

Written evidence submitted by the LGB&T Dorset Equality Network (MRS0168)

About the LGB&T Dorset Equality Network:

The Network is a Charity Commission registered charity (Number: 1171911) working with and for the pan-Dorset and neighbouring areas, LGB&T communities, and with non-LGBT 'Allies' in the broader community. We had from our inception a strong remit in regard to LGB&T health and wellbeing issues and needs, and especially since the end of 2017 have been particularly concentrating on often overlooked LGB&T sub-population groups that have particularly high support needs, vulnerabilities, and are seldom heard where policy design and public and statutory services provision and effective delivery are concerned. In a number of these areas the Network is active and respected at UK national level, including Parliament.

The LGB&T Dorset Equality Network has an established record of working with Parliamentary Select Committees, both WOMEQ and also the JCHR in the field of accepted/published submissions to formal inquiries of the two Committees mentioned:

JCHR: 28LGB&T Dorset Equality Network ([IMD0049](#)) --
https://publications.parliament.uk/pa/jt201719/jtselect/jtright/1484/148415.htm#_idTextAnchor079

WOMEQ: 46LGB&T Dorset Equality Network ([HSC0044](#)) --
<https://publications.parliament.uk/pa/cm201919/cmselect/cmwomeq/94/9402.htm>

You can read more about the Network at: <http://lgbtdorsetequality.network/>

Basis from which our submission to the inquiry is made: our contribution content is made from a combination of organisational and expert opinion.

Summary of the LGB&T Dorset Equality Network submission to the inquiry:

The LGB&T Dorset Equality Network provides the submission below to the WOMEQ Coronavirus and the impact on people with protected characteristics inquiry '*Coronavirus and the impact on people with protected characteristics*':
<https://committees.parliament.uk/call-for-evidence/94/unequal-impact-coronavirus-covid19-and-the-impact-on-people-with-protected-characteristics/>

The Network's contribution of material to the WOMEQ inquiry involves a main two-part submission, and a separate other: part B of the main submission is perhaps the most important as it relates to a record of action taken and the responses of the different authorities and agencies contacted, giving for WOMEQ valuable material in terms of knowing how the given authorities and agencies are performing. The contributions are listed below:

About the Network's two-part main submission:

A. Specific perceived and/or demonstrated-evidenced Covid 19 related risks and vulnerabilities concerning particular sub-population groups of the LGB&T community.

B. Network work and activity at national and pan-Dorset levels to assist and support both our LGBT+ community in general, and particular sections of the community especially vulnerable to health (both mental and physical) and medical issues & needs. Experience of reactions of indifference or support from the given public service organisations contacted

The Network's other submission topic:

Covid 19 context vulnerabilities for LGBT asylum applicants and those using the services of the UK immigration service (Home Office) and Immigration Tribunal -- The Network's other submission to the WOMEQ inquiry concerns Covid 19 context health and other major vulnerabilities for LGBT asylum applicants and also to those using the services of the UK immigration service (Home Office) and Immigration Tribunal' information, and the UK Government [Home Office & HMCTS Immigration Tribunal] immigration operational level Hostile Environment.

For both parts of the main submission, and for the secondary contribution to the inquiry, summary information is first provided in *italics* for the three main '*your experiences*' questions and related '*reviewing the measures*' questions, and then an overview of the submission content, and finally a supportive evidence section.

Your experiences. We want to know:

- How people have been affected by the illness or the response to it:
- If there have been specific impacts on people due to them having a protected characteristic:
- Whether there may be unforeseen consequences to measures brought in to ease the burden on frontline staff, for example relaxing the measures under the Mental Health Act and Care Act):

Reviewing the measures:

- What needs to change or improve, which could be acted on in three weeks' time:
- What needs to change or improve, which could be acted on in 6 months' time:

The Network's two-part main submission -- overview:

The topics of our main (two-part) submission are interconnected: the Network providing information on the particulars of the risks and vulnerabilities and advised solutions on the related community groups' needs (identified in the first part of the submission) to (in the second part of the submission) the relevant public service and statutory organisations covering remits regarding supportive services for those needs, with requests for action in specific forms and ways.

The needs referred to are evidenced by specific information supported by appropriate authorities/sources and related source hyperlinks, and the approaches and engagements in regard to Network advised or proposed interventions by the relevant public service and statutory organisations in support of community members having those needs are detailed through email evidence and Network developed information resources included in the evidence sections of each part of the main submission.

Main Submission to the inquiry -- Part A:

Specific perceived and/or demonstrated-evidenced Covid 19 related risks and vulnerabilities concerning particular sub-population groups of the LGB&T community.

Your experiences. We want to know:

How people have been affected by the illness or the response to it: *a number of LGB&T sub-populations have been affected by the virus in terms of greater vulnerability, whilst others have been affected by the state's response to Covid 19*

If there have been specific impacts on people due to them having a protected characteristic: *certain of the LGB&T sub-groups have extra vulnerability to Covid 19 contagion and more serious symptoms, others have greater vulnerability to abuse and bullying*

Whether there may be unforeseen consequences to measures brought in to ease the burden on frontline staff, for example relaxing the measures under the Mental Health Act and Care Act): *the main impacts have been for those coming Out, and for those in positions of vulnerability, others have due to social isolation intensified mental health support needs*

Reviewing the measures

What needs to change or improve, which could be acted on in three weeks' time: *The LGB&T Dorset Equality Network requests Public Health England and NHS England and their counterparts in Scotland, Northern Ireland, and in Wales to institute as soon as possible development and issuing of dedicated LGBT community dedicated outreach and highest PR level support statements and information provision campaigns to reach the particular LGBT community sub-population groups whose vulnerabilities and needs have been identified and detailed in this submission, and that a sustained continuing medium to long term strategy of support and outreach be developed in support of those communities. We also request that equivalent statements and dedicated support strategies be developed for our BAME and Disabilities communities, and that the particular vulnerabilities of our BAME LGBT asylum applicant and UK immigration & Immigration Tribunal vulnerabilities and needs receive the same public policy statement and implementation support.*

What needs to change or improve, which could be acted on in 6 months' time: *That the requests above will have been actioned by the Department for Health, Public Health England, and NHS England and the two latter's county level equivalents: this helping to save and keep saving LGBT lives and also doing much to mitigate the NHS reputation concerning*

credibility and confidence gaps on being an LGBT friendly/appropriate service, as too many community members from lived experiences evidence demonstrates

Overview:

We provide the information below in regard to the impacts of Covid 19 on particular LGB&T sub-groups. You can also read more in regard to these and requested actions or actions successfully initiated by the LGB&T Dorset Equality Network at:

<http://lgbtdorsetequality.network/network-advised-lgbt-and-covid-19-context-support-safety-anti-prejudice-and-hate-crime-information/>

<http://lgbtdorsetequality.network/network-announcement-on-lgbt-community-specific-health-safety-and-prejudice-hate-crime-incidents-vulnerabilities-in-regard-to-the-current-covid-19-national-emergency/>

<http://lgbtdorsetequality.network/network-actions-update-in-support-to-our-lgbt-community-regarding-covid-19-impacts/>

Information provided by **Staff** (NHS England Equality & Health Inequalities Team Lead):

- https://www.gettingtozerosf.org/wp-content/uploads/2020/03/Note-on-COVID19-HIV_March-16-2020-FINAL.pdf
- <https://www.tht.org.uk/news/coronavirus-covid-19>
- <https://cancer-network.org/coronavirus-2019-lgbtq-info/>
- <https://www.dailyextra.com/covid-19-lgbtq-community-care-168585>

List of LGBT sub-population groups substantially more affected for specific reasons by Covid 19 and the state's response to the virus:

