

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

## Executive Summary

Joined Up North East  
2022-2024

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 are stored on the [Joined Up website](#) and at the DOI [10.17605/OSF.IO/5RDCJ](https://doi.org/10.17605/OSF.IO/5RDCJ).

## **RESEARCH CREDITS**

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North East and North Cumbria



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## INTRODUCTION

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

## SCOPING REVIEW

We carried out a scoping review of LGBTQ+ disadvantage in the UK and Ireland. This revealed patterns such as LGBTQ+ people being moved 'out of the way'. They were described as causing problems for services and not fitting in with their **normal ways of working**. The body of the literature itself mirrored existing social privileges.

## STUDY AIM

The study's aim was to find out how LGBTQ+ people in the North East who faced disadvantage experience health and social care services, in order to identify barriers and facilitators and to use these findings to inform future service provision

## METHODOLOGY & METHODS

A qualitative study design was selected, underpinned by an ethos of community involvement. Working closely with the study's advisors and local communities, 72 people were interviewed (39 LGBTQ+ people and 33 professionals) over 13 months of recruitment, with particular efforts made to reach people on the margins.

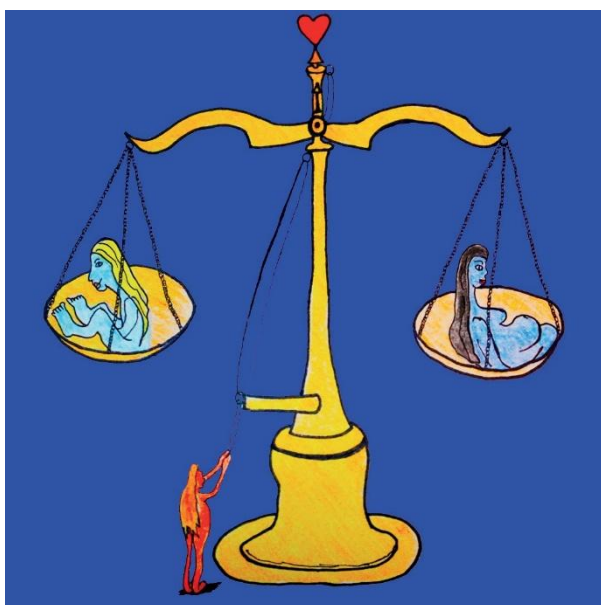


Illustration: Sarah Li (2024), "Benefits", pencil and pen drawing and digital collage.

## ETHICS

This study was approved by the Newcastle University Faculty of Medical Sciences Research Ethics Committee (2349/17317) on 18/08/2022

## KEY FINDINGS

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

## 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<sup>1</sup>. 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.

Study 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 being irrelevant to service need or provision. The experiences and needs of people outside of these majority groups were at times blatantly dismissed as less important, or of less relevance, than services' (usually White, male) core groups.

The study also supported the claims made by Edith England<sup>2</sup> that displays of masculinity: the enactment and discrimination, aggression, or objectification towards women, LGBTQ+ or ethnically minoritised groups, were legitimised by staff within services.

The study also found that there were privileged core groups within LGBTQ+ structures themselves, supporting existing research. 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<sup>3,4</sup>.

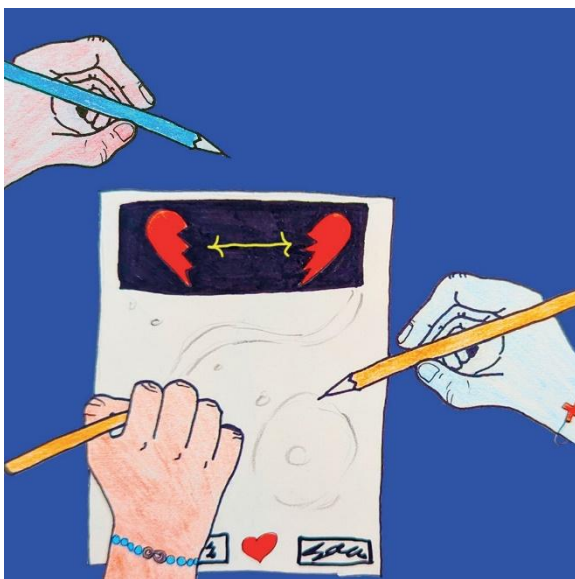


Illustration: Sarah Li (2024), "Ideal Service", pencil and pen drawing and digital collage.

## 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’<sup>39</sup>.

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

Data and research that draws solely from these services may therefore implicitly assume equitable access, and in doing so further the marginalisation of ‘others’.

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.

## CONCLUSION

Marginalised LGBTQ+ people face disadvantages that are rendered invisible by current normative frameworks. Experiences or anticipation of stigma and discrimination can lead to them avoiding early or preventative services, and only reaching out for help in emergencies.

The study therefore supports a utilitarian position: framing disadvantage and access to services in terms of ‘all of us’ rather than ‘us and them’. Regardless of one’s ideology, perceptions of LGBTQ+ disadvantage, or the relative impact of social over economic inequalities, 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 (male/cis/gay)

## THANK YOU

First and foremost - to the study participants for sharing their stories and opening their hearts. Hopefully this has done you justice.

To the Public Advisors for their hard work and immense contributions, and to NIHR ARC North East and North Cumbria (NENC) for funding this project, and for the wider support.

With special thanks to the study's supervisors and examiners, to Dr Felicity Shelton for her wisdom in navigating public involvement, to Dr Kat Jackson for her gentle compassion, to Dr Will McGovern for his confidence boosts, and to Dr Gareth Longstaff and Dr Catherine El Zerbi for their eminently queer perspectives.

## REFERENCES

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