

“There’s a lot going on for me”:
Understanding severe and multiple
disadvantage for LGBT people

*Sophie Melville
Policy and Research Co-ordinator
LGBT Foundation*

What do we already know?

Research about Severe and Multiple Disadvantage

- **“*Hard Edges: Mapping Severe and Multiple Disadvantage*”** – Lankelly Chase, Heriot-Watt University (2015)
 - Three disadvantage domains: homelessness, substance misuse, offending (+ some information on mental health and poverty)
 - People found in homelessness, drug treatment, and criminal justice systems are predominantly white men aged 25 – 44
- **“*Women and Girls Facing Severe and Multiple Disadvantage: An Interim Report*”** – Lankelly Chase, DMSS Research, Heriot-Watt University (Oct 2016)
 - Noted a number of disadvantage domains not noted in *Hard Edges* that are particularly relevant to women: being a victim of abuse and violence, being a lone mother, being a migrant, being a traveller, being isolated, having a disability, being involved with sex work, having lost children into the care system

Research about LGBT people

- 21% of bisexual women and 12% of lesbian women reported a long-term mental health problem, compared to 4% of heterosexual women (*The GP Patient Survey July 2012 – March 2013, Ipsos Mori, 2013*)
- Black and minority ethnic lesbian, gay, and bisexual people are more likely to have self-harmed, attempted suicide, and taken drugs than men and women in general (*Ethnicity: Stonewall Health Briefing, 2012*).
- LGB people demonstrate a higher likelihood of being substance dependent and show high levels of substance dependency. A third of respondents who scored as substance dependent would not seek information, advice, or treatment, even if they were worried about their drug or alcohol use (*Part of the picture – LGB people's drug and alcohol use in England, LGBT Foundation, 2014*).
- 25% of lesbian and bisexual women reported having been a victim of domestic abuse – the same percentage as in the general population. In two third of these cases the perpetrator was female. (*Hunt, R. & Fish, J. 'Prescription for Change', Stonewall, 2008*).
- Lesbian, gay, and bisexual men and women are up to 50% more likely than heterosexuals to report negative experiences with primary care services, including trust and confidence with their GP, communication with both doctors and nurses, and overall satisfaction (*The GP Patient Survey July 2012 – March 2013, Ipsos Mori, 2013*)

What does severe and multiple disadvantage look like for LGBT people?

Our Project: Methods

- 30 – 45 in-depth qualitative interviews with LGBT people in Greater Manchester who have lived experience of SMD
- National element (interviews or focus groups)
- 2 National surveys: 1) LGBT organisations in England, 2) Health and Social Care providers

Findings so far

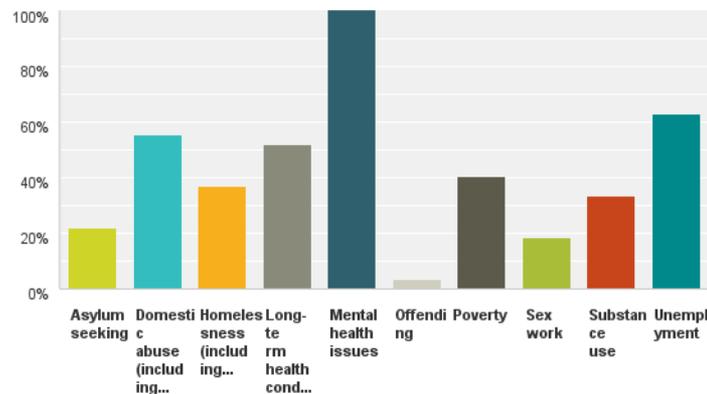
1. **LGBT people with lived experience of severe and multiple disadvantage should lead on the design, delivery, and dissemination of the research.**
 - Steering Group + Core Group
 - Co-chair with lived experience
 - Peer interviews

Findings so far

2. Results from National survey of LGBT organisations in England

Q11 When people who use your services present with multiple issues, which of the following do they commonly experience?
(Please tick all that apply)

Answered: 27 Skipped: 3



Findings so far

3. Anecdotal evidence from the Core Group

- Social isolation
- Economic disadvantage
- Difficult childhood experiences
- Issues with accessing health care
- Substance misuse and dependency
- Sex work
- Offending
- Homophobia, biphobia, transphobia + discrimination
- Seeking asylum and language barriers
- Discrimination with the LGBT community itself

We must expand the definition of severe and multiple disadvantage to account for the experiences of LGBT people

Challenges for conducting research with LGBT people experiencing SMD

- Recruitment to the Core Group and for interviews
- Capturing diversity – not treating 'LGBT' as homogeneous
- Building trust

Questions Arising

1. How can we ensure that research into severe and multiple disadvantage involves LGBT people who aren't accessing services?
2. How can we ensure that this type of research is meaningful for LGBT people with experience of severe and multiple disadvantage?
3. How can you ensure that your research and the work of your organisation is inclusive of LGBT people?