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

Findings from the
Joined Up North East study
2022-2024

Illustration: section of "Reaching Out" by Sarah Li (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
and DOI 10.17605/OSF.IO/5RDCJ

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 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.

Illustration by Sarah Li (2024)

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 to find out about their experiences.

WHAT WE FOUND

1. **The majority are the priority**: politics, policies, and funding all help to push minority groups further into the margins.
2. **Workplace cultures make a difference**: discriminatory language and behaviour, including jokes and banter, go unchallenged by staff and create 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

Cuts to public spending hit minority groups hardest. Toxic culture wars and a lack of care about health inequalities at a national level also help to explain why services focus on majority groups.

However, **we all can help to make things better.**

We found that collaborative working increased cultural awareness and improved engagement, with the voluntary sector often providing invaluable, gold standard care.

This led to word of mouth recommendations, which boosted engagement with and use of services.

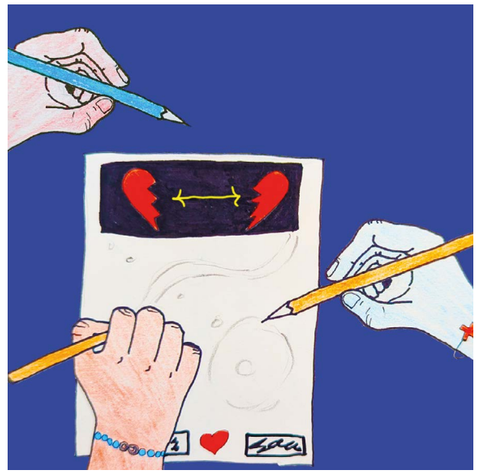


Illustration by Sarah Li (2024)

INTRODUCTION

LGBTQ+ is used here to refer to people who are marginalised along axes of sexual orientation and/or gender identity, and who are (although not exclusively): lesbian, gay, bisexual, transgender, queer/genderqueer, questioning, intersex, agender, asexual, or pansexual.

While a term such as LGBTQ+ might suggest a common identity, any idea of a universal LGBTQ+ experience risks masking important individual or group experiences.

The concept of 'Gayness' has been, and perhaps still is implied as White, middle class, stylish,and tasteful [1, 2, 3]. There is a **'myth of gay affluence'**, in which LGBTQ+ people are widely perceived to be employed in professional occupations, and receiving higher than average incomes, despite contradictory evidence [4, 5].

LGBTQ+ lives have also been framed as uniformly "getting better" [6], which **erases the experiences of those with less social privileges** who are not able to access expanded legal rights [7,8].

Additionally, LGBTQ+ people who do not conform to normative 'Western gay values' such as coming out can experience stigma, discrimination and 'othering' **from within LGBTQ+ organisations themselves** [9, 10].

Stigma is unevenly distributed across LGBTQ+ populations. Experiences of discrimination vary widely according to any number of social positions, identities, histories, or personal life experiences.

Unlike race and gender, some LGBTQ+ people have the option of whether to disclose their sexual orientation and (to some extent) their gender identity. For them it is **disclosure that may lead to discrimination**. The issue of visibility is therefore central to discussion of the experiences of LGBTQ+ people [11, 12].

LGBTIQ Australia's Cycle of Invisibility, used with permission, amended by Mark Adley

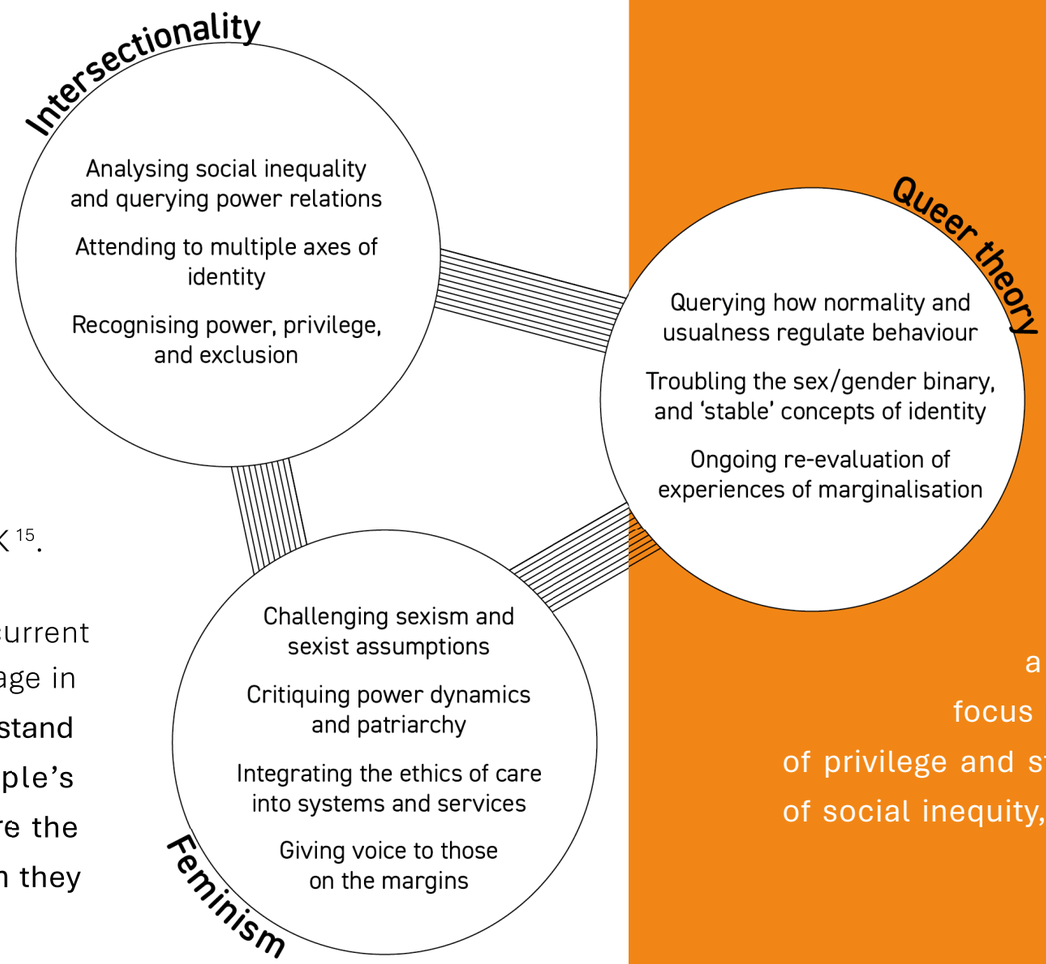
This illustration by LGBTIQ Australia shows the **cycle of LGBTQ+ invisibility** [13]. A lack of protection within policies and practices can lead an unsafe environment for some LGBTQ+ people, who may then hide their identities to keep safe. Services then assume they don't have any LGBTQ+ clients and, therefore, that they do not need to consider their needs in future service provision.

