

Barking Dagenham LGBT+ position statement and action plan

London Borough of Barking and Dagenham, March 2019

Foreword by the Leader of the Council

As Leader of the Council I am proud of the progress that has been made over recent years to tackle inequality in the borough. We have shown that together we are stronger, and this is reflected in our vision; one borough; one community; no-one left behind.

Our LGBT+ residents and communities make an invaluable contribution to our borough. Our vision is to create a place where people understand, respect and celebrate each other's differences. A place where tolerance, understanding and a sense of responsibility can grow.

Barking and Dagenham is a vibrant, diverse and changing borough. These are things we should all celebrate. However, many members of the LGBT+ community still experience discrimination, their health and wellbeing is worse than their fellow citizens and services are not always suitable for their needs. This is not acceptable. We want everyone to enjoy full equality and fulfil their potential. There is much we can be proud of but more we can do.

The tragic deaths of four young men in the borough have further highlighted the need for a better understanding of the needs of our LGBT+ community. This report is an important step towards that. These deaths have affected confidence in public services and we must all work together to restore this trust. A fundamental question has to be asked as to how welcoming and safe Barking and Dagenham feels to LGBT+ individuals and what can we all do to improve this.

We have engaged with members of the LGBT+ community in carrying out the Needs Assessment which has informed this report. They have told us what issues they face and areas that need to be addressed. We have taken information and advice from stakeholders and experts. We must now ensure that we tackle the issues and continue the dialogue. The Council, partners and the community will commit to collectively delivering the actions set out in this report.

If we are to realise our vision we must ensure that everyone is valued, respected and our differences are celebrated. And that's why I have said time and time again that one of my proudest moments as Leader has been representing Barking and Dagenham at Pride in London.

It was for me the highlight of my year and for good reason. The Council, community, partners, and our LGBT+ youth community contributed to an amazing event. The joy and pride on our young people's faces as they were cheered by the crowds and their excitement and energy was visible for all to see. Seeing themselves reflected in the people around them increased their confidence and self-esteem. For me this encapsulates the importance of tackling inequality and celebrating diversity. We all must feel like we belong.

Cllr Darren Rodwell

Summary

Barking and Dagenham is an increasingly diverse borough. The Council celebrates this and wants to create a place where all residents are able to have equality and enjoy their full potential.

Discrimination, hate crime, and inequalities must be tackled. These ambitions are stated clearly in core Council documents.

Locally and nationally there are many examples of LGBT+ people having poorer health and wellbeing or suffering such as through domestic violence or mental health issues. They also may not have fair access to services.

There are some good examples of local community infrastructure and opportunities for local LGBT+ people and organisations to engage with the community. Examples include the Practitioners and Activist Group and the LGBT+ Forum, Huggett's LBT women's group, Diverse Communities for young people and regular social clubs. However, this infrastructure needs strengthening, for example, to enhance mutual community support and service advocacy.

The Stephen Port murders shocked the LGBT+ community. The report from the Independent Office of Police Conduct is awaited. The distrust of public services within the borough is recognised. The Council will work with partners and the community to restore trust.

A community needs assessment, developed with stakeholders and the community sits behind this report. A survey, interviews and group discussions and best practice guidance all informed the needs assessment findings. Recommendations were tested with the community and stakeholders.

Four themes emerged and inform the high level recommendations of this report.

- Recommendation 1): inclusive, visible leadership and accountability - particularly from the Council and the police
- Recommendation 2): training - and inclusive leadership to increase skills and understanding in working with the LGBT+ community and promote a change in culture
- Recommendation 3): community and resident engagement infrastructure – strengthen this to support the community and enable them to engage with and help improve services
- Recommendation 4): considering the needs of the LGBT+ community in commissioning and providing accessible and visible services that meet the needs of the community – including services such as mental health and sexual health and a focus on those experiencing multiple disadvantage
- Recommendations 5)6): community safety and health and wellbeing – tackle priority issues with specific recommendations for action, for example tackling hate crime, social isolation and substance misuse

The Council and partners will follow through on the recommendations of this report and will collectively monitor delivery of actions identified to ensure these lead to improved outcomes for the LGBT+ community.

Commitment

Figure 1: The LBBD Commitment to our LGBT+ Community

We are a borough that prides itself on our diversity and we must continue to strive for equality, inclusion and respect for *all* residents. So far we have not achieved this for our LGBT+ residents.

The Council is committed to working with the LGBT+ community and relevant stakeholders to take forward the recommendations of the LGBT+ Policy Statement and Action Plan set out in this report. This document will be published, and we will report progress to the Equalities Partnership every six months.

We want to strengthen our engagement with the local LGBT+ community. With good community involvement and advocacy and increased understanding of local issues, we can work together to strengthen local policies and improve visibility, accessibility and outcomes of our commissioning and service provision.

The discrimination and inequalities that our LGBT+ residents face will not be tolerated. We will work with partners and the community to regain trust in public services and support the LGBT+ community to thrive and flourish.

Introduction

Barking and Dagenham is becoming an increasingly diverse borough. It has a history of strong advocates for equalities. The Council works hard with partners and communities to embrace diversity and equalities. The LGBT+ community make a huge contribution to Barking and Dagenham. However, both at a local level and at a national level there is much more needed to understand and address the needs of the LGBT+ community, and support and engage with them to co-produce solutions. This document is the result of a collaborative piece of work responding to local drivers. We know that overall LGBT+ people have poorer wellbeing than the general population. For example, substance misuse, domestic violence, and mental health issues are prevalent in sub groups of the LGBT community. We have heard from the local community that some public services are not seen as accessible or appropriate to their needs.

The abhorrent Stephen Port murders have shaken the community. Port was convicted of the murders of four young men between 20 and 25 over a period of 16 months. These took place over a period of less than 16 months and three of the four bodies were found in a similar location within half a kilometre of a church in Barking, close to Ports flat.

A series of community meetings facilitated by the Barking and Dagenham Council for Voluntary Services (BDCVS) highlighted the mistrust and disconnect between the local LGBT+ community and public institutions in the Borough. Whilst brought into stark relief by the Port Murders this mistrust needs to be understood as more long-term and deep-rooted.

We have had a clear message that support is wanted in developing and strengthening local LGBT+ infrastructure. This would facilitate mutual support in the community and a strong system of advocacy for policy and service improvement. There is also strong desire for action and public accountability. The Council is committed to working with the LGBT+ community to take action (see Figure 1, above).

This document outlines: the background and context, approach of the LGBT+ community needs assessment, key findings, high level recommendations for the Council and partners. It sets out the next steps to take action to end stigma and discrimination in our borough and ensure our services are visible, accessible and appropriate to the needs of our LGBT+ community.