- Elderly socially isolated LGBTs
- LGBTQ, particularly younger LGBTQ community members Coming Out as Gay, Lesbian, Bisexual or Trans
- Homeless LGBTs (approximately 25% of young homeless persons are LGBT, and in most cases their homelessness results from family rejection and not having appropriate/safe friends to support them)
- LGB&Ts in shared accommodation, bedsit, residential home and social housing
- MSMs and LGB&Ts in prisons and Young Offender Institutes
- BAME LGB&Ts
- LGB or T Asylum Applicants
- Community members and MSMs [Males who have Sex with Males] and WSWs [Women who have Sex with Women] who regularly have outdoors or party or group context sexual encounters

List of vulnerabilities:

LGBTQ people are vulnerable because of three specific factors:

1. *“The LGBTQ+ population uses tobacco at rates that are 50 percent higher than the general population,” it states. “COVID-19 is a respiratory illness that has proven particularly harmful to smokers.”*
2. *LGBTQ people are also at risk because our community has higher rates of HIV and cancer, “which means a greater number of us may have compromised immune systems, leaving us more vulnerable to COVID-19 infections.”*
3. *The third and final factor in LGBTQ people being more vulnerable is because we “continue to experience discrimination, unwelcoming attitudes, and lack of understanding from providers and staff in many health care settings. “As a result, many are reluctant to seek medical care except in situations that feel urgent – and perhaps not even then.”*

Source: <https://www.gaytimes.co.uk/community/133402/lgbtq-people-are-more-vulnerable-to-coronavirus-for-three-reasons/>

‘ ... According to the research, 57% of queer people believe their lives will be worse off in six months, while 32% are concerned about the impact the virus will have on their physical health because of existing medical conditions.

28% are worried about passing it onto others, 91% believe it is a threat to their health and those aged 65+ consider the virus more of a threat than younger people. 84% said they have a “fair amount” of knowledge about the pandemic due to coverage.

More worryingly, the survey discovered that 24% of the LGBTQ community will still attend house parties and meet-ups, 28% will go on dates and 16% will meet for sex and hook-ups – despite the current lockdown measures in place. ...’

Source: <https://www.gaytimes.co.uk/community/133717/57-of-lgbtq-people-think-their-lives-will-be-worse-off-in-six-months-due-to-coronavirus/>

Coming Out:

This subject also involves the substantial percentage of young homeless who are LGB or T

<https://www.pinknews.co.uk/2020/04/05/albert-kennedy-trust-coming-out-hit-pause-coronavirus-lockdown-parents/>

‘An LGBT+ charity has advised young people to “hit pause” on coming out while self-isolating with their families during the coronavirus pandemic.

The Albert Kennedy Trust (AKT), a charity that cares for the LGBT+ homeless, has warned young people to “think hard” before coming out at this time. The advice comes as LGBT+ helplines see [a surge in calls](#) from people who are stuck [self-isolating](#) with abusive family and partners.

“If you’re a young person and you’re thinking of coming out, press pause on that until you get support,” Tim Sigsworth, AKT’s CEO, told [Sky News](#).

He expressed concern for how families may react to their child coming out in this particularly stressful time, and warned of the dangers of being made homeless during the pandemic.

“You can’t predict at these completely unprecedented times how your parents will react. They, like you, are under a lot of stress and they may not react in a positive way.

“We’re all being told to self-isolate, so being on the streets, it has to be the most dangerous place for a vulnerable young person at the moment,” he said.

Councils were asked to house all rough sleepers after the UK went into lockdown, but that can be hard when individuals start showing symptoms of the virus.

“We had a young person very early on in the crisis who was staying in a hostel, but then started to show symptoms and the hostel asked them to leave,” Sigsworth said.

“They had nowhere to stay and no family; their family had rejected them. They had no work, no options other than the street.”

Also: <https://www.thetrevorproject.org/2020/04/03/implications-of-covid-19-for-lgbtq-youth-mental-health-and-suicide-prevention/>

The Prison & Probation service (HMPPS) Quality Assurance Lead, **Staff**, of the HMPPS Avon & South Dorset Group contacted the Network (we work with both HMP The Verne and HMP & YOI Portland) to request guidance on what needs there may be concerning the LGBT community in prisons and YOIs regarding the impact of Covid 19. The guidance we provided on particular potential needs, dangers, and issues has been accepted and distributed at Governor level for all four prisons in this South West England HMPPS group. In the evidence section of the Part B of this, main submission, details of the issues, dangers, and risks are provided, including about the prison & YOI populations who constitute MSMs (Males who have Sex with Males).

We contacted **Dorset Police and the Dorset Police & Crime Commissioner (DPCC)** as well concerning particular anti-LGBT ASB & Hate Crime, as well as dangers for those Coming Out or needing to come out as LGB or T at this time, and on the accommodation/housing context dangers, for vulnerable LGBTs and LGBTQs. Action was taken on this and appreciation provided to the Network formally for its guidance, and assurance that this will be implemented at policing level.

We also successfully represented to both BCP Council and Dorset Council all of the healthcare as well as the policing and safety issues detailed above, although both have yet to demonstrate action of the kind HMPPS and Dorset Police have undertaken/are undertaking (we are of course keeping this reviewed in terms of delivery).

Healthcare organisations: The only outstanding area of concern has been the Public Health Dorset and Dorset CCG responses and to date – contrasting with all of the public service organisations and local authorities referred to above – record of inaction of a ‘thank you for your contact on the potential particular LGBT community support needs concerning Covid 19’ kind. In the Evidence section of Part B of this, the main Network submission we will

provide copy of the initial requests for action and support, which included references and links to the particular healthcare vulnerabilities and needs detailed in the excerpts from the two Gay Times articles provided at the start of this section, and the fact that we had been in contact with NHS England's Equality & Health Inequalities Team in regard to identifying the particular LGBT community and Covid 19 medical and healthcare needs (their officer **Staff** providing a set of helpful links and saying that a dedicated LGBT community health and safety outreach campaign would be valuable).

BAME LGBTs and Covid 19, particular vulnerabilities: these concern the issue that culturally and at social level many BAME communities are at best not LGBT aware/friendly, and at worst have cultures that have traditions at societal level of being highly homophobic and/or Transphobic. The BAME communities themselves have in many cases been swift, organised, comprehensive in terms of providing detailed technical level information and support in their own languages, preferring the self-support route to waiting for upper level NHS bureaucracies to take or not take action with support information. BAME NHS doctors have even involved, commendably, in such community-wide self-help to save lives, initiatives: <https://uknfs.org/dr-pramod-koyee-guidance-in-nepali-on-covid-19-related-keeping-safe-and-support-for-our-uk-nepali-community-elderly/>

However, because of the cultural sensitivities no such information provision on the particular LGBT communities vulnerabilities and preventative steps to take has been possible. Only the NHS and Department of Health could assist with this through funding and action, for the reasons mentioned. Currently NHS England, Public Health England (and their county level equivalents) are far away from considering BAME LGBTs, and in particular those who are newly settled in the UK/first generation, for such support. This is something the Network considers crucial to remedy, and an indication that Public Health and the NHS are still very far from demonstrating their Equality Act 2010 compliance credibility beyond policy statement and 'tick box' levels; which is why many LGBTs and especially BAME LGBTs continue to have substantial credibility and confidence concerns on the performance of both at national to local levels. Covid 19 has been an important 'stress test' that has brought out the contrasts between realities and PR presentation where LGBT inclusion & anti-discrimination are concerned.

Evidence:

Detailed in the hyperlinks (LGB&T Dorset Equality Network and others) above.