BACKGROUND

People who experience severe and multiple disadvantage are those on the **margins of society**, whose social inequalities are made worse by stigma and discrimination.

Within the study of LGBTQ+ disadvantage however, the majority of the research tends come from the US and focus on single axes of discrimination, for example LGBTQ+ homelessness [14]. Although there have been recommendations for such research, there has only been a single study exploring LGBTQ+ people's experiences of severe and multiple disadvantage in the UK [15].

The report concluded that the current framework of multiple disadvantage in the UK was **'not sufficient to understand the full range of [LGBT] people's experiences, and did not capture the different kinds of marginalisation they had faced'.**



An Intersectional, Queer, Feminism. Illustration by Mark Adley

While intersectionality is often thought of in terms of identity categories this does it a great disservice.

At its heart is the questioning of social inequities, and the search for social justice.

The study drew from intersectionality, feminist, and queer theories which all question existing structures, from the perspective of those on the margins.

While intersectional population health research can highlight specific inequalities, intersectionality is more than a matter of considering **social identities**. Its focus is on **social inequalities**: the challenging of privilege and structures of oppression, the questioning of social inequity, and the search for social justice [16, 17, 18].

SCOPING REVIEW

Scoping reviews are useful in subject areas in which there are knowledge gaps, and where a broad sweep across the published and grey literature can help to map fields of study where it is hard to get a picture of the available research [19, 20].

An initial sweep of some of the reports from the UK and Ireland revealed comments such as the following, that hinted at some of the challenges of conducting research on the topic of LGBTQ+ multiple disadvantage:

'People from the LGBTQI+ community tend to be under-represented amongst people accessing support services' [21]

'Our local [multiple disadvantage] data highlights gaps in data on people from LGBTQ+ groups, which means we know less about their specific experiences and needs, with the risk that these are not included in future service plans' [22]

Therefore, if population data around multiple disadvantage is drawn from services, it is important to identify why LGBTQ+ people who face multiple disadvantage are not accessing these services.

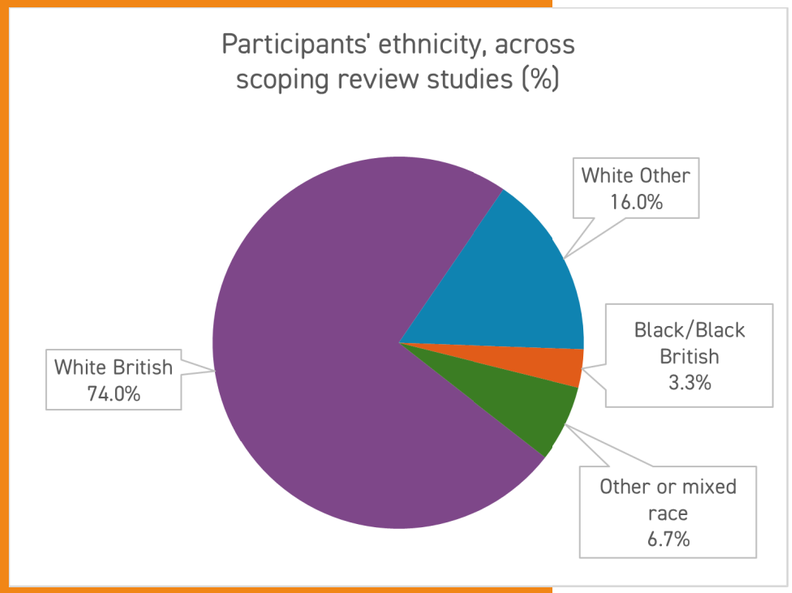
The study's scoping review therefore sought to answer the question:

How do LGBTQ+ adults' experiences of homelessness, substance use, and criminal justice involvement impact upon their access to and use of health and social care services in the UK and Ireland?

SCOPING REVIEW

Despite increased awareness of the significant health and healthcare inequalities experienced by minoritised groups, there is limited research that looks at the interaction of multiple domains of social disadvantage. Given the lack of information about LGBTQ+ disadvantage we conducted a scoping review - which is a broad sweep of documents that includes not only academic research but also reports by organisations and governments.

Three electronic databases and 39 web searches were carried out for documents published between 2010-2024 across Scotland, Ireland, England, Wales, Northern Ireland and the UK. Of the 496 documents retrieved during the search, a total of 26 met the study's criteria.



The review identified specific gaps in the literature around the experiences of LGBTQ+ people of colour, sexual and gender minority women*, and people living outside of main 'gaybourhoods'.

SCOPING REVIEW FINDINGS

The scoping review findings centred around **normativity** and its impact upon LGBTQ+ adults facing multiple disadvantage. LGBTQ+ people were seen to be 'other than', and were moved out of the way so that **normal working practices** could continue. Discrimination and anticipation of stigma then acted as barriers to service access and use.

While the findings highlighted the **privilege given to dominant population groups in services**, this pattern was also seen across the research with LGBTQ+ populations.

For example, women's health in general is underfunded compared to that of males [23], and research with lesbians and bisexual women is generally absorbed within general LGBTQ+ research [24]. In the scoping review, of the studies where participants' sex was identified, men (AMAB†) made up 64% of the 280 participants.

