-general-practice/>

### Welsh Parliament-Collecting LGBTQ+ histories

Each year there are usually various small and larger pride events held throughout Wales. These events usually consist of a parade, music and other events that celebrate and give visibility to the LGBTQ community, with people from all over Wales coming together to participate.

Pride events during 2020 were very different due to Covid-19. Some were cancelled, while many others were held as virtual prides. These included Aberration Pride for the LGBTQ community of mid-Wales held on 18 July; a Wales-Wide Virtual Pride that took place on the 24 and 25 July (where community groups and individuals from across Wales contributed); and Glitter Cymru held a Virtual Pride on the 22 August. The largest pride event in Wales, Pride Cymru, that usually takes place in Cardiff over the late August Bank Holiday weekend, held instead a Virtual Big Week from the 24 to 30 August, where the Museum’s involvement included a Queer Virtual Tour of the Art and History & Archaeology collections.

The move to holding virtual online pride events in 2020 meant that they had to adapt their methods of collecting. As there were few physical objects to collect, they had to switch to the digital, collecting some of the videos and digital marketing for the national collection. LGBTQymru from the outset made sure that the entire programme of the first Wales Wide Virtual Pride was collected, and it’s now preserved in the archive at St. Fagans as a permanent record. These virtual prides show how Wales’ LGBTQ community responded and adapted to the Covid-19 crisis.

**Source:** <https://senedd.wales/visit/exhibitions/collecting-lgbtq-histories/>

### IGLYO-The International LGBTQI Youth and Student Organisation

[IGLYO](https://www.iglyo.com/) is the International Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Youth and Student Organisation and is a network across Europe working with over 95 LGBTQI youth and student organisations.

They work to:

* Organise events and activities such as study sessions, **training seminars**, workshops and conferences
* Develop the skills and knowledge of young people and students to empower them and provide leadership opportunities
* Advocate for LGBTQ youth rights at European level and produce a range of resources, toolkits and research for its members

**Source:** <https://ec.europa.eu/education/study-in-europe/news/lgbt-europe_en>

## Example of Available Support Services

### Organisations

* **LGBT+ Cymru**

Tel: 0800 917 9996

YMCA Building, 1 The Kingsway, Swansea SA1 5JQ

The LGBT+ Cymru Helpline was founded in 2004 by Debbie Lane who wanted to create a safe and confidential helpline for LGBT+ Community.

* **Stonewall Cymru**

Tel: 029 2023 7744

Transport House 1 Cathedral Road

Organisation’s aim is to drive positive change in public attitudes and public policy.

* **Shelter Cymru**

Tel: 03 45 075 5005

Unit 2 Norbury House, Norbury Road

Cardiff CF5 3AS

They help thousands of people each year across Wales who are affected by the housing emergency by offering free, confidential, and independent advice.

* **Umbrella Cymru**

Tel: 020 7064 6500

Blackwood Road, Blackwood, NP12 2XA

A national specialist infrastructure and membership organisation. We work to build the resource, sustainability, and resilience of LGBT+ groups, organisations and projects so they can deliver direct services and campaign for individual rights.

* **MindOut**

Tel: 01273 234 839

Community Base, 113 Queens Road

Brighton BN1 3XG

They work to improve the mental health and wellbeing of all LGBTQ communities and to make mental health a community concern.

* **Galop**

Tel: 020 7697 4081

Resource For, 356 Holloway Road, London N7 6PA

Helping people who are victims of domestic abuse, sexual violence, hate crime, so-called conversion therapies, honour-based abuse, forced marriage, and other forms of abuse.

* **Diverse Cymru**

Tel: 029 2036 8888

Alexandra House, 307-315 Cowbridge Road E, Cardiff CF5 1JD

Helping to create a nation without prejudice or discrimination, where every person is equal and diversity is celebrated.

* **Samaritans Cymru**

Tel: 0330 094 5717

33-35 Cathedral Road, Pontcanna, Cardiff CF11 9HB

It aims to work with people to create a safe place where they can talk about what is happening, how they feel, and help them find their way forward.