Firstly we provide this news link concerning Dorset Police acceptance of our call to initiate a dedicated LGBT community outreach campaign and to adjust and enhance in the appropriate areas frontline policing services: <http://lgbtdorsetequality.network/dorset-police-outreach-statement-for-our-lgbt-community-in-regard-to-covid-19-safety-and-hate-crime-issues-risks-further-to-network-initiated-dedicated-community-outreach-request/>

We also provide below the HMPPS information resource created at the request of HMPPS, as detailed above, and following this the policing information resource (both HMPPS Avon & South Dorset, and Dorset Police having these for frontline level implementation & utilisation). The final evidence resource provided in this section is

the request for action on a dedicated LGBT, Public Health Dorset and NHS Dorset [Dorset CCG] information and outreach campaign – in the Evidence section of Part B of this, the main submission to the WOMEQ inquiry the responses back are provided, including analysis of key points emerging from those responses by Public Health Dorset.

HMPPS – Network information resource:

HMPPS context guidance points on Covid 19 and the LGBT community including prejudice and safety

This brief information resource has been created by the LGB&T Dorset Equality Network to assist HMPPS in regard to HMPPS services to HMP prisons and YOIs in regard to assisting HMPPS for LGBT community related healthcare and inclusion/anti-prejudice inmates/residents and staff on the Covid 19 related issues, phenomenon and needs of our LGB&T communities exist beyond those being experienced by the broader general population.

We are pleased to be working with HMPPS in the Dorset, HMP The Verne and HMP & YOI Portland contexts, and through this guidance & briefing document to provide for these institutes, and broader Avon & South Dorset HMPPS, as well as HMPPS at national level with the guidance provided below.

We start with a key excerpt from **Gay Times** magazine in regard to three particular factors unique to some smaller and larger sub-groups within our community on Covid 19 impacts, with the third point applying to all LGB&T community members living and working in settings where anti-LGBT prejudice remain.

LGBTQ people are vulnerable because of three specific factors.

- **“The LGBTQ+ population uses tobacco at rates that are 50 percent higher than the general population,”** it states. **“COVID-19 is a respiratory illness that has proven particularly harmful to smokers.”**
- **LGBTQ people are also at risk because our community has higher rates of HIV and cancer,** **“which means a greater number of us may have compromised immune systems, leaving us more vulnerable to COVID-19 infections.”**
- **The third factor in LGBTQ people being more vulnerable is because we “continue to experience discrimination, unwelcoming attitudes, and lack of understanding from providers and staff in many health care settings.** **“As a result, many are reluctant to seek medical care except in situations that feel urgent – and perhaps not even then.” ***

Source – Gay Times: <https://www.gaytimes.co.uk/community/133402/lgbtq-people-are-more-vulnerable-to-coronavirus-for-three-reasons/>

*** NOTE:** prejudice and discrimination are and will continue to be the main area of impact on LGBT community members (PLEASE REMEMBER that dependent on age category in regard to extent, this is still the main health and life affecting affliction LGBT community

members have: it certainly has life preserving or placing in jeopardy impacts and especially on mental health impacts from family rejection to persecution and bullying in accommodation and workplace settings). It is essential to take into consideration the impacts of healthcare context experienced prejudice and discrimination circumstances, including potentially within HMPPS medical and healthcare contexts

EXAMPLE: an HMP and/or YOI inmate/resident could conceivably go to the given prison or YOI healthcare facility with concerns about having caught Covid 19 through sexual relations & intimacy with a fellow same-sex inmate/resident. On this it is essential that HMPPS facilities can ensure such an inmate/resident can have the fullest confidence and ability to disclose any experiences they need and seek to relate. If they, the given inmate/resident perceive or experience prejudice from those they seek and want to relate their particulars on in regard to feared Covid 19 contagion risks, this will have major very harmful impacts on restriction of spread of Covid 19 in HMPPS settings.

Abstract from a further Gay Times article concerning an important Covid 19 related LGBT survey:

... More worryingly, the survey discovered that 24% of the LGBTQ community will still attend house parties and meet-ups, 28% will go on dates and 16% will meet for sex and hook-ups – despite the current lockdown measures in place. *

... “Whilst LGBTQ+ people are no more likely to get COVID-19 than the general population, this pandemic does present a unique set of circumstances for our community in terms of its social impact.

“We are already seeing many Pride events being cancelled. ... Yes, they’re a celebration; but for many in our community they are one of very few opportunities to freely express who they are and to connect with others.

Source: <https://www.gaytimes.co.uk/community/133717/57-of-lgbtq-people-think-their-lives-will-be-worse-off-in-six-months-due-to-coronavirus/>

***NOTE:** Whilst prison and YOI settings by definition inhibit the type of sexual activity orientated activities referred to above, the phenomenon these statistics evidence require consideration by HMPPS as sexual activity offers some of the most fertile grounds for Covid 19 spread/contagion. On this HMPPS has to consider the MSM (Males who have Sex with Males) population as the frontline in regard to health safety. MSMs are a LGBT sub-group that is often overlooked in terms of LGBT community campaigns and educational initiatives because by definition the sexual relations they have with members of the same-sex, are covert, and they do not feel comfortable to self-identify or associate with same-sex love equality. MSMs beyond custodial sentence contexts, constitute an important sub-population group in countries whose cultures remain essentially homophobic, where in consequence many members of the group are in heterosexual marriages. As a result MSMs are much more vulnerable to sexual health risk taking, which has major implications regarding Covid 19 spread.

Prejudice and the Covid 19’ pandemic:

As we know in times of national emergency, especially health related, there is always a tendency for those with minimal knowledge of pertinent facts and statistics and maximum degrees of prejudice, to target minorities, especially LGBT and race/ethnic (already Chinese and broader Far Eastern communities have seen Covid 19 used as a pretext for racist banter and Anti-Social- Behaviour). As we saw in the 1980's with AIDS being branded by the homophobic as a 'gay plague' -- now we are even starting to see (in the US anyway) a readiness to use Covid 19 to attack the gay community again: <https://www.gaytimes.co.uk/community/133668/conservative-preacher-says-gay-marriage-is-to-blame-for-coronavirus/>

Analysis: Clearly the biggest danger in regard to anti-gay prejudice given a further, new lease of life by Covid 19, is on **social distancing** (the 2 metres distance to keep). This is very likely to be used as a '*stick to verbally beat with*' those suspected as being gay or not in routine denial if challenged on their sexual orientation as potentially anything less than full-blooded heterosexual. This could take the form of banter (gym and other forms of exercise activity are natural contexts for this, and especially toilets/bathing facilities access) but it could be much graver, and certainly will in all cases have bad mental health impacts on those targeted.

Covid 19 ironically offers a unique opportunity to counteract homophobia, bi-phobia, transphobia in custodial settings as prejudice unchecked breaks the whole-of-society and UK Government approach to minimising contagion, as all sections of society are equally in peril and affected.

As such equality and anti-prejudice policies and their implementation take on added importance in the current crisis which is engendering an exceptional '*all pulling together and valuing each others lives*' spirit in which prejudice is seen as very inappropriate. We must bear this in mind as well in regard to HMPPS healthcare provision – it could literally be fatal if MSMs or gay and lesbian community members in prisons & YOIs do not feel confident in being listened to in timely and appropriate ways by healthcare staff in regard to sexual activity where Covid 19 risk is self-evident. This certainly applies to the mental health harming impacts of anti-LGBT bullying, that in the current environment of Covid 19 impacts are exacerbating, through understandable fears, people's mental health per se anyway.