Also, the majority of the studies also took place in more affluent urban areas such as London, Brighton, Dublin, and Manchester.

Only seven of the documents provided data on ethnicity. Of these 150 participants, **74% were White British**, 90% were White, and no people of Asian or Asian British ethnicity were included.

*Assigned female at birth, or cis/cisgender female

†Assigned male at birth, or cis/cisgender male

STUDY METHODS

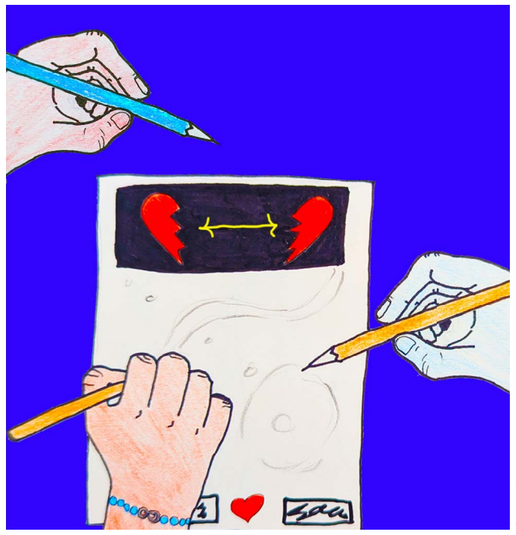


Illustration by Sarah Li (2024)

SETTING AND DESIGN

The study was set in the North East of England: the region of the country with the lowest life expectancy and greatest life expectancy inequalities in 2017-2019 [25], and the **highest percentage of heterosexuals** in England and Wales (91%) [26].

It is a region where cuts to public sector finances have been keenly felt, where young people also experience widening disadvantages, and where Islamophobia and anti-Muslim hatred represent an ongoing and growing challenge [27-30].

There were 13 months of recruitment, starting in August 2022 and ending in August 2023, beginning with support from gatekeepers, with individual recruitment building through in-person contact, participation in community events, and word of mouth.

The study's website, leaflets, newsletter, and social media presence also promoted the study. Leaflets were translated, and multiple points of contact and information formats supported people with various communication styles.

Study leaflets in Arabic and Urdu, and a targeted flyer design

A qualitative study design was selected, which focused on participants' experiences, while also considering the impact of social and cultural factors such as gender and ethnicity.

Participants chose their preferred location, date, and time for interviews, which included evenings and weekends. Interviews took place either in person or over Zoom or Teams. Participants in rural locations were visited in person.

Interviews were therefore often held within participants' communities and were designed to be informal, relaxed, and to put people at ease. Refreshments were provided, where possible and appropriate.

This approach aimed to capture people's 'natural attitude' within interviews.

COMMUNITY INVOLVEMENT

The study's design was underpinned by its ethos of community involvement which ran through all aspects of the study. Knowledge was co-created by the lead researcher alongside community members.

The study had a co-operative and reciprocal approach to community involvement, aligned with the guiding principles put forward by the National Institute for Health and Care Research (NIHR) [31].

LGBTQ-specific groups and organisations had mentioned at the start of the study how they had been overloaded with requests to be interviewed for research. To address this, a reciprocal approach was adopted by the lead researcher, such as taking part in community activities which offered no direct benefit for the study.

As the study progressed, the contributions of LGBTQ+ people with recent, relevant lived experience of social exclusion brought differing perspectives to the research.

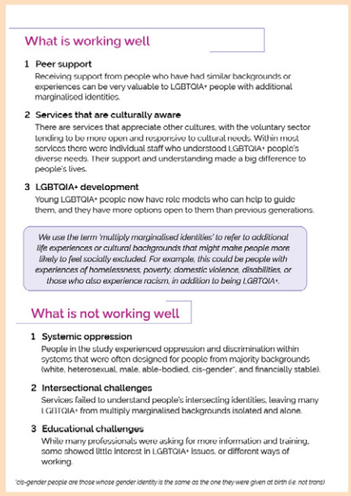
This learning was incorporated into the study's design, and these changes helped to further the study's reach into marginalised and multiply stigmatised communities.


Flowers growing through concrete

LGBTQIA+ people with multiple marginalised identities, and their experiences of health and social care services in the North East of England

Joined Up North East is a project funded by the National Institute of Health and Care Research. It aimed to find out about the experiences of LGBTQIA+ people with multiply marginalised identities within health and social care services in the North East of England. Seventy-two interviews took place between August 2022 and August 2023 with LGBTQIA+ people from diverse backgrounds and experiences, and professionals who work with them. Four members of the public worked alongside academic researchers to add their lived experience to the project. This is their summary.

Newcastle University | NIHR Applied Research Collaboration North East and North Cumbria | Joined Up


What is working well

1 **Peer support**
Receiving support from people who have had similar backgrounds or experiences can be very valuable to LGBTQIA+ people with additional marginalised identities.

2 **Services that are culturally aware**
There are services that appreciate other cultures, with the voluntary sector tending to be more open and responsive to cultural needs. Within most services there were individual staff who understood LGBTQIA+ people's diverse needs. Their support and understanding made a big difference to people's lives.

3 **LGBTQIA+ development**
Young LGBTQIA+ people now have role models who can help to guide them, and they have more options open to them than previous generations.

We use the term 'multiply marginalised identities' to refer to additional life experiences or cultural backgrounds that might make people more likely to feel socially excluded. For example, this could be people with experiences of homelessness, poverty, domestic violence, disabilities, or those who also experience racism, in addition to being LGBTQIA+.

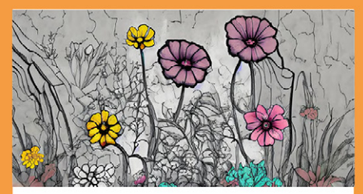
What is not working well

1 **Systemic oppression**
People in the study experienced oppression and discrimination within systems that were often designed for people from majority backgrounds (white, heterosexual, male, able-bodied, cis-gender*, and financially stable).