This document summarises the high-level recommendations that the Council will take forward to support the LGBT+ community in Barking and Dagenham (B and D). **It also invites partners to join us in being more responsive to supporting the LGBT+ community locally.**

Aim of this report

The context of this report is within the national and local evidence of poor health and wellbeing, discrimination, poor access to services and a stretched local community infrastructure for the LGBT+ community. The Stephen Port murders drive an urgent need to work more closely with the local community and stakeholders to address the concerns of the local LGBT+ community. We are also in a time of unprecedented pressure on public resources and many widening inequalities. However recent national LGBT+ policy and our own commitment to improving equalities for all residents provides an opportunity for transformation.

The report is informed by the 2019 LGBT+ Community Needs Assessment, which can be found online.

The purpose of this document is to:

- outline the key issues relating to health and wellbeing, community safety, community engagement and partnership work for members of the LGBT+ community who live, work, visit, study in Barking and Dagenham, based upon the Community Needs Assessment.
- to outline the Council's commitments and to make high level recommendations to inform policy and strategy, commissioning and service provision of the Council and key partners to address the needs of the LGBT+ community.
- to describe next steps for the Council and partners to work together to take action.

Overview of the Policy Context

The Borough Manifesto sets out a strong vision for Barking and Dagenham. A partnership and community-based document, it was developed with the help of responses from more than 3000 residents. Fairness is a key theme, cutting through the document that aims to address inequalities. Other themes of employment, housing and health and social care are relevant to our LGBT+ community.

The Equality and Diversity Strategy and action plan sets out a vision for equality and diversity: to create a place where people understand, respect and celebrate each other's differences. Where tolerance, understanding and a sense of responsibility can grow and all people can enjoy full equality and fulfil their potential. It goes beyond the Council's duties under the 2010 Equality Act for all those with protected characteristics (including sexual orientation, sex, gender reassignment) and also pays regard to socio-economic factors. Priorities include fair and open service delivery, for example through engaging communities in service development and equality impact assessments. It aims to improve outcomes across a range of areas including on domestic violence and hate crime. A programme of festivals and events celebrates and raises awareness of the diversity within the borough.

The Independent Growth Commission Report, 'No one left behind', sets out how the Borough can utilise its growth potential to improve the outcomes for all Barking and Dagenham residents.

The Joint Health and Wellbeing Strategy 2019-2023 recognises the importance of working with communities and building resilience. It has priority themes of on the best start in life, early diagnosis and intervention and building individual and community strength. Key areas of focus are mental health and domestic violence.

Charter for Faith & Belief Inclusion: signed on behalf of the Council, this charter includes principles of "...an inclusive society where people of different faiths and beliefs have strong and positive relations.that intolerance has no place in our communities or workplaces, and that diversity adds value to our society; ... encourage people to engage more across differences and learn to understand each other better" and a commitment to working together with other signatories in a spirit of partnership to promote good relations between people of different beliefs in our communities, workplaces and wider society.

Stephen Port: was jailed for life in November 2016 after being found guilty of the four murders, three counts of rape and a string of other offences. The matter was subject to an investigation by The Independent Office of Police Conduct (IOPC).

The IOPC investigation explored 'whether the police response to the deaths of all four men was thorough and appropriate in the circumstances, including whether discrimination played any part in actions and decisions. At Port's trial a police commander who leads of the Met's Specialist Crime and Operations Unit offered personal letters of apology to the victims' families for the missed opportunities to catch Port sooner. Further background reading on the Post case is available online. The Council has been in communication with the police and the LGBT+ community since the murders and during the course of the investigation and will stand by its LGBT+ residents and communities

Community infrastructure: within a challenging context, the local LGBT+ community have worked together as a community and to engage with the public sector to ensure their voice is heard and their needs met. The LGBT+ Forum, the Practitioners Forum and BDCVS have worked hard in this regard. There are also dedicated individuals and innovative services throughout Barking and Dagenham. Much is happening but the infrastructure needs recognition, supporting and strengthening.

National survey and action plan: the Government Equalities Office undertook a comprehensive survey of 108,000 participants, the largest of its kind in the world. In July 2018 it published an LGBT action plan to improve the lives of LGBT nationally. Key priorities include ending bullying in schools and taking further action on hate crime and reducing health inequalities related to LGBT.

Our Approach

LGBT+ are a diverse group or groups. There are also communities within communities e.g. people who are from black and minority ethnic (BAME) groups or disabled who may experience multiple disadvantage. There will also be political and cultural differences between sub groups of the L,G, B, T, + community.

In order to propose recommendations for action to support/engage with our LGBT+ community we undertook a Community Needs Assessment (CNA). Figure 2 shows the approach and scope of our CNA.

The Community Needs Assessment sought to inform service commissioning and provision, community involvement and engagement and accountability and monitoring. It was purposefully broad in scope – not just health and wellbeing but also community safety, community assets and engagement. This was particularly important given our local context. The Community Needs Assessment focused on adults, over 18. However where key messages came through from stakeholders and the community about needs for younger age groups, these have been reported, for example in relation to bullying.

It was also overseen by a multi-agency steering group of stakeholders (including health service, police, Council staff, Greater London Authority) and community representatives who were involved from identifying the scope and methods through to developing key messages and a long list of proposed recommendations.

The decision to use multiple methodologies/information sources was important. Any one method/information source can only give a limited picture. For example, national and local data sources on the numbers of LGBT+ are inadequate; best practice guidance is also very limited and much of it is drawn from consensus views of special interest bodies rather than peer reviewed research. Our own community survey, despite wide promotion, was under representative of certain groups (e.g. BAME and women).

The triangulation and cross checking of these multiple sources of information and strong engagement in stakeholders and the community in our process, (focus groups, interviews and cross checking the findings) however meant that we are able to draw key messages and proposed recommendations from the CNA.

One output of the CNA is a technical evidence report available on the Council and BDCVS websites. The key messages and proposed recommendations (see Appendix of full report) were discussed at two points in time with a wide range of stakeholders in order to sense check, identify omissions and help with prioritisation of the recommendations. Community representatives and key stakeholders also commented on the draft CNA report.

This document is the other key output from the needs assessment intended for those involved in developing policy and responding to the findings of the needs assessment. It sets the context and describes key messages drawn from the needs assessment and feedback from stakeholders. It then outlines a high-level set of recommendations for action by the Council and recommendations for partner organisations. There is a clear audit trail of how they relate to the recommendations discussed as part of the community needs assessment.

It is now essential, as recommended in best practice guidance and congruent with our own policies as a Council, that we continue to work with key stakeholders and community representatives in further developing these policies and priorities. The community is also clear that they want to see implementation of the needs assessment and to be engaged in that process.

The actions set out in this document will be reported on a six-monthly basis to the Borough's Equality Partnership Group. A representative from the LGBT+ community will be invited to sit on the partnership to help monitor its implementation.

Figure 2: LGBT+ Community Needs Assessment

What did it cover?