Other:

Here is the set of links provided by **Staff** of NHS England's Equality & Health Inequalities Team – they give further information of value in regard to healthcare particulars:

- https://www.gettingtozerosf.org/wp-content/uploads/2020/03/Note-on-COVID19-HIV_March-16-2020-FINAL.pdf
- <https://www.tht.org.uk/news/coronavirus-covid-19>
- <https://cancer-network.org/coronavirus-2019-lgbtq-info/>
- <https://www.dailyxtra.com/covid-19-lgbtq-community-care-168585>

Next steps -- Information & campaign suggested actions:

A key suggestion is that HMPPS provides as soon as able a dedicated LGBT (and MSM) community targeted/outreach statement on Covid 19 containment related, on the HMPPS website, and via Governor level direction and dissemination to all staff as well as those

serving custodial sentences. PIPP will be the natural pan-HMPPS mechanism to associate with this very important and time-sensitive information and awareness campaign. INCLUDE the Network – having the origin of the request from ourselves, a dedicated LGBT and Allies organisation (and registered charity undertaking national level policy review and improvement in a number of areas) will provide the confidence and credibility giving credential required from LGBT community perspectives.

Given the gravity of the Covid 19 crisis, it is essential that Public Health England and NHS England have awareness of the particular risks and healthcare impacts detailed in this document, in regard to the UK prison & YOI population.

Thank you and final reflections:

The LGB&T community wishes to thank HMPPS' **Staff**, Assurance Lead at the Avon and South Dorset Prison Group, reaching out to the LGB&T Dorset Equality Network, that works Daniel and the equality officers and beyond at HMP The Verne and HMP & YOI Portland. This information document is a result of **Staff** request to the Network following our provision of key elements detailed above, provided by us on email.

We believe that information campaign and related actions will also powerfully assist awareness on the particular broader support and safety needs of both LGB&T HMPPS service users and LGB&T HMPPS staff, and in particular demonstrate how Pride In Prisons & Probation (PIPP) has core quality assurance and health and wellbeing value beyond equality and antiprejudice per se. We look forward to assisting PIPP and HMPPS in regard to guidance and external, direct from the LGB&T and LGB&T Allies communities' support and evidencing perspectives.

Alan Mercel-Sanca

Initiator/Lead Officer of LGB&T Dorset Equality Network

Dorset Police / Policing – Network information resource:

[Police and policing context guidance points on Covid 19 and the LGBT community including prejudice and safety](#)

This brief information resource has been created by the LGB&T Dorset Equality Network to assist Dorset Police and associated and partnering statutory sector agencies working in the fields of crime prevention, public safety, and counteracting prejudice & related hate crime and discrimination, in regard to the current Covid 19 national emergency.

This, as certain Covid 19 related issues, phenomenon and needs of our LGB&T communities exist beyond those being experienced by the broader general population.

We are pleased to have represented the particulars below to the Chief Constable of Dorset Police and the Dorset PCC that we are pleased have replied to the Network

recording that the points represented will be utilised in strategic planning and outreach concerning Covid 19.

We start with a key excerpt from Gay Times in regard to three particular factors unique to some smaller and larger sub-groups within our community on Covid 19 impacts, with the third point applying to all LGB&T community members living and working in settings where anti-LGBT prejudice remain.

LGBTQ people are vulnerable because of three specific factors.

- **“The LGBTQ+ population uses tobacco at rates that are 50 percent higher than the general population,”** it states. **“COVID-19 is a respiratory illness that has proven particularly harmful to smokers.”**
- LGBTQ people are also at risk because our **community has higher rates of HIV and cancer**, **“which means a greater number of us may have compromised immune systems, leaving us more vulnerable to COVID-19 infections.”**
- The third factor in **LGBTQ people being more vulnerable is because we “continue to experience discrimination, unwelcoming attitudes, and lack of understanding from providers and staff in many health care settings.** **“As a result, many are reluctant to seek medical care except in situations that feel urgent – and perhaps not even then.”** *

Source – Gay Times: <https://www.gaytimes.co.uk/community/133402/lgbtq-people-are-more-vulnerable-to-coronavirus-for-three-reasons/>

* **NOTE:** prejudice and discrimination are and will continue to be the main area of impact on LGBT community members (PLEASE REMEMBER that dependent on age category in regard to extent, this is still the main health and life affecting affliction LGBT community members have: it certainly has life preserving or placing in jeopardy impacts and especially on mental health impacts from family rejection to persecution and bullying in accommodation and workplace settings). It is essential to take into consideration the impacts of NHS healthcare experienced prejudice and discrimination – it is certain that such phenomena will transfer – and could be exacerbated – in regard to Covid 19 contexts in hospitals and healthcare settings. Community members should they have such experiences need to know they can contact Dorset Police if needed, as equality & diversity and complaints mechanisms in hospitals in particular may not be relied upon [this is our experience] deliver interventions of effective kinds in time-sensitive circumstances.

Abstract from a further Gay Times article concerning an important Covid 19 related LGBT survey:

... **More worryingly, the survey discovered that 24% of the LGBTQ community will still attend house parties and meet-ups, 28% will go on dates and 16% will meet for sex and hook-ups – despite the current lockdown measures in place.** *

... **“Whilst LGBTQ+ people are no more likely to get COVID-19 than the general population, this pandemic does present a unique set of circumstances for our community in terms of its social impact.**

“We are already seeing many Pride events being cancelled. ... Yes, they’re a celebration; but **for many in our community they are one of very few opportunities to freely express who they are and to connect with others.**

Source: <https://www.gaytimes.co.uk/community/133717/57-of-lgbtq-people-think-their-lives-will-be-worse-off-in-six-months-due-to-coronavirus/>

***NOTE:** this is a very real health and life risk danger. As such an LGBT social media campaign by Dorset Police will be the most appropriate response; in this the punitive consequences [fines, etc.] already in place and which it is assumed will strengthen further in the coming weeks, can be emphasised on more than two persons gatherings, but it is crucial that any such [needed as the statistics demonstrate] a ‘compliance’ message is made in a LGBT culture sensitive way. This refers to the core point in the last paragraph of the abstract: recognition that due to a background culture of experienced prejudice from anti-LGBT elements in society, that for young [mainly, but some older too] community members the now – due to Covid 19 suppression measures – the absolutely core, vital LGBT social and socialising outlet of the weekend or once or twice a week visit to a gay club/bar venue has now for the time-being, been taken away.

This has never happened before in the history of the UK’s LGBT community, and has major psychological implications, albeit modestly mitigated by LGBT social media. Awareness of this background context is Absolutely crucial for how the house parties issue is dealt with (which it needs to be as the statistics above, and consideration of saving lives indicate) in the urgently needed Dorset Police, pan-Dorset LGBT Covid 19 related engagement campaign and related information. On this it will be important to cite the LGB&T Dorset Equality Network as the source of this guidance, for, as with all minority communities with a history of experience of society level and institutional persecution and/or perceived persecution on the grounds of who they are/fundamental human right to exist and in the LGBT context to love another of the same gender, or self-identify in the gender of their choice.

Prejudice and Covid 19’ – the main policing, and hate crime ASB context for our community re the pandemic:

As we know in times of national emergency, especially health related, there is always a tendency for those with minimal knowledge of pertinent facts and statistics and maximum degrees of prejudice, to target minorities, especially LGBT and race/ethnic (already Chinese and broader Far Eastern communities have seen Covid 19 used as a pretext for racist banter and Anti-Social- Behaviour). As we saw in the 1980's with AIDS being branded by the homophobic as a 'gay plague' -- now we are even starting to see (in the US anyway) a readiness to use Covid 19 to attack the gay community again: <https://www.gaytimes.co.uk/community/133668/conservative-preacher-says-gay-marriage-is-to-blame-for-coronavirus/>

Note: it is important to consider such hate crime context ASB views being potentially possible across Dorset in directions that have anti-LGBT perspectives and inspiring related ASB in those influenced by the latter; this could be extremist religious directions, politically extreme and banned political groups with anti-LGBT agendas, and more likely/possible, in

regard to newspaper comment columns – maintaining a close relationship with the local news media on this issue by our police force will minimise this risk.