2 **Intersectional challenges**
Services failed to understand people's intersecting identities, leaving many LGBTQIA+ from multiply marginalised backgrounds isolated and alone.

3 **Educational challenges**
While many professionals were asking for more information and training, some showed little interest in LGBTQIA+ issues, or different ways of working.

*'cis-gender people are those whose gender identity is the same as the one they were given at birth (i.e. not trans)


What could help to make things better

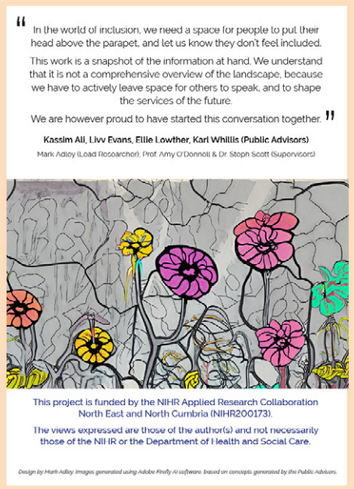
1 **Continual professional development**
Services to adopt an ongoing approach to learning about diversity, different cultures and intersecting identities. When working with different cultures, we recommend listening and asking, rather than assuming.

2 **Creating and nurturing community links**
Voluntary sector organisations are often better equipped to support marginalised people. Better links with community organisations would help statutory services to improve their services.

3 **More LGBTQIA+ representation**
"We can't be what we can't see." Having more LGBTQIA+ staff, including those from other races and cultures, will create richer, more diverse and supportive services.

'Intersectionality' is a term that came from Black feminist thinkers, and is used to describe how our different social positions can interact. For example, a Black woman may experience race differently than a Black man.

Within LGBTQIA+ groups, sexual orientation and gender identity can be experienced very differently when it intersects with other social identities, such as race, gender, social class, or physical ability.


"In the world of inclusion, we need a space for people to put their head above the parapet, and let us know they don't feel included.

This work is a snapshot of the information at hand. We understand that it is not a comprehensive overview of the landscape, because we have to actively leave space for others to speak, and to shape the services of the future.

We are however proud to have started this conversation together."

Kassim Ali, Livv Evans, Ellie Lowther, Karl Whillis (Public Advisors)

Mark Adley (Lead Researcher), Prof. Amy O'Donnell & Dr Steph Scott (Supervisors)

This project is funded by the NIHR Applied Research Collaboration North East and North Cumbria (NIHR200173).

The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Design by Mark Adley. Images generated using Adobe Firefly AI software, based on concepts generated by the Public Advisors.

The Public Advisors' report: available from the Reports page of joinedupnortheast.co.uk

PUBLIC ADVISORS

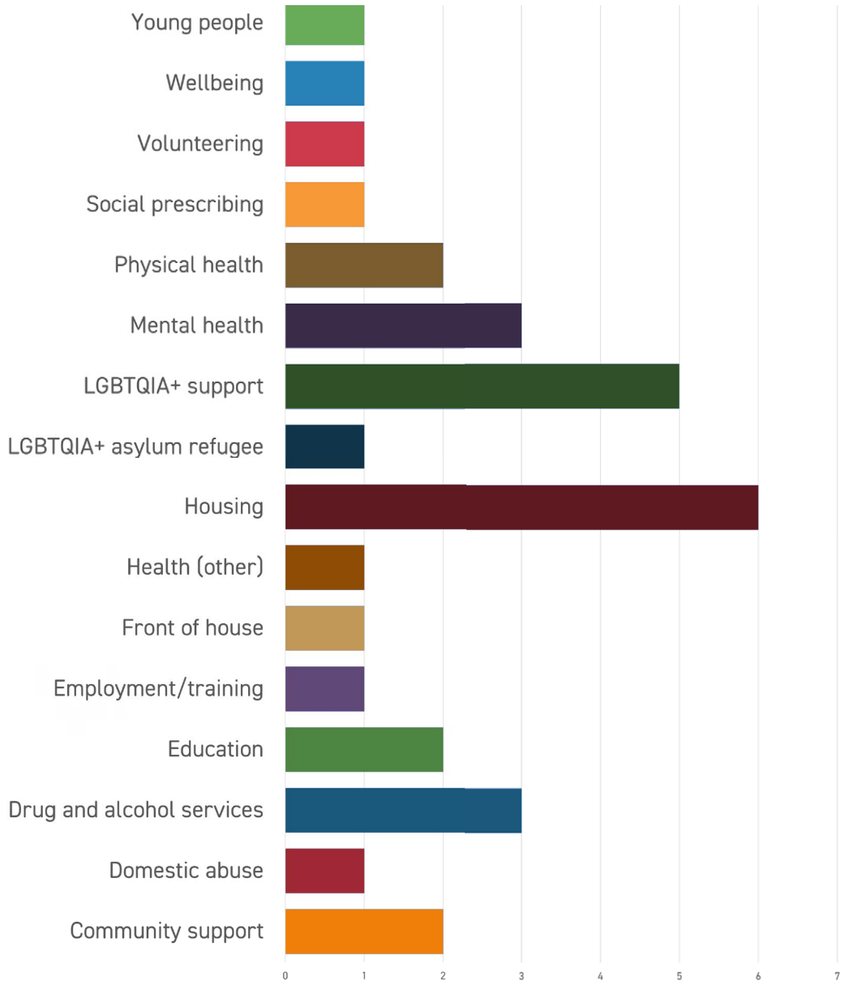
The study's four Public Advisors made invaluable contributions. They not only helped to shape the study, but they highlighted some of the lead researcher's 'blind spots' and areas of unconscious bias: both personally and within the study design.

They carried out their own analysis of the data, which is summarised in their report, *Flowers growing through concrete*, which can be downloaded from the study's website.