* **Mermaids**

Tel: 08088010400

Suite 4 Tarn House 77, High Street, Yeadon, Leeds LS19 7SP

Mermaids supports transgender, nonbinary and gender-diverse children and young people until their 20th birthday, as well as their families and professionals involved in their care. We also currently offer web chat support to students up to the age of 25.

* **Victim Support**

029 2066 6046

Crown Court, Cathays Park, Cardiff CF10 3AP

An independent charity dedicated to supporting victims of crime and traumatic incidents in England and Wales.

# Field Research

## Interviews with providers

### Profile of participants

The profile of those interviewed varied a fair amount. They were:

* a candidate who worked in the NHS in their transgender mental health sector.
* 2 individuals from a charity that works within areas of deprivation and people in need.
* 1 individual who worked with training providers, providing a wide variety of courses.

The age ranged from 23 all the way to 40. All of the individuals lived and worked in the UK.

### The status and challenges of LGBTQI people during the pandemic

One of the providers that we spoke to were unaware of the exact challenges and status of LGBTQI people during the pandemic. They mentioned that it would be great to have the possibility of more sign posting available so that they could learn more about the possible challenges. They mentioned that specifically knowledge and sign posting to services that help and give information on LGBTQI+ would be useful.

The tutor/s that we have spoken mentioned that they didn’t personally experience the topic challenges, but they were aware of some possible challenges during the pandemic. Many interviewees mentioned that loneliness and isolation were particular areas of problems that would be amongst LGBTQI+ people during the pandemic, and this was something that was empathised with and some personally were struggling with the same.

We spoke to an individual from a national charity organisation that worked and helped LGBTQI+ individuals amongst other demographics. They found that many in the LGBTQI+ community struggled with many issues during the COVID-19 pandemic in the U.K. Something they came across a lot was individuals losing their jobs, which also meant losing income and falling into poverty. They found that there was a cycle in which individuals become unemployed during the pandemic and as a result they became isolated. This isolation would then provide them with loneliness, affecting their mental health. This individual also spoke about the physical health of the LGBTQI+ individuals they worked with, stating that due to the isolation they struggled with their physical and mental health.

The individuals from the NHS mentioned that they were aware of many problems that LGBTQI+ individuals experienced during the pandemic. The most specific area being loneliness. They mentioned that isolation was a very real problem and specifically said that online support was not the same quality as the face-to-face support. They also mentioned that many didn’t get the same support offered to them prior to the pandemic.

Many of the interviews that we conducted pointed out that while they are able to help with some aspects with LGBQI+ individuals, there were gaps in their knowledge. They commented that it would be very helpful to have some kind of sign posting that could lead them to the information they require.

### Good practices

One of the individuals we spoke to wasn’t aware of any good practices, government initiatives or any other available resources. This meant they couldn’t help LGBTQI+ individuals in the way that they would like to, and their support was much more general instead of being focussed support.

Another individual we spoke to, who works as a tutor mentioned that while they are aware of good practices with teaching individuals, they didn’t have specific practices for LBGTQI+. They mentioned that they believe that there was insufficient information about resources available at present. Thereby, mentioning that sign posting to good practices would be useful to allow them to teach LGBTQI+ individuals at a higher standard. Something that came up often was that just having information online isn’t enough, in particular as many individuals do not have the necessary digital skills for this. It was commented that support is needed to be given on a ‘face to face’ as well as online for it to be beneficial for all concerns.

Some individuals from the charity that we spoke to mentioned a variety of different good practices and policies aimed at supporting individuals during the pandemic. An example they gave was the Go Girls and Brothers, Mind Active Monitoring and Stonewall Cymru. They mentioned that Stonewall Cymru gave a lot of good advice and it was important that they remained open during the pandemic to help LGBTIQ+ individuals. They believed that the options for these to be online during the pandemic was incredibly important, and that we are now in the digital age and so support online was needed. This individual mentioned that they work to ensure that everyone is comfortable, as they provide housing, within their environment. An example they gave was an individual changed their identity to identify as non-binary. They also then changed they names. They had to go through paperwork to ensure they were still happy to be in the same house/environment, they needed to have names changed on documentation etc. All of this was done to ensure the happiness of the LGBTQI+ individual, and to respect their needs.