Clearly the biggest danger in regard to anti-gay prejudice given a further, new lease of life by Covid 19, is on **social distancing** (the 2 metres distance to keep). This is very likely to be used as a 'stick to verbally beat with' those suspected as being gay or not in routine denial if challenged on their sexual orientation as potentially anything less than full-blooded heterosexual. This could take the form of banter but it could be much graver and certainly will have bad mental health impacts on those targeted. In regard to 'banter' although schools and colleges are closed, we/LGB&T Dorset Equality Network believe that the requested Dorset Police LGBT outreach and support campaign covers youth, for as relevant Dorset Police officers will be aware social media is a particularly powerful destructive medium for anti-LGBT young persons bullying/targeting/persecution activity. We will support on this to provide direct LGBT community supportive affirmation.

The LGB&T Dorset Equality Network has identified, on the basis of years of experience and many cases, and work with Dorset Mind (a key case referrals source) that it is in the Housing/Accommodation sectors that, due to the combined social distancing and social isolation

The NHS (Dorset CCG) and especially Public Health Dorset have to be involved in regard to aspects of this urgently requested LGBT community supportive information and outreach & engagement campaign. We have already made the necessary contact (**Staff** for PHD, and **Staff** for Dorset CCG with Dorset CCG CEO awareness). It is clear that in the current understandable environment, a Dorset Police supportive relationship with pan-Dorset foundation trusts on potential ant-LGBT ASB that may take place on NHS premises.

Observation and suggestion Notes accompanying the points above from a policing perspective:

Please consider how these fit with Covid 19 related policing and UK Government responses of guidance to the general public from a dedicated LGBT community engagement police engagement and support perspective (the best place to start with these is from pre-existing LGBT community engagement strategies and how those strategies are applied at a direct frontline level).

A key suggestion is that Dorset Police provides as soon as able a dedicated LGBT community targeted/outreach statement on Covid 19 containment related, on the Dorset Police, PCC, and Crimestoppers websites, with this being disseminated (possible PFD role given some particulars on prejudice related exacerbation impacts) through key statutory sector partners (the two local authorities, Citizens Advice, and NHS healthcare organisations) in conjunction with ourselves/the LGBT Dorset Equality Network (as proposer of this LGBT support initiative) and other organisations directly in/of the LGBT community such as Bourne Free particularly, etc.

Thank you and final reflections:

The LGB&T community wishes to thank Dorset Police and the Office of the Dorset Police & Crime Commissioner, and Crimestoppers for their respective awareness and support on hoped for dedicated LGB&T communities outreach campaigns linked to general public outreach work on Covid 19 impacts. Such outreach campaigns and engagement will certainly in some cases save lives of community members, and give solidarity of valuable kinds for those most vulnerable to anti-LGBT hate crime ASB.

Community members experiencing prejudice/hate crime Covid 19 related incidents:

For all communications in regard to LGBT community members encountering issues and experiences of the kinds detailed above, the LGB&T Dorset Equality Network is ready to support those community members in terms of representation & signposting, and in regard, if requested, for supportive engagement with Dorset Police officers and Crimestoppers.

This can be made in emergencies on phone 07811 269454 or for recommended preference, email at contact.lgbtdorsetequality@gmail.com

Public Health Dorset (PHD) & Dorset CCG – request for action email from the LGB&T Dorset Equality Network:

Hello **Staff**: URGENT / IMPORTANT -- Re LGBT community and Covid 19

LGBT Dorset <contact.lgbtdorsetequality@gmail.com> Fri, Mar 27, 6:03 PM

to **Staff**,
Hello **Staff**

The LGBT Dorset Equality Network contacts you -- Public Health Dorset (PHD), and Dorset CCG -- in regard to the health, safety, equality/diversity impacts specific to our LGBT communities in a range of contexts of great importance that are being highlighted (and backed by research) by our community in the UK and internationally. These I list below through two Gay Times articles: with these we provide suggested PHD and Dorset CCG urgent requirements on coherent position statements and related time-sensitive implementation strategies.

LGBTQ people are vulnerable because of three specific factors.

1. “The LGBTQ+ population uses tobacco at rates that are 50 percent higher than the general population,” it states. “COVID-19 is a respiratory illness that has proven particularly harmful to smokers.”
2. LGBTQ people are also at risk because our community has higher rates of HIV and cancer, “which means a greater number of us may have compromised immune systems, leaving us

more vulnerable to COVID-19 infections.”

3. The third and final factor in LGBTQ people being more vulnerable is because we “continue to experience discrimination, unwelcoming attitudes, and lack of understanding from providers and staff in many health care settings. “As a result, many are reluctant to seek medical care except in situations that feel urgent – and perhaps not even then.”

Source: <https://www.gaytimes.co.uk/community/133402/lgbtq-people-are-more-vulnerable-to-coronavirus-for-three-reasons/>

On points 1 and 2 clearly there to be a specific NHS and PHD response and action plan, with the community itself being involved in a solutions response. Could you as soon as able -- and we are of course very mindful of the many calls on your time at both your organisations sides -- find out what are the formal responses on both of these points regarding policy, related implementation strategy and related timelined actions on solutions from NHS England and PHE. On the NHS England front we are following up with their equality and health inequalities team (have had valuable initial phone call on this two days ago).

On point 3 this is going to involve police and crime-stoppers partnership and awareness campaigns: our concerns are on housing/accommodation settings where lockdown and self-isolation will naturally produce considerably greater opportunities for homophobic, bi-phobic, transphobic bullying, attacks, prejudice and direct & indirect discrimination. Of course, more directly for the NHS foundations (hospitals, etc.) there are going to be particular swift and direct comparable issues, as LGBT community members may find themselves in settings where they will be in close proximity to homophobes, bi-phobes, transphobes. On this Covid 19 will also be a major 'stress test' on safeguards, safety, inclusion of NHS locations being truly 'prejudice free' zones.

The other information of importance is from a survey in which it is recorded that 57% of LGBT people believe their lives will be worse off within six months because of Covid 19:

“There is a genuine fear within the LGBTQ+ community.”

A new survey from [Queer Voices Heard](#) has found that over half of the LGBTQ community think their lives will be negatively impacted by the coronavirus, which has taken the lives of 19,000 people worldwide (as of writing).

According to the research, 57% of queer people believe their lives will be worse off in six months, while 32% are concerned about the impact the virus will have on their physical health because of existing medical conditions.

28% are worried about passing it onto others, 91% believe it is a threat to their health and those aged 65+ consider the virus more of a threat than younger people. 84% said they have a “fair amount” of knowledge about the pandemic due to coverage.

More worryingly, the survey discovered that 24% of the LGBTQ community will still attend house parties and meet-ups, 28% will go on dates and 16% will meet for sex and hook-ups – despite the current lockdown measures in place.

Stu Hosker, co-founder of Queer Voices Heard, said: “**Whilst LGBTQ+ people are no**

more likely to get COVID-19 than the general population, this pandemic does present a unique set of circumstances for our community in terms of its social impact.

“We are already seeing many Pride events being cancelled. These aren’t parties. Yes, they’re a celebration; but for many in our community they are one of very few opportunities to freely express who they are and to connect with others.

Source: <https://www.gaytimes.co.uk/community/133717/57-of-lgbtq-people-think-their-lives-will-be-worse-off-in-six-months-due-to-coronavirus/>

Please note the two paragraphs in Bold above, particularly the first which calls for a swift lives-saving action response in partnership [for credibility] with our community, tailored to, targeted at those risk-taking LGBT sub-population groups referred to, to a) help them have a chance to think again, and b) to help those who are socially connected with such sub-population groups to social distance/disconnect from the latter as much as possible.

We look forward to your support and partnering on the requests and related steps and solutions indicated above to save lives, and inhibit potential hate crime/prejudice upsurges in the areas indicated (most of these will require a multiagency in direct partnership with the LGBT community, approach which we look forward to contribute to and initiate).