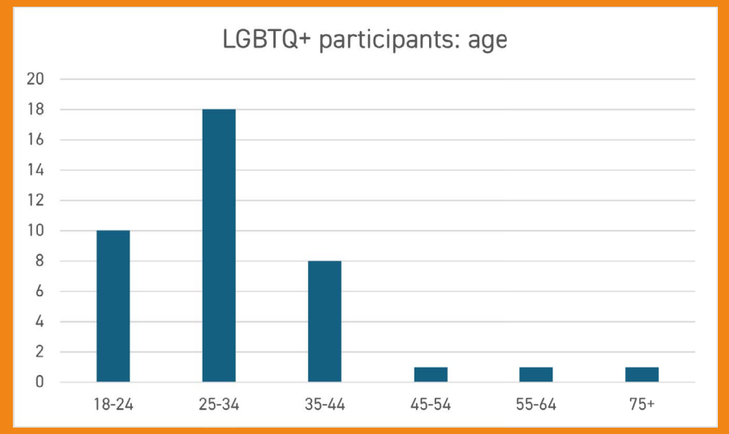
STUDY SAMPLE

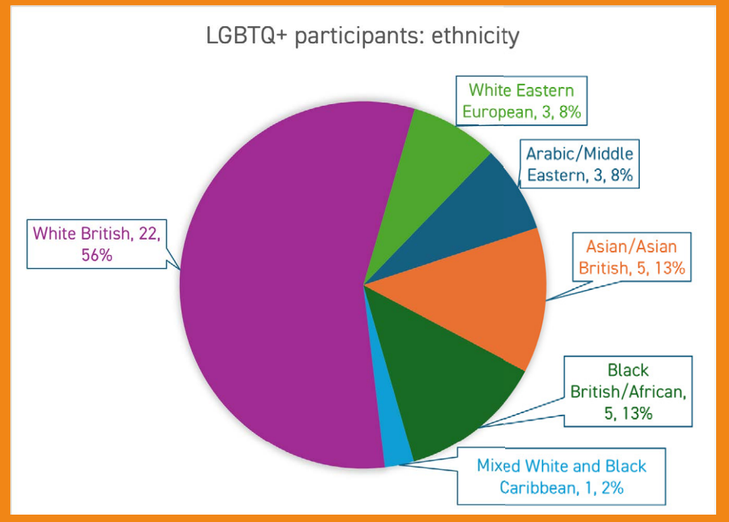
A total of **72 people** aged above 18 years were interviewed, resulting in 66.5 hours of data.

33 of these were with professionals from different areas of work (average interview length 50 minutes).



39 LGBTQ+ people who had experienced disadvantage were also interviewed (average interview length 59 minutes)





Detailed demographic data will be made available on the study's website: www.joinedupnortheast.co.uk

INTERVIEWS: SUMMARY

The ways that services are funded reinforce the dominance of majority populations. Services focus on meeting targets and meeting the needs of their **core groups** of clients, often neglecting the concerns of marginalised ‘others’.

LGBTQ+ people face social disadvantages that often go unrecognised due to a lack of awareness or understanding, especially around issues of gender, race, community and culture.

While some professionals and services show genuine interest in LGBTQ+ issues, for others this can be performative, masking underlying bias. There is a disconnection between services and marginalised LGBTQ+ individuals, leading to further stigma and exclusion.

When things work: when there is genuine interest in and engagement with those on the margins, the benefits can be seen for individuals, services, and across the wider system. There are many potential benefits to be gained from adopting an intersectional approach, and greater consideration of the inclusion of marginalised groups.

Illustration by Sarah Li (2024)

THEME: CORE GROUPS

Jackie (PR15) (female/cis/heterosexual) highlighted how funders contributed to the cycle of LGBTQ+ invisibility by not requiring data collection on sexual orientation and/or gender identity:

'It's not a question that we would ask, because a lot of the questions that we ask are skewed to what we're looking for funding for, and it's not a question that we have needed'.

Professionals interviewed highlighted the influence of commissioning and funding requirements on the creation of 'core groups' of service users, who were then privileged within services.

That LGBTQ+ issues are not a prioritised by leaders was mentioned by Teresa (PR16) (female/trans/lesbian):

'Organisations haven't treated [LGBTQ+ issues] as important because they don't think it's important... they won't look at the business of their own internal affairs because that's a black hole which is too dark for them to really peer into. And also the people who really need the training, the people at top, sitting behind the big desks, never do it'.

'And I think that there's not enough in place for us to go, "Right, let's target every minority community there is. Let's target every demographic that isn't White men". Like there's just not enough resources available'.

This comment by Katy (PR31) (female/cis/bisexual)reveals the collective direction that has been established within her service: to provide services to the majority **core group** of White men.

Interviews highlighted how these core groups occupied a privileged position in services. When their behaviour went unchallenged by staff this impacted on LGBTQ+ participants:

'Part of the difficulty I was finding was actually being around in the waiting spaces... feeling quite vulnerable around [people who were] chaotic, straight, sometimes violent, verbally, or physically... there was a bit of sense in me to go "don't make yourself even more vulnerable in that space".'Tony (LG25) (male/cis/gay)

Many professionals interviewed mentioned that they didn't know enough about, or feel comfortable around LGBTQ+ issues, and signposted people to other services. Amanda (PR33) (female/cis/heterosexual) whose service supported LGBTQ+ people, received referrals such as this:

'because they've got a gay person who needs to go for glasses. Your eyes aren't connected to your sexuality. You don't need an LGBT optician. We just need all services to be friendly about people'.

In some services it was standard practice to refer LGBTQ+ people to LGBTQ+ staff or allies. Claire (PR06) (female/undefined/queer) however questioned this:

'I shouldn't be the go-to person. My knowledge is not extensive. My knowledge just comes from compassion and wanting to make sure that I'm not discriminating against somebody. So I feel like my knowledge should be the standard. It shouldn't be the exception'.

'The male that I was previously referring to, he was quite openly a sex worker, and I was a bit like, I feel like I didn't have the means to be able to really sit down with him and to promote that safe sex, and have those conversations'. Amy (PR08) (female/cis/heterosexual)

THEME: OTHERING

For LGBTQ+ people facing multiple disadvantage and marginalisation, being 'othered' and passed around services reinforced feelings of not belonging.