- Health and wellbeing e.g. sexual health, mental health
- Community Safety e.g. hate crime
- Community Engagement and Partnership Working e.g. community infrastructure

What information sources were used?

- Community survey of people working, living, studying in the borough (108 respondents)
- Interviews with stakeholders, including clinicians, commissioners and providers
- Focus groups and group interviews with stakeholders
- Review of published and unpublished literature
- Additional short mapping of community assets and services within the borough

What was the output?

Triangulation of these multiple sources of information were used to identify:

- issues facing LGBT+ community
- current service provision, assets and gaps
- best practice and potential solutions

and draw out key messages and proposed recommendations in relation to health and wellbeing, community safety, community engagement and partnership working.

Where can I view it?

The full needs assessment is available at www.lbbd.gov.uk and BDCVS website

Size of the LGBT+ in Barking and Dagenham

The table below summarises the estimates of LGBT+ in Barking and Dagenham from available information sources.

Nationally, there is as paucity of information sources. This in part, relates to concerns of the LGBT+ community in disclosing their identity. It may also reflect research priorities.

Estimates from three different sources for LGB in Barking and Dagenham are shown in Figure 3. The most robust is from PHE, 2017: final “synthesised” estimates from the 15 most robust sources of a review of 22 national surveys. GP surveys will be based upon those registered with primary care. Stonewall adopted the UK Department of Trade and Industry’s 2003 estimate. The PHE reports LGB variability between the sexes where males are more likely to identify as gay (1.7%) than bisexual (0.6%) while women are as likely to identify as lesbian or bisexual (0.9% each). There are no official estimates of gender variant but the GIRES (Gender Identity Research and Education Society) give estimates as in Figure 3. The proportion of LGBT+ in different sub groups such as BAME and by geographical area is discussed further in the Community Needs Assessment. These data sources are limited, emphasising the importance of improved monitoring and data collection at local and national levels.

Figure 3: Estimates of the number of LGBT+ people in Barking and Dagenham

LGB population over 16. Three estimates:

- 2.5 % to 5.9%, 3800 to 9000 LGB people (PHE estimates)
- 3.9% of the population, 6000 LGB people (GP survey)
- 5-7% of the population, 7700 – 10700 people (Stonewall estimates)

Gender variant population:

- 1% of population, approximately 1500 people
- 0.015% transitioned, 0.025% referred for consideration of transition. This would be 20 to 40 people respectively in B & D

Key Messages and Findings

1. Leadership and accountability key messages

- 1.1 A very strong message from the community and from key stakeholders was the lack of trust and feeling let down by public services. Concern focused on the need to see action to improve outcomes for LGBT+ in Barking and Dagenham. Key issues highlighted were the need for:
- Better engagement with the community and public services;
 - Clear follow up action as the result of the community needs assessment;
 - Developing and strengthening community infrastructure;
 - Improving individual's service experience and outcomes for the LGBT+ locally.
- 1.2 Key assets locally to build trust are two active community engagement points: The Practitioners and Activist Group and the LGBT+ Forum. The Council is committed to working with these groups and the wider LGBT+ community to address their needs in particular. The development of this piece of work has led to more active engagement again between the Council and the community and provides a platform for further action.
- 1.3 Best practice and proposals to take this forward come from the national literature and our local stakeholders. The National LGB&T Partnership recently published a toolkit (2018) for creating a 'whole systems' approach to tackling inequalities in health and wellbeing (this includes the wider determinants of health such as poverty, housing etc.). Whilst it is developed for health and wellbeing it provides a useful framework for the approach to action to improve outcomes for LGBT+ in Barking and Dagenham. Key elements included are:
- How critical it is to involve LGBT+ people from the beginning and that they are central to the whole system;
 - Recognising the complexities of individuality and intersectionality;
 - Training staff in public services and making data collection a priority to better understand needs;
 - Encouraging and developing collaboration;
 - Assuring high-level accountability.
- 1.4 Our local stakeholder views chime with many of these elements and inform our recommendations. There was a strongly held view that the Council and partners needs to take action on this Community Needs Assessment (CNA) with named accountable officers and feedback to the community on progress. There was also support for the Council to lead the way in action to support the LGBT+ community. Best practice leadership by the Council and its partners embedded throughout the management hierarchy is important to ensure incremental system change is realised. A culture change is needed, that moves beyond providing staff training. There was a strong feeling that a Council LGBT+ champion was needed to drive forward the recommendations of this report.

2. Service provision and commissioning key messages

- 2.1 Whilst LGBT+ people face the same access barriers as other people in general, for example housing waiting lists, the local survey and interviews showed that LGBT+ people still face an additional range of difficulties due to their experiences. LGBT+ people are entitled to equal

treatment by public services under the Equality Act 2010, however some key issues have been highlighted, these include:

- hostile, dismissive or inappropriate comments or attitudes from front-line staff;
- fear of hostility or other unwelcoming behaviour from front-line staff which prevents any contact being made;
- lack of staff awareness about aspects of services that accommodate LGBT+ needs;
- misinformation e.g. on cervical screening.

- 2.2 Transgender individuals experience significant issues with service provision, particularly in connection with potential gender reassignment.
- 2.3 Lack of information was reported by both local service users and professionals – limited knowledge, for example of specialist services and resources available (e.g. social support) for LGBT+.
- 2.4 The issue of intersectionality came up frequently. For example, disabled people (20% of the survey sample) appeared to have a number of inequalities; half of them reported having experienced domestic abuse. BAME LGBT+ members experience higher rates of hate crime. Lesbian and bisexual women experiencing high levels of mental health issues.
- 2.5 Stakeholders and survey respondents called for specialist LGBT+ services, in particular for mental health, domestic violence and sexual health and for both local and out of borough (for privacy) services.
- 2.6 Best practice solutions to create an accessible, appropriate, visible service that improves outcomes for the LGBT+ community are again found in the literature, such as the National LGBT+ Partnership document above, with additional insights from our local stakeholders.
- 2.7 Engaging the community in planning and development of services is a strong feature of the *Still Out There* report and the Equality Network publication, *Engaging LGBT People in Your Work*. Their recommendations include that service providers take more responsibility to engage with the LGBT+ community and there is collaboration and community engagement in service commissioning. This was echoed by our local stakeholders who made the case that involving LGBT+ people in the development of services is essential – community engagement and collaboration creates well-informed service provision based on real experiences and insights. This also reduces marginalisation and creates more representative services.
- 2.8 *Out of Our Mind* advised that commissioners could address LGBT+ needs through service specifications and monitoring outcomes to support inclusion; this also features in the national partnership guidance. Our local stakeholders, for example commissioners, flagged that gender identity and sexual orientation monitoring is important for services to be tailored to meet the community's needs and encourage inclusivity. Developing LGBT+ friendly Key Performance Indicators (on equality and diversity) and operationalising them across service provision can encourage robust monitoring standards. KPIs are also a way of closing the gap on intersectional vulnerabilities. Contract performance monitoring for service improvement can generate positive change. As part of this it is important that LGBT+ service evaluations and monitoring are understood by the LGBT+ community so that it is not seen as intrusive but a tool to develop inclusive services.
- 2.9 *Still out There* reports that commissioners should develop specialist service provision alongside mainstream provision, in part to protect LGBT+ from other clients. Segregated time slots may be

sufficient. Local stakeholders expressed a view that both specialist and generic services should be developed. Out of borough services may also have a role to play.