Look forward greatly to your liaison on this and contact back as soon as possible. We'll be in touch with the PCC and Dorset Police, Crime-stoppers as well on the relevant areas, from Monday, for their support.

In addition to our chair, Fr John Hyde, I coy in our friends at Bourne Free, Proud Cherries, and Communi-T for their awareness, and also Erin Greenslade who is both a Network trustee and a respected figure and activist in our bi community (she has also worked at Royal Bournemouth Hospital where she had valuable experience of how far there is still to go on the hospital becoming an LGBT safe, inclusive location.

Kind regards

Alan Mercel-Sanca

Convenor/Lead Officer
LGB&T Dorset Equality Network

Main Submission to the inquiry -- Part B:

Network work and activity at national and pan-Dorset levels to assist and support both our LGBT+ community in general, and particular sections of the community especially vulnerable to health (both mental and physical) and medical issues & needs. Experience of reactions of indifference or support from the given public service organisations contacted

Your experiences. We want to know:

How people have been affected by the illness or the response to it: *these particulars have been provided in the response to this question in Part A above*

If there have been specific impacts on people due to them having a protected characteristic: *these particulars have been provided in the response to this question in Part A above*

Whether there may be unforeseen consequences to measures brought in to ease the burden on frontline staff, for example relaxing the measures under the Mental Health Act and Care Act): *these particulars have been provided in the response to this question in Part A above*

Reviewing the measures

What needs to change or improve, which could be acted on in three weeks' time: *the public policy statements from DoH, PHE, and NHS England and their county level equivalents, and implementation of the related information provision and support strategies [again detailed in the Part A response to this question] to in regard to the statements, have been provided. We would look to see the public policy statements and news of related dedicated LGBT community outreach & support campaigns reaching all Public Health and NHS partners (local authorities, etc, mental health, sexual health charities) and most of all the national LGBT news media*

What needs to change or improve, which could be acted on in 6 months' time: *the public policy statements from DoH, PHE, and NHS England and their county level equivalents, and implementation of the related information provision and support strategies [again detailed in the Part A response to this question] to in regard to the statements, have been provided and kept live, and implementation strategies to have been evidenced as having been put into effect across the country. We would look to see evidence of the public policy statements and news of related dedicated LGBT community outreach & support campaigns reaching all Public Health and NHS partners (local authorities, etc, mental health, sexual health charities) and most of all the national LGBT news media*

Overview:

This section of the Network's main submission to the WOMEQ inquiry concentrates on responses to provision of evidence-backed requests to a number of Dorset area (and in the case of HMPPS Avon & South Dorset, South West England regional) organisations with direct health and/or safety and crime prevention remits relevant to the particular needs of most of the more vulnerable to Covid 19 and UK Government Covid 19 containment policy responses. This in regard to our requests for dedicated LGBT community outreach information campaigns, and related support from these organisations for those from our LGBT communities that may contact them.

We hope this content will be of assistance to the WOMEQ inquiry, and we will be very happy to provide via call or email any further information that WOMEQ may require.

Evidence:

In the Evidence section of Part A, above, we have provided evidence of Network action (including two information resources [HMPPS + policing] that have been accepted by the organisations they were requested by and/or provided to) on requested interventions in a number of public service organisations (from HMPPS and police organisations to Public Health Dorset and Dorset CCG) settings regarding impacts on particular sections of the LGBT community more vulnerable to the impacts of Covid 19 from risk of death and contagion, to non-medical, safety and safeguarding, and ASB dimensions.

Understandably, only time will tell as to what extent requested interventions have been made or not made, and the utilisation of information resources provided by the Network deployed and their advised actions, implemented or not implemented at frontline levels. We believe that the WOMEQ inquiry will assist in regard to encouraging and supporting at strategic level in the organisations concerned, use of those resources, and consequently anticipated positive outcomes for more vulnerable, isolated, LGBT community members.

The evidence section of this part (Part B) of the main Network submission to the WOMEQ inquiry therefore concentrates on reception to and in some cases actions in regard to the formal requests for dedicated LGBT community Covid 19 context public information campaigns and suggested, related supportive actions. As such, by definition the evidence here concentrates on email communications. These are with:

- Dorset Police and the DPCC
- Public Health Dorset, and Dorset CCG
- Local authorities
- The mental health charity Dorset Mind

Through this information the WOMEQ inquiry will provide valuable ‘litmus test’ detail on the calibre, earnestness or wont of, and readiness to take action of the given organisations: as such valuable to inform WOMEQ analysis of potential comparable trends that other submissions to the inquiry may provide.

As the Public Health Dorset response has only just been received, four weeks after their lead was contacted in conjunction with Dorset CCG, we instead of a reply to their response, provide observation notes on certain key areas of the PHD response.

Regarding one of these, re smoking and Covid 19, we have studied the link provided and found that the very important non-Protected Characteristics related general guidance has missed out entirely the smoking and Covid 19 CONTAGION dimension. We hope that WOMEQ can assist on rectifying this very important oversight that we/the LGB&T Dorset Equality Network have identified, as it is certain frontline medical and healthcare professionals – GPs, hospital doctors and consultants and nurses – would be directly aware of this, but because these heroes are so overstretched in providing their life-saving services at this time, may not have noticed this major gap in Department for Health, Public Health England, and NHS England public information provision.

Public Health Dorset response email:

NOTE: words and sections highlighted in Red are considered to be of particular significance.
Response notes are provided in Blue

Apr 24, 2020, 4:26 PM (22 hours ago)

Dear Alan

First, apologies for the time taken to respond. It has been a very challenging time with all agencies working flat out to try and stand up a response to the outbreak in an extremely challenging and rapidly changing environment.

Thank you for getting in touch and raising awareness of the specific concerns of the LGBTQ community. Normally we would not develop specific health strategies for LGBTQ groups, but do try and identify particular issues that service providers should be mindful of in meeting the needs of LGBTQ people.

Throughout the COVID-19 crisis we have tried to communicate with all our residents about services changes and how to access health services. If you feel that certain communities are not being reach then I would be interested in your views of how we can communicate better; whether that be certain community groups, publications or any other channel. This will help us going forward not only through COVID-19 but in our other public health campaigns, such as attending screenings or campaigns such as Quit For COVID.

NOTE: On this response we have felt that specific sub-population groups of the LGBT community (which itself in fact constitutes two different communities; i.e. sexual orientation minorities, and gender identity/self-identifying minorities) have not been identified by Public Health and the NHS. This has been the point of contacting Public Health Dorset and Dorset CCG. The conclusion of identifying potential better, more effective ways to communicate health messages to specific groups [and sub-populations within the latter] is significant. It indicates that even Public Health Dorset has allowed for the possibility that its healthcare and wellbeing information and information campaigns may be less than effective, and that consequently health and lives may be being in some circumstances, placed at risk. To suggest the possibility of different ways AND strategies of communicating is a very important revelation! We believe the two reflections provided above are certainly relevant at national [Public Health England, and NHS England] level, and certainly in many instances at county level too (as the PHD example illustrates).

We often work with our providers to make sure they connect with their community about their services, especially during this time. For example, Dorset Healthcare provide contraceptive and sexual health services for people of all ages across Dorset and are therefore responsible for communicating with their communities but again, it would be good to know if there are areas where we can improve.

In this current situation, we are focused on helping our councils, hospitals and healthcare services respond to COVID-19. The scale of this outbreak is unprecedented. The virus can be spread to anyone so the measures being put in place apply equally to all our residents.. Of course, we recognise that health inequalities and social inequalities mean that not everyone will be equally affected, but we are doing our best to mitigate this as far as possible.