'So she (my GP) found this queer social worker who, like, helps queer people... but she couldn't, like, do counselling with me.... she did counsel from what I understood, other queer people. Just not queer people from my background... she kind of referred me to other services....' Amal (LG16) (unclassified/non-binary/pansexual)

As a young person of colour, Amal's later statement **'I was not designed to be part of society'** suggests how stigma can be inherited as self-beliefs.

THEME: NORMATIVITY & INVISIBILITY

Police failed to recognise signs of the domestic abuse experienced by Rayan (LG09) (male/cis/gay), who is from a South Asian Muslim background. Having been 'outed' to the family against his will, he was then locked in his bedroom:

'that went on for like weeks and weeks… weeks, actually, that went on, where I was totally controlled… they took my phone and that's where things really started, you know, intensifying'.

He ran away on several occasions and each time was found by police in a state of distress and brought home. Despite this distress, this abuse failed to be recognised as such.

The normative framework of services designed to support people facing disadvantage can render invisible the disadvantage experienced by LGBTQ+ people and other minoritised groups

Following a life-threatening transphobic assault, Alyssa (LG08) (female/trans/bisexual) disengaged from services to protect herself from further harm:

'Even the professionals, they're very, I don't know, they look like… you're some sort of, like, freak of nature. So like now with me, like with places like that [health and social care services] I just, I tend not to bother… it's kind of stopped us from going to see people in places like that because I just— I don't need the grief'.

It is not only external factors such as environment and social settings that can impact on help-seeking. Learned behaviour, such as the enforced hiding of identity, can also shape a person's capacity to reach out for support.

By the age of 16 Max (LG35) (non-binary/cis/pansexual) had experienced homelessness, abusive relationships, problematic alcohol use, and mental ill health. However, Max only reached out to health and social care services when reaching crisis point years later:

'There's probably something about my sort of set of experiences that does pre-empt me from kind of accessing things… I don't tend to ask for help for things unless things are like pretty dire. And that, you know, in a way that probably does link to my queerness, my experience coming out and that sort of, being told over long term, like "hide this part of yourself" that's probably all filtered into kind of one'.

Intragroup stigma, the marginalisation that can result from stigma directed towards group members who diverge from group norms, can have particular impact:

'There's this sort of pressure to not be a lesbian from within the LGBT community, which I don't think is intentional. I think it's because of heteronormativity... because we're women, [it's] better for everyone, right, if women just shut up, stay silent, stay silent. Don't have boundaries, don't have hard lines. It scares people, it scares people for women to have hard lines and boundaries and say, "I will not have men in my life". People don't know how to engage with that.' Hannah (LG22) (female/cis/ lesbian).

Daniel (LG10) (male/cis/gay) was living in a hostel at the time of the interview. He described how stigma enacted along axes of sexuality, drug use, and experience of homelessness affected him:

'I don't fit anywhere at all. I don't feel like I fit anywhere at all. Cause I don't like the gay community because it's toxic... they are not that all nice and rainbow as they pretend to be... I'm so in the middle'.

Intersectional scholars cautions against 'Oppression Olympics' in which there is competition for which groups are most oppressed [32]. Instead, focus is placed on the systems of power that create the instances of social exclusion.

THEME: INTRAGROUP STIGMA

Ihsan (LG14) (non-binary/agender/multiple), who is from a British Pakistani and Muslim background, hoped to find a place within LGBTQ+ services, but instead experienced discrimination and stigma enacted along such cultural lines. Ihsan responded to the pressure to come out:

'Because it isn't a "This is who I am, get over it". It's, you know [pause] there's a whole load of education and colonialism that they've had to go through'.

Yasmin (LG32) (female/cis/bisexual) commented that LGBTQ+ spaces were not always welcoming for her, as a person of colour. Yasmin shared how the rainbow branding associated with LGBTQ+ communities was not only not relevant to her, but instead signified a lack of representation of people of colour. Therefore, far from being a symbol of inclusivity it represented an identity 'other' than hers, and a community to which she did not belong:

'I feel like it's [the rainbow flag] not for me, but I don't actually know why, I can't think of why... Maybe it's just not seeing people that look like me that could be why most of the times, when I see a rainbow flag, I don't think "Oh, that's me". '

THEME: GENUINE, POSITIVE REGARD

When there was genuine concern, interest, and awareness, people felt seen, heard, and acknowledged. Marginalised people who had been stigmatised and othered, who felt as if they didn't 'fit', now began to feel safe and respected.

Hunter (LG19) (genderqueer/queer) described how the affirming nature of their relationship with their GP had acted as a lifeline at a point when they had been contemplating suicide:

'She's the one that tried to push for more help with my mental health. I think if it wasn't for that doctor I wouldn't have got as far as I have'.

Kirsty (PR18) (female/cis/lesbian) shared an example of female-female domestic violence being acknowledged within a multi-agency setting:

'I think with the woman that I'm working with now, we have a really good team around her with probation, her housing officer, her drug and alcohol worker and myself. And when it came to the violence in the relationship, the support workers for her partner kind of, I think, acted similarly, and then we would share information when we needed to between the two teams around both people'.

Craig (LG07) (male/cis/bisexual) was sent to prison, and after his release he found employment supporting others with experience of the criminal justice system:

'So I think in me career, I think that's actually helped really well. You know, the fact that I work with ex-offenders, the fact that I work with people who, I've laid where they laid, I've ate where they ate, and shit where they shit. They understand, you know... I think you can only ever see the sides that I've seen if you've actually been in like our shoes.'

