

# ONE PAGE SUMMARY

## WHY STUDY THIS?

LGBTQ+ people who face extra disadvantages such as homelessness, substance use, and involvement with the criminal justice system are often not seen by services.

The study's aim was therefore to find out how LGBTQ+ people in the North East of England who faced disadvantage experience health and social care services, what made it difficult or easy for them to get help, and to use this information to make suggestions for the future.

## WHAT WE DID

We reviewed reports and papers on LGBTQ+ disadvantage in the UK and Ireland. This revealed patterns such as LGBTQ+ people being passed around services and moved 'out of the way'. They were described as causing problems for services and not fitting in with their **normal ways of working**.

Working closely with the study's advisors and local communities, we interviewed 72 people, (39 LGBTQ+ people and 33 professionals) with particular efforts made to reach people on the margins.

## WHAT WE FOUND

- 1. The majority are the priority:** politics, policies, and funding all help to push minority groups further into the margins.
- 2. Guidance and practice clash:** workplace culture had more impact on working practices than guidance, leading to services that are unsafe for LGBTQ+ and other minority groups.
- 3. When poverty is viewed as the only 'real' form of disadvantage,** experiences of racism, sexism, and other forms of discrimination are not viewed as important.

## WHAT THIS MEANS

Systemic bias is embedded within current definitions of severe and multiple disadvantage and adverse childhood experiences. LGBTQ+ people experiencing multiple disadvantage were excluded – not only from mainstream services – but also from those services designed to support people excluded from mainstream provision. Research and data drawn only from these services may assume equitable access, thereby furthering marginalisation of 'others'.

Examples of gold-standard care and multi-agency working however meant that LGBTQ+ participants facing disadvantage engaged with early or preventative support rather than expensive crisis and emergency services.

The study supports framing disadvantage and access to services in terms of **all of us** rather than **us and them**. Regardless of your belief system, increased costs to public services and the widening of health inequalities benefit no one.

# Focusing on **all of us** not us and them

One page summary from the Joined Up North East study 2022-2024

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This report is drawn from the PhD '*It's not what we would class as the front of our priority*': a qualitative, intersectional perspective on LGBTQ+ disadvantage within health and social care service pathways in North East England, which was awarded a Doctoral College Thesis Prize from Newcastle University. Files from the study can be downloaded from: [www.joinedupnortheast.co.uk](http://www.joinedupnortheast.co.uk) and DOI [10.17605/OSF.IO/5RDCJ](https://doi.org/10.17605/OSF.IO/5RDCJ)

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