NOTE: the preceding response and reflection note above, and the next, below, indicate 'doing our best to mitigate' does not have to be an option, as certain effective action in regard to these particular outreach and engagement needs are comprehensively met when the

communities affected are listened to when they offer 'need to know' information. This approach removes uncertainty in terms of Public Health or NHS action in this area.

We recognise that there may be some characteristics of certain groups in society that may make them more or less prone to infections like COVID-19, and would ask all agencies working to prevent the spread of COVID-19 to make reasonable adjustments for this.

NOTE: We believe, as Covid 19 and the LGBT community illustrates, that a thorough knowledge of the full range of sub-population groups of a given [in this case LGBT] community is required by Public Health and direct healthcare providers [NHS trusts] for targeted information messages and development and provision of relevant services. The Covid 19 emergency has indicated a number of different LGBT sub-groups (information on which the LGB&T Dorset Equality Network has provided to Public Health Dorset and the Dorset area NHS [Dorset CCG]) that are much more at risk of catching or dying/having more severe symptoms, Covid 19 compared to the rest (a substantial majority) of the LGBT community. Knowing the sub-population group's profile core particulars enables very easily to get a specific targeted message delivered with essential 'need to know' information.

It goes without saying that we urge all health services that we work with to take a zero tolerance approach to prejudice and discrimination, and would be extremely concerned if there is any truth in the assertion that members of the LGBT community locally would not seek medical advice because they fear discrimination.

NOTE: it is important to take a much more clear 'required on the basis of compliance with British Law [Equality Act 2010 legal compliance requirements]' rather than advisory ('urge') approach from Public Health.

Addressing the 3 points you raise, our LiveWell Dorset service has launched a postal stop smoking campaign. We would be grateful if this service could be promoted further. The Quit For COVID campaign will help people have the best chance possible of maintaining good lung health. Please see: www.publichealthdorset.org.uk/news/quit-for-covid.aspx

NOTE: here we advise there being reliable data in the public domain suggesting above average [general population] take up of smoking of LGBT community members [due to stresses associated with family rejection, poor experience of inclusion in many settings, and bullying and hate crime]. A reminder of this phenomenon would enable LGBT community members to be aware.

Moreover, in terms of Covid 19 and smoking, whilst Public Health rightly note that Covid 19 is essentially a respiratory disease, in terms of contagion/transference of perhaps even greater importance is the process of smoking involving touching the face / accessing a lighter / putting a cigarette in one's mouth, removing it, putting it back, repeatedly. This process gives maximum opportunity for contagion unless one is constantly aware of what objects, services one is touching, and of ensuring before and after one smokes' that ones' hands have been sanitised. Often people may be using their mobile phones while smoking, meaning multiple opportunities for contagion unless the phone has been cleaned/sanitised too. Therefore in terms of smoking and Covid 19 there are two separate threats; greater risk of death or having more severe symptoms because of respiratory system compromise due to smoking, and much greater risk of catching Covid 19 or catching it in more severe forms due to smoking related contagion.

On the second point, Dorset Council and BCP Council have set up helplines who are supporting residents who have been identified as vulnerable to help protect and support those with compromised immune systems.

Please could I draw your attention to these two projects. In the BCP area the Together We Can team is wanting to hear from anyone who needs help in the community. Please see: www.bcpCouncil.gov.uk/togetherwecan or call 0300 123 7052

In Dorset Council area there is also a similar scheme and the team want to hear from anyone who needs help at this time. Please see: www.dorsetCouncil.gov.uk/emergencies-severe-weather/emergencies/coronavirus/community-response/communities-and-volunteering.aspx or call 01305 221000.

I would ask yourself, or anyone you know, not to be shy in coming forward for help. Councils are waiting and wanting to help anyone in need.

On the third point, the Strategic Co-ordinating Group (SCG) of the Dorset Local Resilience Forum, which has representation from all public sector services such as councils, health, police and the fire service would be keen to hear of any examples where the current lockdown is contributing to any rise in community tensions, prejudice and hate crime directed at LGBT community members. There are groups considering how best to support many vulnerable people in Dorset and BCP Council areas reporting into SCG. So if you are aware of particular issues then SCG would want to know – this is a helpful forum to develop clear messaging to communities through the Warning and Informing work, and ensure our partners will not tolerate prejudice or intolerance.

Best wishes

Staff

Staff | Director of Public Health

Weymouth Town Council emails:

LGBT Dorset <contact.lgbtdorsetequality@gmail.com> Tue, Apr 14, 1:04 PM (12 days ago)

to Staff

Hi Staff,

We'll get the info on our website Thursday/Friday when we make Covid 19 updates, and give you a link back.

There are specific vulnerabilities around some sub-groups of our LGBT community regarding Covid 19. Is Weymouth Town Council aware of these and what they are? If not we can provide information -- we are supporting Dorset Council on this, BCP Council, and also Dorset Police and HMPPS with information resources on these, and working with Dorset Mind and Dorset CCG too.

We would like Weymouth Council to initiate a similar information campaign with us as it will save lives, and minimise dangers and enhance safety and safeguarding. In the meantime here is a link: <http://lgbtdorsetequality.network/network-actions-update-in-support-to-our-lgbt-community-regarding-covid-19-impacts/>

Alan

Alan

Mercel-Sanca

Convenor/Lead Officer

Staff Wed, Apr 15, 11:10 AM (11 days ago)

to me

Good morning,

I would be very keen to initiate an information campaign with yourselves as you mention in the below email trail. How can we best support you, and could you please send me any resources that may be of interest?

Kind regards,

Staff



LGBT
<contact.lgbtdorsetequality@gmail.com>

Dorset Tue, Apr 21, 3:19 PM (5 days ago)

to **Staff**

Hi **Staff**,

I have now put some draft material together for you to use or refine (including BAME dimension too). The specific areas of risk and hate crime are detailed on the link in the draft material, which I provide here directly (there are three areas identified that Weymouth Town Council needs to particularly be mindful of and provide readiness to support): <http://lgbtdorsetequality.network/network-advised-lgbt-and-covid-19-context-support-safety-anti-prejudice-and-hate-crime-information/>

Look forward as next step, to us liaising on implementation of council support in partnership with us and Dorset Police and the DPCC (I have copied Kaz and Cathy Barfoot in respectively) in the areas mentioned. I also copy in Christine Brienne at DREC for suggested input on race relations statement.

Kind regards

Alan

Alan Mercel-Sanca

Convenor/Lead Officer
LGB&T Dorset Equality Network

DRAFT Content emailed to Weymouth Council, below:

Suggested title: ‘Weymouth Town Council support to minority communities regarding Covid 19 and social isolation’

Weymouth Council is providing all possible support to our town’s residents, Council Taxpayers, workers at the time of the current Covid 19 national emergency. We know that all parts of our community are affected, and that there are also additional separate often major impacts on our Protected Characteristics communities, and that this is recognised by the current inquiry being undertaken in Parliament by the Women & Equalities Select Committee. The council will not tolerate any form of prejudice, hate crime, intimidation against Protected Characteristic communities some of whom are particularly vulnerable and being targeted at this time, especially in regard to sexual orientation and gender identity, and race/ethnicity.

We are very Proud to be working with the LGB&T Dorset Equality Network (www.lgbtdorsetequality.network) that played a key part in conjunction with our local LGBT community, especially the Weymouth Gay Group, in having the LGBT Rainbow Flag raised in LGBT History Month above our townhall. The Network has provided us with essential information on particular areas of concern and need for related support, concerning Covid 19, which Weymouth Town Council is assisting on regarding signposting and ASB reporting, alongside Dorset Police, with whom the Network has also provided guidance on these areas of safety and anti-prejudice action. The Network is working with us and Dorset Police, and ready to provide direct support should you require this regarding providing to us or Dorset Police any reports on safety, harassment, hate crime.