The individual from the NHS that we have spoken believed that there were a few good initiatives out there to help LGBTQI+ individuals during the pandemic. They mentioned specifically the utility supplier grants and furlough schemes as things which ensured LGBTQI+ were able to stay active during the pandemic. There was a discussion that while some activities can be done online, it can throw-up many problems as not everyone is tech/IT aware. They also said that while having an online option is good, many individuals still need to have ‘face to face’ support due to their limited digital skills. They mentioned that the area in which they work provides learning a variety of topics including: gender stereotypes, empowering diversity, women’s rights, male issues, healthy relationships, domestic violence and more. The programmes aim to look at challenges within the LGBTQI+ community, and then to help young people to empower themselves by providing them with knowledge.

The majority of providers we contacted mentioned that it has been difficult to gain traction with LGBTQI+ individuals during the pandemic. Many of the individuals they work with isolate themselves so communication is difficult. They mentioned that ‘face to face’ support has been vastly superior compared to ‘online’ support. They have also mentioned that it is best to have ‘online’ resources and ‘face to face’ available, and that this would be the preferred way to help LGBTQI+ individuals.

### Needs for training or online resources

We were able to gain suggestions for online support of the RAINBO project. Some of the suggestions included:

1. Having a “hangout hub” for individuals to engage online and work together would be very useful.
2. Information and sign posting of places where LGBTQI+ individuals can find relevant information to support themselves.
3. Mindfulness training to be able to put into practice from home along with tips on how to exercise and practice mindfulness.
4. Mental health training, as well as isolation training, as in how to ensure you don’t get isolated during the pandemic
5. Working in isolation or from home and how to deal with it
6. How to use digital skills such as Microsoft Teams or Zoom
7. Technical skills such as connecting to the internet, or connecting to facetime for a meeting
8. Social media skills to ensure you can understand fake news when you see it, also generally how to use social media such as Facebook, Twitter etc
9. Team working through laptops and mobile, how to stay connected when working from home
10. Empathy and compassion training, how to understand the point of views of an LGBTQI+ individual
11. Advice and guidance on how to work with LGBTQI+, refugees, asylum seekers and the benefits of doing so
12. How to professionally speak with individuals through phone, email and messaging such as Whatsapp or text
13. How to support individuals through a pandemic like situation
14. Resilience training, empathy, motivation, enthusiasm and initiative training
15. How to remain service user focussed or customer focussed to ensure you meet the needs of the LGBTQI+ community

## Interviews with LGBTQI people

### Profile of participants

The individuals we interviewed were LGBTQI+ individuals. There was a lesbian lady who was over 50 and a transgender individual who was 20. Both individuals live within South Wales.

### The status of LGBTQI people during the pandemic

The gay man that we interviewed found that they did not have any challenges during the pandemic. They stated that they were quite lucky in that they had a support network with them that ensured they didn’t feel isolated. They also worked with the NHS which meant that there was no real possibility of losing their work, or therefore income during the pandemic. They were however, aware that some of their friends felt as though they were quite isolated, and that the ability to go out with friends in particular was very missed during the lockdowns.

The lesbian lady that we spoke to had suffered with depression and so she was very overly-aware of the isolation problem during the pandemic. She felt very isolated, in particular due to her condition and she had felt very stressed due to the isolation. She mentioned she also found the pandemic situation anxiety inducing, and not having the ability to speak with people face to face was a problem for her.

### Good practices

The gay man that we spoke to mentioned the NHS services such as food distribution for LGBTQI+ individuals. They also wanted to highlight charities that worked during the pandemic such as Spectra and Gendered Intelligence. They were aware of the counselling and emotional and peer support that was available online such as through the government associations as well as Stonewall. They felt that these were necessary in particular for LGBTQI+ individuals. They mentioned that the online support is great as it makes accessing counselling and support much more accessible, and for those feeling lonely it can give them someone to speak to.