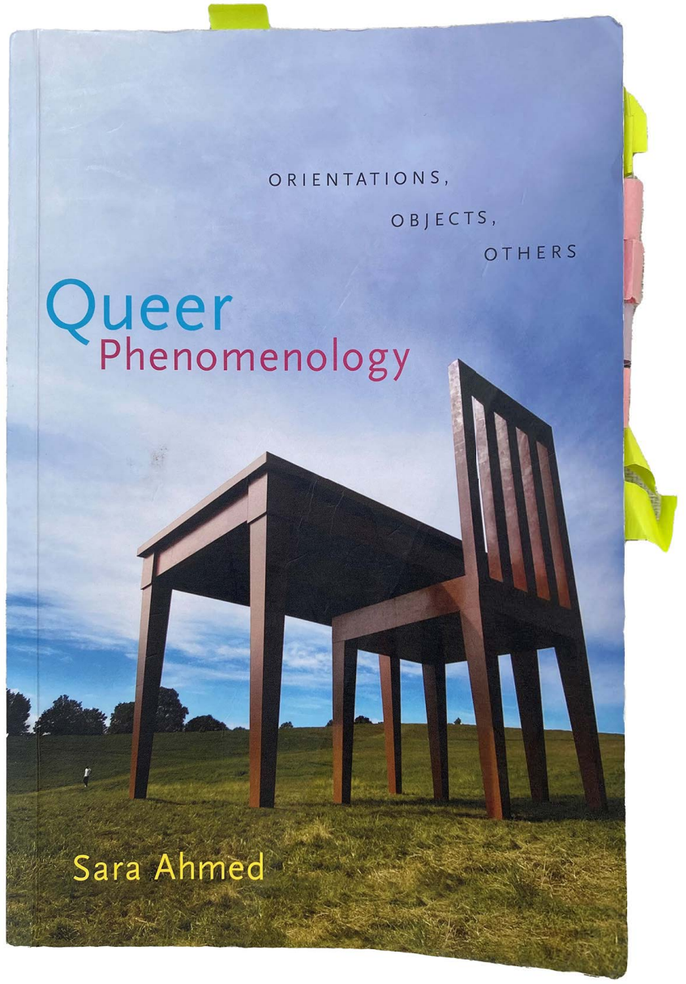
Benefits of greater engagement with marginalised LGBTQ+ people identified within the study. Illustration by Mark Adley

DISCUSSION

This final section draws together the findings from the scoping review and the study's interviews, and compares these against the literature. It also looks at the study's strengths and weaknesses, and whether the study met its aim of:

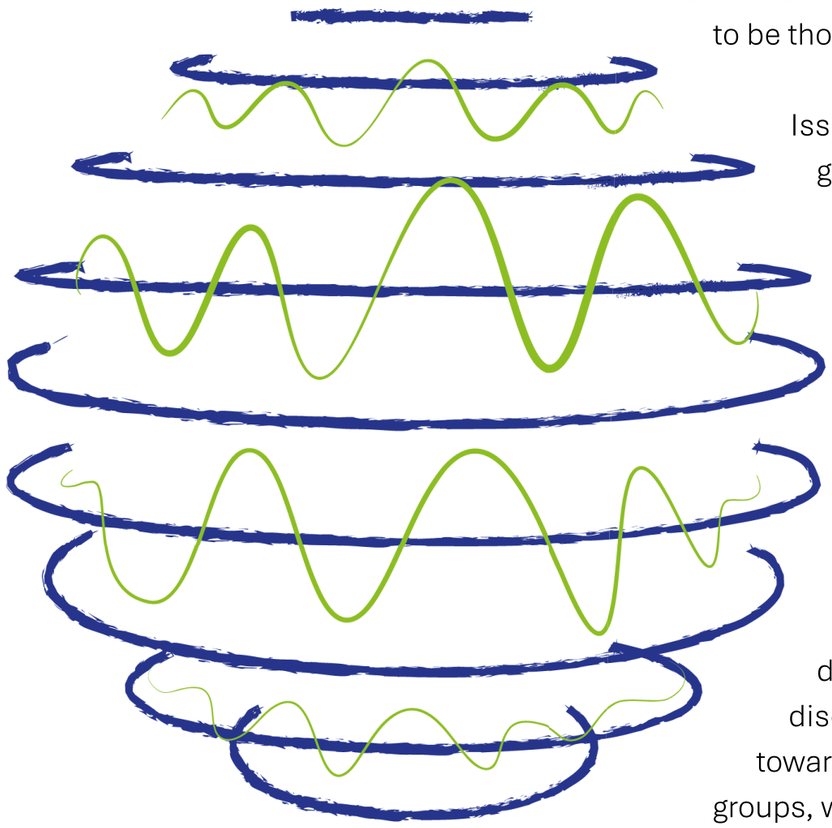
Exploring the health and social care pathways of LGBTQ+ people in North East England who had experienced disadvantage, identifying barriers and facilitators within these pathways, and using these findings to inform future service provision.

'White bodies do not have to face their whiteness; they are not orientated "toward" it. By not having to encounter being white as an obstacle, given that whiteness is "in line" with what is already given, bodies that pass as white move easily' (Ahmed, 2006).



DISCUSSION

In her book *Queer Phenomenology*, Sara Ahmed highlights how, in belonging to a group or community, we follow the path that others have trodden before us: the well-trodden path of collective direction [33]. In following this path, our alignment with the normative, collective direction is rendered invisible. It is only when our orientation is queer, when our positions in social space are twisted, that these lines of collective direction become visible.



COLLECTIVE DIRECTION: What is available

QUEER ORIENTATION: Divergence from the path

Sara Ahmed's Queer Phenomenology, conceptualised and illustrated by Mark Adley

Interviews highlighted how **core groups** were perceived to be those most deserving of service provision.

Issues relating to sexual orientation and/or gender identity were described in terms of disrupting normative service delivery or upsetting these core groups.

The experiences and needs of people outside of these majority groups were at times blatantly dismissed as less important, or of less relevance.

The study also supported the claims made by Edith England (2021) that displays of masculinity: the enactment and discrimination, aggression, or objectification towards women, LGBTQ+ or ethnically minoritised groups, were legitimised by staff within services [34].

DISCUSSION

The study also found that there were privileged core group within LGBTQ+ structures themselves. This supported research highlighting racism within many LGBTQ+ organisations. For example, Muslims occupying an intersectional space between ‘gay’ and ‘Muslim’ identities have been treated with suspicion within LGBTQ+ organisations that are implicitly racialised White [9, 35].