- 2.10 Training was raised as an important issue locally and seen relevant particularly to the health and care system and the police. It was noted that if LGBT+ people were aware of staff having had the appropriate training, then they would be more inclined to access certain services. Trained frontline staff with a good understanding of LGBT+ identities are essential.
- 2.11 Similarly survey respondents and stakeholders saw visibility as important. More open signs of inclusivity, particularly in frontline services would encourage access. Examples could be a visual clue such as a rainbow flag, position statements or an accreditation system such as the GP Lanyard scheme.
- 2.12 Clear referral pathways and information about services in and out of borough is important to professionals and service users.

3. Community infrastructure and engagement key messages

- 3.1 Social isolation is an important issue amongst the LGBT+ community in Barking and Dagenham (See below). A strong community infrastructure is important for wellbeing and also supports community safety.
- 3.2 Stakeholders reported that there was a lack of LGBT+ community spaces and need for better infrastructure. The community survey also voiced a need for specific LGBT+ support, ranging from social space to more specific specialist intervention like mental health support (as above). It was emphasised that there are specific gaps for specialist support groups (i.e. older people, women's groups, youth, domestic violence etc.)
- 3.3 There is no permanent LGBT+ space in the borough and, despite the commitment of a few organisations and individuals, only a few temporary spaces held once each week or each month. The current LGBT+ groups in the borough have challenges in sustaining or growing their activity and are often reliant on voluntary unfunded resource. The fragmentation of local consistent provision was seen to contribute to difficulties building networks and not feeling safe in the borough.
- 3.4 There is a lack of communication and promotion with information difficult to find on existing services and they tend to be underused. 60% of survey respondents were not aware of any LGBT+ activities in the borough. Local research suggests that most people go outside of the borough for connections and social opportunities.
- 3.5 In terms of community infrastructure, there are two active LGBT+ community engagement points now established, with the Practitioners and Activist Group and the LGBT+ Forum providing communication opportunities with the wider LGBT+ community. Other examples of infrastructure include regular social clubs, Flipside, Hugget's LBT women's group and an LGBT+ social in Thames Ward. For young people there is the Good Youth Forum's Lesbian group which meets on an ad hoc basis and support for young people from the Diverse Communities.

- 3.6 Some non-LGBT+ specialist community services have knowledgeable and accessible staff. There are also some online resources for local networking. Both NELFT and LBBB have worked based LGBT+ groups.
- 3.7 There is strong literature about the benefits to mental and physical health of engaging in communities. A community infrastructure is also necessary to be able to engage and advocate with service providers and commissioners and policy makers, and contribute to training for example, as described in the sections above.
- 3.8 There was general agreement of the need to strengthen links between Council, partners and the community. A specific proposal from stakeholders and the community was to develop social spaces and events such as a full-time LGBT+ venue for socialising and support groups (e.g. older people, women's, youth groups, domestic violence).
- 3.9 To improve the information sharing of services that are available, an on line up to date resource outlining specialist LGBT+ services – accessible by community and professionals was proposed. Camden Council has a best practice example of sharing information relevant to LGBT+ on their website.
- 3.10 Overall whilst there are some valuable community assets in Barking and Dagenham, these could be strengthened greatly.

4. Health and wellbeing key messages

- 4.1 National evidence shows that health outcomes are generally worse for LGBT+ people than the rest of the population. Studies show that LGBT+ people don't feel that their specific needs are considered in their care and expect to be treated worse by their GP and by staff in a care home than the general population.
- 4.2 Best practice includes ensuring staff are trained and have a good understanding of identities, gender identity and sexual orientation monitoring takes place; and LGBT people are involved in the development of services.
- 4.3 Local stakeholders felt information on how to refer to specialist LGBT+ services would be useful. For example, a pack or on-line resource with information for GPs, including specialist support for LGBT+ community. They also suggested specialist training in LGBT+ issues could be helpful. One example of best practice is Pride in Practice: that supports LGBT+ through a quality assurance accreditation for GPs, dentists, optometrists and others, endorsed by the Royal College of General Practitioners.
- 4.4 Given the varied needs of different subgroups of the LGBT+ community many raised the importance of considering these intersectionality's in-service planning.

Social and psychological support key messages

- 4.5 The national literature and surveys show that LGBT+ community in general have lower wellbeing in terms of life satisfaction, happiness, anxiety than the general population.
- 4.6 There are several community assets for social support in the borough. However, the current LGBT+ groups in the borough have challenges in sustaining or growing their activity.
- 4.7 Our stakeholders and community were of the clear view that more social groups are needed as they bring mental health benefits. Personalised psychological support is also advocated by local stakeholders with a view that this should be available for individuals as well as in groups. Additionally, better information on the services existing needs to be made available to local services users and professionals.
- 4.8 Other key messages and recommendations on the community infrastructure for LGBT+ in Barking and Dagenham are described above.

Mental health key messages

- 4.9 There is a body of research that shows that lesbian and bisexual women have high rates of mental health inequalities. Bisexual women having even greater prevalence than lesbian women. This was echoed in our local survey where lesbian and bisexual women's mental health is of particular concern, with 1 in 4 having poor mental health, and bisexual people overall have the worst mental health.
- 4.10 National evidence is that than a quarter of gay men, rising to more than a 1/3 in BAME gay men and higher still for disabled gay or bisexual men have thought of taking their own life. Young LGBT+ also have high rates of self-harm. Minority groups within the LGBT+ community, such as disabled people, have even higher rates of mental ill health and self-harm than the LGBT+ community as a whole.
- 4.11 Nationally, eating disorders are prevalent within the LGBT+ community, at about 1: 5 people. The main mental health problems faced by our LGBT+ community is stress, depression and anxiety. This is supported by the national literature.
- 4.12 Most people sought support from their GPs or a non-LGBT+ specific mental health service. These were however seen as mostly inclusive. Services were sought from within and without of the borough and included statutory and voluntary sector e.g. East London Out Project and London Friend. More than 1/3 of LGBT+ reporting mental health issues in our survey did not seek support. Less bisexual people and lesbian women have sought mental health support compared to gay men. The reasons for not seeking mental health support locally, and again supported by national findings includes LGBT+ related barriers such as: worry of GP's reaction / lack of understanding / feeling they wouldn't be taken seriously; previous bad experiences and overstretched services.
- 4.13 North East London Foundation Trust (NELFT) Mental Health services state that they already offer a fit-for-purpose gateway for adult LGBT+ residents to access mental health services through IAPT and NELFT uses a Rainbow Lanyard. However specific concerns are expressed by the community

regarding IAPT services. These included a lack of follow up on actions from the previous needs assessment, insufficient connections with other services in the system and generic issues such as waiting times. This supports a national picture of LGBT+ people having higher levels of dissatisfaction with mental health services than the general population.