The individuals had received a few different types of counselling during the pandemic, such as support through counselling, hormone replacement therapy, psychosexual therapy and speech and language therapy. They mentioned it being a very straightforward and easy process with much of the support being through Zoom.

The Lesbian woman that we spoke to felt there was a lot of support available during the pandemic, but wasn’t able to pinpoint exact names of support. She mentioned that she had received support in the form of counselling, in particular for the loneliness, anxiety and depression that she had during the pandemic.

### Needs for training or online resources

We received a few suggestions for training and online resources such as:

1. How to treat individuals within the LGBTQI+ community with respect, for example using the correct pronouns
2. Zero tolerance for homophobia and transphobia
3. Understanding of trans-inclusive language
4. Provide services which are trans-inclusive such as allowing people to change their names, providing gender neutral toilets etc
5. Being open to learning new experiences
6. Soft skills such as empathy, understanding etc
7. Understanding gender diversity
8. How to use the appropriate language
9. Understanding the needs of different people

## Online Research

We collected ‘online’ survey responses between September 2021 and February 2022 through an online questionnaire with 28 questions. Questions 1-5 were relating to independent variables (age, country, gender, sexual orientation, service user or provider, questions 6-17 were for LGBTIQ+ and questions 18-28 were for providers.

### Profile of the respondents

In total there were 37 respondents for the UK survey. The majority of the survey respondents were not transgender, with around 90% of respondents noting that they were born male or female. There were 24% heterosexual respondents with 76% then being part of the LGBTQI+ community.

We had 44% of respondents working within the LGBTQI+ community as providers. This could range from a number of different services that are provided to LGBTQI+. Then the other 56% of individuals were in the LGBTQI+ community, rather than being providers for said community.

### Experiences of LGBTIQ+

In the survey for the LGBTQI+ individuals, we asked them about their mental health and wellbeing. The first question related to how often the individuals felt as though things piled up for them, or whether they felt as though they could not control important things in their lives. These were scaled from 1-4. 47% of the answerers scored these questions with a 2 and 27% scored the answers with a 1. This showed that the UK respondents felt as though they were still very much in control of the important aspects of their lives.

In the next question we asked whether any of their ill feelings related to the COVID-19 pandemic. We found that 67% of the answers were that they did not feel the pandemic was part of any ill feelings that they had, with 13% stating that they felt the pandemic did have an effect on them.

We asked about their mental health impact of certain aspects during the pandemic, asking about how often the individuals thought about certain things. For example, “I felt depressed”, “I felt fearful”, “I felt lonely” and more options were given. Then the candidates needed to pick from 0 to 4 to score how often they felt these ill feelings. We found that 59% either did not think about ill feelings or thought about them every now and then. With then 41% of individuals going through ill feelings either a moderate or all of the time. We can see by this that while there is a large chunk of individuals who were unaffected, there was still a fair number of individuals who felt troubled (i.e., 41% of individuals).

The vast majority of the survey answers to the above questions were that they were partly down to the COVID-19, with 70% of individuals answering the same. There were then 13% who felt the COVID-19 pandemic did not have any affect on the answers they gave. These showed that an overwhelming majority of individuals felt as though the pandemic did cause them to have more fears, more ill thoughts and feelings.

During our survey we asked individuals whether they felt as though transphobic or homophobic language was more prevalent due to the pandemic. We found that 68% of individuals either felt as though it was about the same as pre-pandemic or that it was lower than pre-pandemic numbers. This could be down to a number of possibilities. It could be that the respondents aren’t speaking as much with general public members and so aren’t seeing the homophobic language, or it could be that the numbers of ignorant comments are lowering due to the pandemic.

We asked in the survey as to whether since the pandemic started, had they been subject to slurs, feared being attacked, or people acted uncomfortable around them. A majority of individuals stated that they had not been experience these problems, of which was 64%. Then we had 31% saying they had either been on the end of a slur, had people act uncomfortable around them or feared being attacked.