Analysis of the study’s interview findings reinforced how increasing, intersecting layers of social disadvantage were accompanied by increasing, intersectional processes of marginalisation. This has similarly been reported in studies associating increasing marginalisation with decreasing health status [36, 37].

With the study’s interviews, LGBTQ+ participants of colour described LGBTQ+ organisations as not being oriented towards them, with a lack of interest in or concern about their specific cultural needs.

Failing to check our ‘rear-view mirrors’, to consider our collective directions and blind spots can therefore contribute to the marginalisation of those ‘others’ who may be excluded from accessing or using our services.

Without creating time and space for reflections on our processes, practices, workplaces cultures, and shared beliefs, services risk reinforcing normative privilege.

Turning to face blind spots and questioning our collection directions therefore offers the potential for more equitable access to and use of health and social care services for those on their margins.

BARRIERS

SYSTEMS

Systemic normativity

Majority groups prioritised in policy and funding

SERVICES

Services deliver ‘core roles’: LGBTQ+ disadvantage remains invisible

LGBTQ+ people seen as ‘other’ by services

INDIVIDUALS

LGBTQ+ cultural issues can be complex and hard to navigate

LGBTQ+ people anticipate stigma and discrimination avoid services

IMPROVED ACCESS TO AND ENGAGEMENT WITH SERVICES

FACILITATORS

SYSTEMS

Collaborative service partnerships

Flexible approaches to service delivery

SERVICES

Increased cultural awareness of LGBTQ+ and other marginalised groups’ disadvantage

Whole person care and gold standard support from staff

INDIVIDUALS

Word of mouth recommendations

LGBTQ+ people supporting others

Barriers and facilitators to service access and use identified within the study. Illustration by Mark Adley

STRENGTHS

This research is **timely**, as it addresses recommendations of more information on LGBTQ+ disadvantage and intersectionality, at a time of increasingly hostility towards many LGBTQ+ people.

Thirteen months of fieldwork, including engagement with local trans support groups, demonstrated rich **rigor**, and the recruitment of a diverse participant pool, including conservative views, added **context and credibility**. The study aimed for **resonance** by representing multiple groups and presenting findings in multiple forms.

Its **contribution** lies in adding depth to the understanding of LGBTQ+ disadvantage, particularly within the context of health and social care settings.

The study addresses the health and social care pathways of disadvantaged LGBTQ+ individuals in North East England, set against a backdrop of increasing cultural opposition to LGBTQ+ symbols and events.

LIMITATIONS

In examining the health and social care pathways of disadvantaged LGBTQ+ individuals, the lead researcher at times questioned the **worth** of this topic over, for example the impacts of racism or sexism, or of economic deprivation.

The decision not to apply for NHS ethical approval for this study resulted in a majority of professional participants from the voluntary and community sectors. This influenced discussion towards their funding concerns, which may have been less of an issue for those within statutory services.

The study's **credibility** is also impacted by the lack of representation from people from Chinese or other East Asian backgrounds. Its **resonance** is impacted by geographic limitations, with the majority of interviews conducted north of the river Tyne, and no participants from Teesside. Overall, while the study may contribute to the study of LGBTQ+ disadvantage, it may have limited **impact** upon those people with less interest in population groups on the margins of society.

	KEY FINDINGS	IMPLICATIONS	RECOMMENDATIONS
1	**The majority are the priority** Politics, policies, and how services are funded all help to push minority groups further into the margins	Unchecked privilege within services can contribute to the marginalisation of LGBTQ+ and other minoritised groups	Reflect upon organisational processes that may establish or reinforce core groups
2	**Workplace cultures make a difference** Discriminatory language and behaviour, including jokes and banter, go unchallenged by staff and create services that are unsafe for LGBTQ+ and other minority groups	Implementing processes that involve sexual orientation and/or gender identity might be met with resistance from staff	Involve staff in new workplace processes relating to LGBTQ+ issues, and build in evaluation of how these are implemented
3	**When poverty is viewed as the only 'real' form of disadvantage** Experiences of racism, sexism, and other forms of discrimination are not seen to be important	The focus on economic disadvantage can mask social inequalities within minoritised groups and their impact on health	Greater consideration of the impact of intersectionality within health and social care services and research

QUERYING DISADVANTAGE

In the UK, discussion around multiple disadvantage has been dominated by definitions such as experiences of homelessness, substance use, and the criminal justice system, with data drawn from 'key datasets' [39].

However as widely identified in the study's interviews and scoping reviews, these definitions can render invisible the disadvantage experienced by LGBTQ+ and other minoritised groups, whose experiences of disadvantage might not fit into these categories and datasets.

For example, LGBTQ+ homelessness might present differently than others', with LGBTQ+ people developing 'found family', and sofa-surfing. Within the criminal justice system, LGBTQ+ people hide their identities for fear of assaults and violence, and the focus on opiates and crack cocaine use in substance use services fails to take into account other groups' use of drugs.

Above all, measuring disadvantage in terms of the number of people accessing services is based on the incorrect assumption that all groups have equitable access to those services.

LGBTQ+ people facing multiple disadvantage within this study were stigmatised, marginalised, or excluded not only from mainstream services, but also from those services designed to support people excluded from mainstream provision.

'Services are required to perform in certain ways, achieve certain outcomes, gather certain types of knowledge and undertake certain administrative requirements and evaluation mechanisms to receive funding. These processes are very powerful as they all strengthen the dominant understandings of [multiple disadvantage]... This makes the narrative adopted by the funder very powerful'
(Alice Lemkes, 2022)

CONCLUSION

LGBTQ+ people often face disadvantages that are not seen or addressed by regular policies and practices. This can lead to them avoiding early or preventative services and only reaching out for help in emergencies.

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.

'I think as far as commissioners go, they need to get underneath it and they need to look for some data and they need to stop saying things like, "Well, it's a very small cohort".

*Who gives a **** if it's a small cohort because, do you know what, people kill themselves and people die, and people have horrible lives.*

And that costs a lot... And if we look at the Inclusion Health groups, and we look at the social determinants of health, they're costing health way more than anything else.'

Phil (PR01) (male/cis/gay)

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