4.14 Our LGBT+ community, in line with national literature, and supported by some stakeholders would like to see specialist LGBT+ mental health services. There are none in the borough.

4.15 Best practice from PHE to improve mental health services for LGBT+ includes to ensure staff receive training on LGBT+ issues, promotional materials use LGBT+ imagery, service use by LGBT+ is monitored and data is used to improve services. LGBT+ service requirements should be in strategies and procurement plans. Health and Wellbeing Boards should also include LGBT+ people in their strategies.

Physical health key messages

4.16 There is a strong interrelationship between mental and physical health and wellbeing. However more people in our survey experienced better physical health when compared to their mental health. About two fifths of reported a long-standing health problem.

4.17 National studies show LGBT+ to be less physically active than the general population, though no difference between male and females. Lesbian and bisexual women appear to be the least physically active in our LGBT+ community.

4.18 More than half of our local survey respondents stated that LGBT+ friendly settings/facilities would encourage more exercise. There were mixed views re the inclusivity of our local leisure facilities. There are no dedicated LGBT+ exercise facilities in the borough. However, the Diverse Community runs Box Fit classes for LGBT+ young people.

4.19 Obesity rates were higher in LGBT+ than the general population in our 2009 B and D needs assessment. A recent national study in the British Medical Journal? confirms higher rates in lesbian women.

4.20 Local trans people face difficulties in accessing knowledge of treatment pathways. More information is needed for those undergoing gender reassignment surgery.

Sexual and reproductive health key messages

4.21 The risk of STIs (sexually transmitted infections), HIV, Hep B and Hep C is higher in bi or gay men and transgender women. Research suggests the rate of HIV in transgender women is 50 times the general population.

4.22 Lesbian, bisexual or transgender women access sexual health clinics less than gay and bisexual men, and bisexual men are less likely than gay men to access clinics.

- 4.23 Local reports were that BAME Men who have sex with Men (MSM) may not necessarily identify as gay or bisexual and respond to public service messaging targeted at these groups.
- 4.24 Local stakeholders reported that some individuals involved in Chemsex. Chemsex (sex, often group sex, under the influence of psychoactive substances) tends to involve men, mostly gay or bisexual and sometimes unprotected. Little is known re the extent of this locally. It impacts upon physical (e.g. risk of STIs) and mental health (e.g. drug related). The Stephen Port case in Barking involved Chemsex with his victims.
- 4.25 There is national evidence that lesbian and bisexual women are less likely to attend cervical and breast cancer screening, this is linked to hetero normative assumptions about risk and eligibility by professionals and patients. For example, more than 1 in 3 LB women have been told that don't need cervical screening. Local clinicians voiced concerns regarding transgender men being overlooked and the need for promoting cervical screening.
- 4.26 Our survey showed that the majority of people sought care from sexual health clinics and only a few used LGBT+ specific services. Barking Hospital and Dean Street were used most frequently; one being local and Dean Street offering specialist care.
- 4.27 Community based and mobile HIV testing is shown to increase uptake. Promotion of condom use, and HIV testing remains a priority for MSM. Some specialist sexual health services, such as Positive East were reaching BAME communities and issues of hate crime and drug use were also being discussed.
- 4.28 It is important that a holistic approach to service provision is taken, making connections between sexual health and drug misuse (e.g. Chemsex) and sexual health, domestic violence, drug misuse and mental health issues. There was a call for services outside the borough to enable anonymity.

Substance use and abuse key messages

- 4.29 Research shows that LGBT+ people have higher rates of smoking, alcohol and drug misuse than the general population. National research and our local stakeholders suggested that this might be related to experience of discrimination and marginalisation. Tackling these root causes is therefore a method for addressing substance misuse.
- 4.30 Studies show that more lesbian and bisexual women, and gay and bisexual men smoke than women or men in general. Trans people have the highest rates of smoking in the LGBT+ community. LGB people are twice as likely to binge drink as men and women in general and nearly 2/3 of the trans community are dependent on alcohol. LGB people are seven times more likely to use recreational drugs as the general population.
- 4.31 Locally a large proportion of respondents drank alcohol, a small number had used cocaine, crack or cannabis and an even smaller number used other illicit drugs including Gamma hydroxybutyrate (GHB) and amphetamine. More men had used recreational drugs and more smoked than women.

- 4.32 Research evidence suggests that LGBT+ have barriers to accessing substance misuse services both in relation to recognition that they may have a problem and feeling the services are accessible. There is no specialist LGBT+ substance misuse service in the borough; a London-wide service exists, offered by Antidote for clients and professionals.
- 4.33 Best practice guidance is as for other services above e.g. ensure staff are trained in LGBT+ issues, promotional materials use LGBT+ language and imagery, monitoring and inclusion of LGBT+ issues in policies and strategies.
- 4.34 There is a need for interconnected, holistic services which do not see the needs of LGBT+ people as isolated issues – for example, there are connections between mental health, sexual health, substance abuse and domestic violence. Community safety key messages

5. Discrimination and homophobia key messages

- 5.1 A national study suggested more than 40% of LGBT+ experience some form of prejudice or discrimination on a regular basis (*Still Out There*, 2016).
- 5.2 Of the local LGBT+ people who have experience homophobia or transphobia, the majority received abuse from strangers. This occurred mostly on the street, public transport and outside/near their home.
- 5.3 Locally 2/3 of LGBT+ were out to friends to family about their sexual orientation.
- 5.4 Our local BDCVS survey (2016) suggests LGBT+ residents felt unable to access a variety of services because of their sexuality/gender status including bars/clubs, swimming pools, gyms and places of workshop. They felt more able to access services such as libraries, theatres, parks.
- 5.5 Respondents also experienced homophobia in service provision (see health and wellbeing messages above).
- 5.6 These findings suggest more is needed to tackle discrimination and stigma of the LGBT+ community.

6. Crime and fear of crime key messages

- 6.1 National evidence suggests that LGBT+ individuals are at greater risk of crime. Safety after dark is a particular concern for B and D residents. This is also so for LGBT+ residents. Men are more likely to feel safe than women and trans women after dark and during daylight hours. Disabled people are largely overrepresented as feeling less safe after dark.