The following question asked whether they felt any opportunities or services had decreased or become lesser since the start of the pandemic. This included education, safety, career, access to food and more. We found 62% of individuals answering that they found no decrease in their opportunities or services. 17% stating they didn’t know, and 21% stating that they felt a decrease in opportunities. The answer with the majority of individuals feeling that the opportunities had decreased was surrounding their career counselling, with 73% of individuals feeling that those opportunities had fallen. For the remaining answers, the majority felt as though they had no negative affects from the pandemic.

We asked in the survey as to whether the individuals felt the above points were made due to them being LGBTQI+. The vast majority felt as though it was not due to them being LGBTQI+ with 65% voting as such.

The question relating to whether the LGBTQI+ individual felt that their support was well equipped to offer support during the pandemic confirmed that 66% either agreed or strongly agreed that their support was well equipped to deal with the pandemic. That remaining 24% of individuals felt as though the support was not adequate enough to effectively deal with the pandemic and offer the same level and quality of support.

In the survey, 68% of individuals felt as though they did not experience discrimination or unfair judgment by a support care provider in the last 12 months. With 14% stating they didn’t know, and 18% saying they had felt / been discriminated against by a support care provider. This showed that the vast majority of individuals were able to gain fair judgement by their providers during the pandemic. Those who had felt discriminated against put down the discrimination mainly due to their sexual characteristics, with 43% of respondents stating as such. Then 29% stating it was down to their gender identity that they had found discrimination.

### Needs of providers

We asked questions specifically for the providers as well to ensure we received information that was relevant and recent for our project. 40% of those respondents stated they worked in movement of basic goods and then 20% working within medical care. There were also individuals from psychosocial support as well as training and more.

From those who completed the survey we found 30% who worked within an LGBT NGO, 35% stated they worked at “Other”, 17% stating they worked within a school and 17% stating they worked within the Public Sector.

The majority of respondents stated that they needed to be able to provide their services online during the pandemic. This was 58% of voters, then 33% of individuals stating they did not need to provide the services online, and 8% stating they did not know. This confirmed that many organisations felt the need to move online to ensure they could provide the proper support during the pandemic.

Of those who stated that they provided services online, we received circa 50/50 responses as to whether they found this challenging. That is, we received 47% stating that they had found it challenging to provide their services online, with 41% stating they did not come across any challenges.

We asked whether the providers felt LGBTQI+ people needed either additional or different support for those not in the LGBTQI+ community. The answers to this were much like the above, about 50/50 with 54% stating they thought a different approach was necessary, and 38% stating the same support was sufficient. There was then 8% who stated they did not know. This shows the split between those who work with LGBTQI+, that there is an uncertainty as to whether different support is necessary.

We asked whether the respondents were aware of specific challenges face by LGBTQI+ individuals during the pandemic. The vast majority of respondents, with 65%, stated they were well aware of the challenges being faced by LGBTQI+ individuals.

The next question we asked was whether the individuals had any training on LGBTQI+ related issues in general, or how to support individuals from the community. There was a down the middle issue on this with 43% stating they had, and 43% stating they had not with the other respondents stating they did not know. This showed that there is a need for providers to receive training on LGBTQI+ related issues, and how to deal with individuals within the community.

With the above in mind the next question related to whether individuals would like to take on some LGBTQI+ training. We found 57% of individuals would like to receive training on how to support LGBTQI+ community members. Then 26% saying that they might be interested, and the others stating they were not interested.

We asked the providers what type of training topics they may be interested in. The main interest identified:

* Challenges LGBTQI+ individuals would face in times of crisis
  + 85% Agree or Strong Agree
* Making online services accessible
  + 60% Agree or Strong Agree
* Behavioural guidelines including language
  + 70% Agree or Strong Agree
* Available support options within the country
  + 70% Agree or Strong Agree
* Networks and referrals
  + 70% Agree or Strong Agree

There was a general interest approximately 30% to 60% of all the topics offered. We can deduce that the main objectives of the training should be around LGTBQI challenges, support available, guidelines about behaviours as well as how to make services online and accessible.

