

Consultation draft

December 2020

Supporting the LGBTQ+ population through COVID-19 and beyond

COVID-19 has highlighted a unique set of [health challenges](#) facing the LGBTQ+ population, and for them to recover and thrive beyond the pandemic, the way care is commissioned, designed and delivered must take into account their varying needs.

The challenge to service designers, providers and commissioners is to commit to implementing the recommendations below both in short-term recovery and long-term planning. Please note, where linked-to information captures only parts of the LGBTQ+ community, it can serve as a useful prompt.

1. Create a strong knowledge base

- Ensure you and your staff understand the [specific needs of LGBTQ+ people](#), the [health inequalities](#) they face, and the [variance of experience](#) between the L,G,B,T,Q and + identities.
- Create a safe space for staff to learn and ask questions about LGBTQ+ experiences, encouraging people to be curious, rather than shy away from the topic.
- There can be a significantly negative impact on LGBTQ+ individuals when appropriate language is not used. Take time to learn and use [appropriate language](#).

2. Be non-heteronormative in everything you do

- When designing, commissioning, and [delivering services](#) consider whether they address the [specific needs of LGBTQ+ people](#).
- Try not to assume a person's gender identity or sexual orientation – heterosexuality and cis gender should be considered a possibility not a default.

3. Take responsibility for collecting and reporting data

- Acknowledging that LGBTQ+ people are not one homogenous group, ensure you are proactively seeking specific gender identity and sexual orientation information from all service users and carers, and commit to reporting this to the NHS Data Set.
- Ensure staff are confident and competent in [collecting data](#) about a service user's gender identity or sexual orientation creating a safe and inclusive environment in which to collect it.
- Disaggregate the data collected to better understand the issues specific to your local LGBTQ+ community and design services accordingly.

4. Listen to your service users

- When co-producing and commissioning services, ensure LGBTQ+ voices are included.

- Listen and respond to the needs of [LGBTQ+ children and young people](#), particularly around mental health, this can avoid entrenched issues translating into long-term mental health conditions in adulthood.
- Take action to create targeted interventions, with measurable outcomes, using the insight you have gathered from working with LGBTQ+ service users.

5. Proactively seek out partners with whom to deliver services

- Utilise the knowledge and reach of third sector and community organisations closely connected with the local LGBTQ+ population to ensure the services you are designing or commissioning are appropriate for your locality.
- [Nurture lasting relationships](#) with local LGBTQ+ organisations and bring them into system-wide planning.

6. Create visible leadership and confident staff

- Encourage the development of [LGBTQ+ staff networks](#) ensuring that they are part of, and connected to, decision making across the organisation and use the knowledge they generate to inform service delivery and training of non-LGBTQ+ staff.
- Ensure LGBTQ+ staff are supported to deal with distress, exclusion and conflict arising from patients and colleagues relating to their sexuality and gender identity.
- LGBTQ+ leaders should aim to be visible, bringing their whole selves to work.
- Non-LGBTQ+ leaders should [model good allyship](#) to help change organisational culture and encourage career pathways from a more diverse pool of staff.