Hate crime key messages

- 6.2 Hate Crime is of importance given its link with suicidal tendencies and self-harm inflicting behaviours. Fear of hate crime leaves many people feeling unsafe in their homes and communities. Research shows it is a continuing threat for LGBT+ people and there has been a sharp rise in London. National evidence (GALOP 2016) shows 4 in 5 LGBT+ had experienced hate crime, 1 in 4 had experienced violent hate crime, 1 in 3 on line hate crime, 1 in 10 had experienced sexual violence within hate crime. Our survey results suggest 1 in 6 reported experiencing hate crime; it is likely that there is significant under reporting in this survey.
- 6.3 Certain subsets of the community are at higher risk of hate crime: national research (Stonewall 2017) states 1/3 BAME LGBT+ experienced hate crime compared to 1/5 of the white population. Women and disabled people were overrepresented in experiencing hate crime in our local survey. In our local interviews and focus groups BAME LGBT+ hate crime and discrimination were reported as mostly originating from within their own diaspora communities; whilst also facing racism within the LGBT+ community.
- 6.4 Residents reported unsatisfactory performance by the police, with comments on inaction and discrimination being common. The withdrawal of LGBT liaison officers has also attracted negative comment.

Reporting of hate crime and crime and experience of the police key messages

- 6.5 National evidence (GALOP 2016) (and Stonewall 2013) 1 in 4 reported hate crime to police, 1 in 4 said would not report in the future. Concerns were that it would not be taken seriously or that they may be subject to further homophobia on reporting. half were not satisfied with the way it was handled. In our local survey, of the people who experienced hate crime, half did not report it to the police; i.e. higher under reporting than nationally, although there are small numbers in our survey. The BDCVS survey identified concerns similar to the national picture about reporting.
- 6.6 Local interviewees stated a lack of awareness and appropriateness in the police and this caused some resentment. Community representatives expressed that the community felt let down reporting that, following a series of meetings aimed at building confidence in the police after the Stephen Port case, actions haven't been taken to work with the community to strengthen the Police's reporting response.
- 6.7 During the engagement, community representatives raised concern that there was not a dedicated LGBT+ police liaison officer. GALOP is currently providing some hate crime incident advice and support to BDCVS. The Community Safety Partnership is promoting Stop Hate UK as an initial contact for our of hours and urgent reporting of hate crimes.
- 6.8 Examples of best practice are the *LGBT Hate Crime Quality Standard: A service Improvement Tool for Organisations*, a resource produced by the National LGBT Hate Crime Partnership for services such as the police, Council and third sector. This includes seven areas of best practice:

user-centred service; workforce and learning; reaching out; addressing diverse LGBT needs; policies and procedures; monitoring and evaluation; and strategy. There is also *Hate Crime Operational Guidance* from the College of Policing, which, if followed, ensures that officers are equipped to identify, monitor and deal with hate crime effectively.

- 6.9 Low reporting to the police, together with other stakeholder feedback strongly suggests that more work needs to be done with the police to improve their relations and enhance trust with the LGBT+ community. Local views on how to improve work with the police includes specialist training for front line police personnel as some of the difficulties appear to be due to their lack of awareness and better communication about services available e.g. the Pan London service offers.
- 6.10 A view from community representative stated that it is important for the Metropolitan Police Service to refresh an effective LGBT+ reporting pathways now that the Tri-Borough reorganisation has taken place. This might include a LGBT+ police liaison officer and, also agreeing the role of CAB e.g. in reporting.

Domestic violence key messages

- 6.11 National evidence (Geo survey) is that LBT women have high rates of domestic violence (DV): 1 in 4 LB women and 1 in 4 women have experienced domestic violence.
- 6.12 1 in 2 gay and bisexual men have experienced abuse at some time. Local stakeholders reported that rates are high in gay men and transgender people with transgender women being the highest. Our local surveys and interviews also showed that disabled people are overrepresented.
- 6.13 National evidence reports that DV in the LGBT+ community is given little attention from police or health service. It is rarely reported to the police and most who do are not happy with the response they receive. Female same sex abuse is not taken seriously by police. Local stakeholder interviews suggest that there is an assumption that perpetrators are men and violence is only against women that supports lack of understanding. Local and national research suggest little awareness of LGBT+ domestic violence and low reporting.
- 6.14 Our local domestic violence services are reported as being inadequate with a lack of LGBT+ facilities or understanding. The Hugget centre is available and inclusive for LBT women but a relatively small number of those attending disclose as LBT. There is a lack of specific provision for gay and bisexual men and transgender men.
- 6.15 GALOP (the LGBT+ anti-violence charity) has formulated recommendations for domestic violence of LGBT+ people. This includes being clear that a domestic violence service is inclusive of LGBT+ people (e.g. in publicity) and being clear what support/services are offered to different subgroups; appropriate staff training; providing remote services e.g. telephone/email/online support; establishing links and signposting with specialist LGBT+ services; to not always assume – ensure gender neutral language.

- 6.16 GALOP is working with Domestic Violence commissioner in the Council so that the service is inclusive of LGBT+ issues. They could do more with service providers in B and D to strengthen partnership offers. Stakeholders raised the importance of training and specialist provision.

Bullying key messages

- 6.17 The remit of the CNA was over 18yr-olds. However, stakeholders raised concerns about young people, particularly bullying. The national evidence (Stonewall) is that nearly 2/3 of LGBT+ are bullied for being LGBT+ at school. This includes nearly 2/3 of transgender pupils with 1 in 10 transgender pupils received death threats at school.
- 6.18 LGBTQ young people feel discriminated against in social settings and experience higher levels of abuse; with transgender experiencing the greatest discrimination.
- 6.19 Local issues identified were the blurring of the responsibility for incidents between the victim and the perpetrator and common problems in schools such as homophobia, racism and negative stereotyping setting a context for bullying. Whilst some schools were reported as dealing with bullying well, it was generally thought that others could manage this more effectively.
- 6.20 Local assets include: The Diverse Community which is setting up LGBT+ services in 4 secondary schools and looking to develop activity for 18-25-year olds. Some generic services could work with LGBT+ more for example: The Barking and Dagenham Youth Forum (BADYF) that influences policy and the Youth Mentoring Scheme.
- 6.21 Schools are seen by stakeholders as an important place to change attitudes and create acceptance and provide a safe place for current LGBT+ students. An example of a school doing positive and effective work is the Jo Richardson Community School. Schools could participate in Pride and share good practice. Many non governmental organisations are available to support schools with educational materials and workshops and some mentoring. For example: The Proud Trust, Mermaids, The Mosaic Youth Club, Albert Kennedy Club and Jigsaw.
- 6.22 There is also national evidence of bullying of LGBT+ in the workplace. LBBD and NELFT have LGBT+ staff fora and could lead the way with ensuring LGBT+ awareness is embedded within the local anti-bullying policy and training.