# General Conclusions

In general, the conclusions regarding LGBTIQ+ and the pandemic are listed below.

## Challenges faced by LGBTQI people in the UK during the COVID-19 pandemic

During our research we found that there are many challenges for individuals within the LGBTQI+ community during the covid-19 pandemic. One of the main challenges appears to have been surrounding exclusion from services, education and more based on their LGTBQI+ status. Work in particular seems to have highlighted transgender and homophobic issues such as use of slurs, and general hate crime. It was found that living in quarantine with individuals not of the LGBTQI+ such as family members could see an increase in hate crime.

Another challenge that our desk research has found is the sexual health of LGBTQI+ individuals during the pandemic. Due to their status as LGBTQI+, are more at risk of contracting diseases such as HIV. This along with services not being more readily available during the pandemic has meant a possible risk or challenge for LGBTQI+ individuals that would not be a challenge without the influence of the pandemic.

## Good practices and initiatives at national level

We found many good practices across the UK which could help to alleviate challenges for LGBTQI+ during and after the pandemic. Initiatives from organisations such as Stonewall will be incredibly important, and ensuring that LGBTQI+ individuals know their rights is of particular importance. Those in the LGBTQI+ community should know their rights for when they are at work, education or others so that they can combat hate crime, discrimination or others within protected spaces.

Another great practice from the UK government is to educate individuals not within the LGBTQI+ community. Discrimination can often be down to ignorance and due to this, education could be a vital way to ensure that discrimination is not long lasting and can be gone in our lifetime. Education is important to stamp out hateful slurs, that perhaps some individuals aren’t aware are slurs.

## Analysis from LGBTQI+ individuals survey

Our analysis from the surveys of the LGBTQI+ individuals found that generally speaking in the UK, those within the community weren’t too affected by the pandemic. There were respondents that mentioned mental health being their biggest problems during the pandemic, in particular the impact of loneliness due to the need to quarantine or lockdown.

It was found that LGBTQI+ individuals felt the greatest decrease in their opportunities were to their employment or career prospects. Due to the pandemic, many individuals found it difficult to stay in work, and it has been the same problem for those in the LGBTQI+ community. We found that gender identity seemed to be the main cause for discrimination. We identified that those providers who found the gender identity challenging and judged unfairly were not able to provide quality support.

## Analysis from providers for LGBTQI+ individuals survey.

We identified that the majority of the providers who responded to our survey concluded the training would be very useful, and that it could be necessary. The respondents also stated that the main aims of the training should be regarding:

1. Challenges LGBTQI+ individuals would face in times of crisis
2. Making online services accessible
3. Behavioural guidelines including language
4. Available support options within the country
5. Networks and referrals

**4.5 General Summary**

The general consensus is that the training should be based around information on how to help LGBTQI+ individuals, including how to behave such as using the correct language. Also, it was stated that referrals, and support options for those from LGBTQI+ communities would be useful.

The general findings of this project are interesting and whilst some of the answers to the questionnaires were not that clear. The challenges we have encountered was due to the lack of support, participation and commitments from many LGBTIQ organisations in the Wales and the UK. The reasons were:

* Lack of resources to support this type of work
* Lack of support staff to be dedicate to this type of works
* Lack of initiatives for numerous reason (i.e. some are relation to the opinion of individuals on the Government’s prospective in general on LGBTIQ community; dis-jointed working at present; in-fighting between different LGBTIQ groups.
* Lack of trust as communicated by individuals of the LGBTIQ Community, due to prior experiences with health care professionals and or individuals.
* This theme was recognised by all partner organisations prior to the output and was an expected obstacle.

# References

1. Lesbian, Gay, Bisexual, Transgender, Queer and Intersex. In this publication we use the acronym LGBTQI, except when we are referring to specific groups (like LGB) or when we are quoting research that use a different acronym. [↑](#footnote-ref-1)