Sexual exploitation and sex work key messages

- 6.23 Some respondents to the national Geo survey spoke of sex work an essential source of employment” due to financial and employment difficulties. Our local stakeholders similarly discussed: “transgender sex workers, young men making money, young men being groomed”; “trans women selling sex was known to medics and not to the police” and increase in people resorting to “survival sex” and some particularly vulnerable groups such as those with learning disabilities. Particular concerns were raised in relation to young people and the practice of ‘Chemsex’.

- 6.24 There is no specific LGBT+ support for those who engage in sex work locally.
- 6.25 Examples of best practice include the holistic sexual health and support service – SASH – that includes counselling, links with other service and groups.
- 6.26 Local stakeholder views were that there is a need to ensure that the child sexual exploitation policy includes male youth and LGBT+. Also, that the needs of LGBT+ young people need to be better understood in relation to child sexual exploitation and including survival sex. Good practice guidelines have been produced by Barnardo's on this topic. Stakeholders views were that these risks of exploitation should be picked up under a community safety remit involving victim support, enforcement, and safeguarding strategies.

Other community safety issues: homelessness and housing key messages

- 6.27 Nearly half of our survey respondents own their homes, of which most were satisfied with them, but this may reflect the demographics of the survey participants.
- 6.28 National literature says that 1 in 5 LGBT+ have been homeless at some point in their lives. Those requesting housing assistance and in financial hardship has increased. LGBT+ youths are overrepresented in the homeless young people (e.g. 20-40%).
- 6.29 The dynamics of homelessness for LGBT+ includes hate crime, DV, mental health issues contributing to elevated levels of homelessness. There are national and local reports of young people homelessness as a result of family breakdown on coming out.
- 6.30 Stakeholders reported local hidden homelessness of LGBT+ including sofa-surfing, squatting. They stated that homelessness may lead to poor mental health, substance misuse, risky sexual behaviours including survival sex.
- 6.31 LGBT+ expect to receive worse treatment when applying for social housing and homeless shelters may not be accessible to transgender people.
- 6.32 The housing needs of older LGBT+ people need to be accounted for and with social support. There are no existing care homes focusing on this group.
- 6.33 Local assets included the Outside Project – an LGBT+ specialist homeless service that was within the borough and set up London's first winter shelter.
- 6.34 Several organisations provide help and best practice. Stonewall housing gives free advice to LGBT+ clients, training of housing staff and offers consultancy and information. St Mungo's homelessness services include a specialist service for those with protected characteristics; the London Youth Gateway addresses the demands of young people at risk of homelessness. Other organisations offer support e.g. GALOP, Albert Kennedy.
- 6.35 Despite a lack of dedicated LGBT+ services locally, there are embedded cross-referral practices at a local level and scope to develop and extend this model.

Conclusion

The key messages above summarise a description of the issues, of assets that can be developed and of potential solutions that have been identified locally within the Community Needs Assessment or from national best practice in order to improve outcomes for the LGBT+ community. These key messages informed a long list of tested recommendations that were discussed with stakeholders at round tables. Key themes emerged from this work that inform our recommendations in the next section. The themes are:

- Inclusive, visible leadership and accountability – particularly from the Council and the police.
- The need for training to increase skills and understanding in working with the LGBT+ community (alongside a shift to inclusive leadership and a culture change)
- Strengthening the community and resident engagement infrastructure
- Developing more accessible, visible, effective services that meet needs of the LGBT+ community including of intersectional groups.

In addition, the community needs assessment, particularly investigated health and wellbeing and community safety as two priority areas. Specific recommendations to address some of the issues highlighted for these two areas are therefore put forward.

High level recommendations

These are laid out in the following few pages. There is a clear audit trail of how they relate to the long list of proposed recommendations discussed as part of the Community Needs Assessment.

Recommendations

| Recommendation for LGBT+ Policy Statement | Lead Officer |
|--|---|
| <p>1) Inclusive, visible leadership and accountability</p> <ul style="list-style-type: none"> a) Monitor the actions arising from this report through the Equality Partnership, reporting every six months. b) Establish mechanisms to ensure that the LGBT+ community is engaged in the development of strategies and services to ensure sensitivity and inclusivity to LGBT+ needs. c) Regular engagement with the LGBT+ community, for example the LGBT+ Forum, through the LGBT+ subgroup. d) Appoint a senior Officer of the Council as an LGBT+ champion. e) Add the actions agreed in this report to the Key Accountabilities of the Cabinet Members for Equalities and Diversity within the Corporate Plan. f) Embed an understanding and awareness of LGBT+ needs into the culture change programme of the Council and develop “inclusive leadership” of senior managers in the organisation. g) Harness the experience of the LGBT+ Staff Forum to support the Council in delivering the key recommendations and in progressing to an exemplar employer for LGBT+. h) Adopt visual clues to build confidence e.g. flags, stickers, lanyards | <p>Director of Policy & Participation</p> <p>Director of Policy & Participation</p> <p>Director of Policy & Participation</p> <p>Chief Executive</p> <p>Chief Executive</p> <p>Director of Law & Governance</p> <p>Chair of the LGBT+ Staff Forum</p> <p>Director of Policy & Participation</p> |

| Recommendation for LGBT+ Policy Statement | Lead Officer |
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| <p>2) Training</p> <p>a) Make e-learning for LGBT+ (including gender and sexual orientation) awareness training mandatory for all Council staff including front line (on email) and managers.</p> <p>b) The Council recommends that partner agencies e.g. CCG, BHRUT, NELFT, the police and Be First also make LGBT+ and all contractors awareness training mandatory for staff where it is not already so.</p> <p>c) Ensure all Council staff and Members are trained on Equality issues generally and LGBT+ issues by:</p> <ul style="list-style-type: none"> i. Report mandatory training statistics to Cabinet on an annual basis ii. Explicitly link training to appraisal outcomes and performance monitoring iii. Develop a wider package of LGBT+ training for Managers iv. Include LGBT+ training in Tool Box training v. Provide additional LGBT+ training to staff in Community Solutions vi. Embed LGBT+ training into face to face training on safeguarding. <p>d) Health and care professionals in relevant commissioned or provider services given training to respond appropriately to Chem sex.</p> | <p>Director of Law & Governance</p> <p>Director of Policy & Participation</p> <p>Director of Law & Governance</p> <p>Director of People & Resilience</p> |

| Recommendation for LGBT+ Policy Statement | Lead Officer |
|---|--|
| <p>3) Community and resident engagement infrastructure:</p> <ul style="list-style-type: none"> a) Share a framework of best practice in relation to Equalities Impact Assessment with partners in order to improve the quality of EIAs locally. b) Commission the development of an on-line resource to be developed/hosted by or with very close involvement of the community. This will include description and contact information for community assets including social groups, specialist support and also of key services for the LGBT+ community. It will be accessible by the community, by professionals in front line services and others. c) The Council has recently appointed a Community Development Officer with a focus on Equality Issues. Additional resource will be allocated to support this work. d) Support the LGBT+ community in identifying a space(s) for meeting, social activities, potentially drop in services. e) LGBT+ needs will also be considered in the forthcoming review of community assets within the Borough. f) Work with the youth forum and the youth mentoring schemes to ensure that they engage in equalities work and explicitly inclusive of LGBT+ young people. | <p>Director of Policy & Participation</p> <p>Director of Policy & Participation</p> <p>Director of Policy & Participation</p> <p>Director of Policy & Participation</p> <p>Director of Policy & Participation</p> <p>Director of People & Resilience</p> |

| Recommendation for LGBT+ Policy Statement | Lead Officer |
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| <p>4) Commissioning and providing accessible, visible services that meet the needs of the community</p> <p>a) Ensure that equality monitoring in relation to LGBT+ across commissioned services and Council provided services is consistently applied and the findings acted upon. Areas for improvement in monitoring will be identified, including monitoring of intersectionality and activities to raise awareness of the importance of obtaining information on gender and sexuality.</p> <p>b) Ensure that contract monitoring of all commissioned services and service reviews of provider services include equality monitoring of LGBT+ accessibility, utilisation and outcomes from the services.</p> <p>c) Ensure LGBT+ considerations are embedded in the commissioning process and across Council providers to inform service improvement and future commissioning and Council provider policy through:</p> <ul style="list-style-type: none"> i. Visibility and inclusivity of services provided (e.g. flags and Lanyards) ii. Staff awareness training LGBT+ (see training above) iii. Review (at least annually) the information collated through monitoring iv. LGBT+ engagement in consultation and service evaluations v. Raising awareness of referral pathways (including links with out of borough options where appropriate) vi. Understanding local needs, including better understanding the needs of intersectional groups of the LGBT+ community <p>d) Ensure all tendered services comply with Equality and Diversity policy specifically including LGBT+</p> <p>e) The Council recommends that partners include service inclusivity and visibility, staff training, monitoring of LGBT+ in provided and commissioned services, LGBT+ engagement in consultations and evaluations to improve service accessibility, utilisation and outcomes.</p> | <p>Chief Operating Officer</p> <p>Chief Operating Officer</p> <p>Chief Operating Officer</p> <p>Chief Operating Officer</p> <p>Director of Policy & Participation</p> |

| Recommendation for LGBT+ Policy Statement | Lead Officer |
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| <p>5) Community Safety</p> <p>a) Discrimination, stigmatisation, bullying</p> <ul style="list-style-type: none"> i. Work with schools to ensure that anti bullying best practice is consistently replicated across schools and they work with existing LGBT+ groups. ii. Ensure anti bullying best practice is implemented consistently across the Council <p>b) Crime, fear of crime and working with the police. The Community Safety Partnership works with police, other key partners to take forward the following recommendations:</p> <ul style="list-style-type: none"> i. Ensure the police undertake specialist training in understanding and responding to LGBT+ individuals ii. Adopt the LGBT+ Hate Crime Quality Standard as a partnership and individually iii. Adopt visual clues e.g. flag at police stations to increase visibility of LGBT+ and increase confidence in the police iv. Ensure the police engages the LGBT+ community effectively on the issues identified in this report v. Promote and raise awareness of the Hate Crime reporting services vi. Ensure that all strategies and policies relating to community safety are reviewed to take account of LGBT+, particularly intersectional groups and further research is undertaken if needed vii. Continue to link with pan London victim support groups e.g. GALOP and feed into regional level reviews such as the new Victim Support contract <p>c) Domestic Violence Account is taken of the findings of this work in re-commissioning local Domestic Violence services. This will include, key Performance Indicators to continue to monitor accessibility, utilisation and outcomes for LGBT+ community and promotion of Domestic Violence services to ensure visibility and accessibility to the LGBT+ community.</p> <p>d) Homelessness and housing. The Council, in delivering its statutory duties relating to homelessness, will ensure that:</p> <ul style="list-style-type: none"> i. The needs of the LGBT+ community are included in their homelessness prevention work; ii. Links and awareness raising of other services (such as the Citizens Advice Bureau specialist LGBT+ housing advice and Stonewall Housing) are made as required. <p>e) Safeguarding and Exploitation and Sex Work</p> | <p>Director of Education</p> <p>Director of Law & Governance</p> <p>Director of Law & Governance</p> <p>Director of People & Resilience and Director of Community Solutions</p> <p>Director of Community Solutions</p> <p>Director of People & Resilience</p> |

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| <ul style="list-style-type: none">i. The Council will consider LGBT+ needs in the Contextual Safeguarding and Exploitation Strategy (focusing on adolescents up to 25 years). This should include concerns regarding Chemsex.ii. The Council will work with partners to ensure that a coordinated and LGBT+ appropriate response to Chemsex is put in place with appropriate specialist service links. | |
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| Recommendation for LGBT+ Policy Statement | Lead Officer |
|---|---|
| <p>6) Health and Wellbeing</p> <p>a) Mental Health The Council and other commissioning organisations will work with providers to review the appropriateness of Adult mental health services and Child and Adolescent Mental Health Services their visibility, accessibility, utilisation and outcomes for LGBT+ community.</p> <p>b) Physical Health</p> <ul style="list-style-type: none"> i. Commissioner of leisure services to encourage leisure providers develop measures to ensure that the services are more accessible and visible to the LGBT+ community, especially LB women. Also to make sure that the wider leisure offer in B&D is LGBT+ friendly. ii. The referral pathway for people wanting to become transgender is strengthened and appropriately promoted. <p>c) Sexual health and screening</p> <ul style="list-style-type: none"> i. Through sexual health commissioning we will ensure the service provider (BHRUT) takes on board the findings of the Community Needs Assessment including implementation of best practice and targeting of their services LGBT+ (particularly lesbian women and bisexuals). They can also ensure the links with drug and alcohol services are strengthened where necessary, including in relation to Chemsex. ii. The sexual health commissioner can ensure that community testing for STI and HIV can be targeted to the whole LGBT+ community (including lesbians and bi sexual women) through an e service and through GPs. The new community HIV support service is aimed at increasing testing, supporting and signposting for BME and Men who have sex with Men and tenders will be awarded based on the provision of this by the successful bidder. iii. We recommend that NHS England as commissioners and the CCG as the managers of GP performance of cervical cancer screening programme ensure the service is promoted to professionals and lesbian and bi sexual women. <p>d) Substance Misuse The Council will work with partners to ensure that a coordinated and LGBT+ appropriate response to Chemsex is put in place with appropriate specialist service links. (see also Community Safety and Sexual Health)</p> | <p>Director of People & Resilience</p> <p>Director of Policy & Participation</p> <p>Director of People & Resilience</p> <p>Director of People & Resilience</p> <p>Director of People & Resilience</p> <p>Director of People & Resilience</p> <p>Director of People & Resilience</p> |