You can read more here about the areas of safety and hate crime, or bullying relating to the LGBT+ community, Covid 19, and social isolation: <http://lgbtdorsetequality.network/network-advised-lgbt-and-covid-19-context-support-safety-anti-prejudice-and-hate-crime-information/>

BAME / ethnic minority communities and Covid 19:

The national emergency has seen numerous examples across the country where Asian community members in particular have been targeted and suffered racist abuse and hate crime. Our town was only a few years ago (2012) a host UK location for the Olympics, and beyond this as an ancient seaport and tourist destination have always been outward looking, and welcoming to international visitors. We will not tolerate racist abuse and prejudice at any time, and urge any ethnic minority community members who experience Covid 19

related hate crime to let us know and report to Dorset Police and Dorset Race Equality Council

NOTE: for reference, Dorset Race Equality Council (DREC) were involved in this action through the initiative of the LGB&T Dorset Equality Network, and a few days after the email above, with its draft material, was sent, DREC provided their contribution to the Network advised statement.

Email correspondence with Dorset Police and the office of the DPCC:

Staff Team Wed, Apr 8, 12:20 PM

To **Staff**

Hi Alan

I just wanted to acknowledge your emails into the Legitimacy box and to confirm that we are currently putting together some comms and I have used some of the information you have kindly sent to us. To reassure you members of the LGBT+ community have been considered as part of our community impact assessment process, which I am leading.

I will update you when we move to the next stage of dissemination.

I hope you are staying safe and well!

Kindest regards

Staff

Message from **Staff, Dorset Police**

During this unprecedented time, we want to reach out to members of Dorset's LGBT+ community.

This is not just as members of Dorset Police but also on behalf of Prejudice Free Dorset, which includes our Police and Crime Commissioner Martyn Underhill and his office.

We understand this is a challenging time for all our communities in Dorset, but we do not underestimate the impact it is having on yourselves. We recognise the additional concerns you may have in relation to COVID-19 and we are here to support you, both from a policing perspective but also in terms of tackling prejudice and discrimination.

Dorset LGB&T Equality Network has contacted us to ensure we understand the additional concerns of our LGBT+ community members.

The policing response to COVID-19 is clear – Dorset Police is providing business as usual. Yes, we have been given additional powers in line with the Government restrictions, but our priority is to ensure you are keeping yourself and others safe by staying at home and only making essential journeys in line with the government guidance.

We continue to police with consent. We want to engage with you, encourage and educate you to ensure we can keep as many people safe as possible, so we can support the NHS and save lives. We will always engage before taking any enforcement action.

Dorset Police's website has a regularly updated [Frequently Asked Questions](#) section and we would encourage you to visit this page and make sure you understand the guidance.

COVID-19 may not discriminate, but sadly people still do. We recognise that members of our LGBT+ communities may receive increased prejudice during this time and we reiterate the importance of reporting. Dorset Police takes a robust approach to dealing with hate crime and we encourage you to report all hate crimes and incidents. You can report directly via our [online reporting form](#), but of course always call 999 in an emergency.

If you do not want to report directly to Dorset Police, there are a number of third party reporting centres who can report on your behalf and provide you with support. This includes Dorset LGB&T Equality Network, Bourne Free and the Intercom Trust. A full list including links can be found on [Dorset Police's hate crime page](#).

We continue to work with our partners, to ensure all our community members stay safe and follow government advice.

Related supportive emails from the office Dorset Police & Crime Commissioner:

RE: **Staff**: IMPORTANT -- re Covid 19 and LGBT community: safety, prejudice & hate crime related issues and needs relevant to policing

Inbox x



.PCC <pcc@dorset.pnn.police.uk> Fri, Apr 17, 9:17 AM (9 days ago)

to me

Dear Mr Mercel-Sanca,

Thank you for contacting Martyn to share the actions that LGBT Dorset has taken to support communities across Dorset in light of Covid-19. These are certainly unprecedented and worrying times for all of us.

We note that the Chief Constable's office has already responded to your email and sent it onto the relevant team dealing with COVID-19 issues. We trust they will be in touch directly. We have noted your campaign, will await further updates from you.

Finally, a huge thank you for your supportive comments recognising the important role of Dorset Police in these difficult times which is hugely appreciated.

We wish you well.

Yours sincerely

Staff

Dorset Mind email:

Staff Tue, Apr 14, 9:03 PM (12 days ago)

Hi All

Firstly, huge apologies for not replying sooner – diary pressures, the long weekend and Covid-19 all adding to the delay.

Alan – I’m in complete support of developing a info pack. We’re currently working on this signposting bulletin which could perhaps be a starter-for-10?? I’m sure it needs adapting to support the LGBT+ community and we’d hugely value your input into that. In the meantime please feel free to circulate if you think it’s useful.

In terms of reorganising a video meeting, I have some time next Thursday afternoon if that works for everyone. In the meantime, perhaps we could carry on chatting by email.

Staff

Dorset Mind

Network second Submission to the inquiry – Covid 19 context vulnerabilities for LGBT asylum applicants and those using the services of the UK immigration service (Home Office) and Immigration Tribunal

Concerning this submission the main perspective is that those seeking asylum or involved in the Hostile Environment refused applications – Immigration Tribunal hearings system, per se, need to be considered as a distinct community in their own right because by definition (both LGBT and other) are faced with particularly major additional day to day living issues due to their treatment by the UK immigration system.

Your experiences. We want to know:

How people have been affected by the illness or the response to it: *LGBT asylum and other asylum and applicants and the much larger number of appellants have had their day to day living experience worsened as their cases have effectively been put on hold, and their vulnerabilities increased*

If there have been specific impacts on people due to them having a protected characteristic: *mental health distress, and also some accessing support, and healthcare impacts*
<https://immigrationnews.co.uk/home-office-prioritises-immigration-rules-over-public-health/>

Whether there may be unforeseen consequences to measures brought in to ease the burden on frontline staff, for example relaxing the measures under the Mental Health Act and Care Act): *mental health care support for LGBT asylum applicants has become even more difficult to access, with the Home Office breaching its duty of care to those using its services*

Reviewing the measures

What needs to change or improve, which could be acted on in three weeks' time:

a) *Parliament through WOMEQ, the JCHR, and the Home Affairs select committees need to request the Home Secretary and Immigration Minister and the Secretary of State for Health & Social Care, to launch an inquiry into which executive and operational delivery chief officers and their immediate subordinates at the Home Office immigration entities [IE and UKVI] have been responsible for de-facto ignoring the direction and will of ministers in regard to Covid 19 related measures and support and choosing not to apply the latter to asylum applicants, refused visa applicants and appellants compared to all other government departments. In conjunction with this inquiry, which would be easy to conduct, as the Home Office doubtless have a hierarchy information sheet concerning who has authority in regard to interpreting policy changes, including national emergency related ones. They should be asked on what basis they have put safety and public health second (or worse) for UK immigration service users.*

b) *Linked to 'a' above, an emailed and texted message from the Home Office offering clear information on accessing existing and additional forms of support (rather than the clear information and support lacunae characteristic of the spirit and the operational delivery of UK immigration services to those revealed to be especially targeted --- such as LGBTs – by the Hostile Environment regime) that UK immigration service users are by right entitled to*

What needs to change or improve, which could be acted on in 6 months' time: *that the inquiry proposed above has been undertaken and the necessary actions taken in regard to those officials involved, and the support referred to on point 'b' above is being delivered, and that the Home Office's officials at directing and operational level delivery have established a record of no longer ignoring the related laws with direction down to frontline officers (those assessing relevant application forms, etc.) level.*

Background: The LGB&T Dorset Equality Network has an established record of working with Parliamentary Select Committees, both WOMEQ and also the JCHR in the field of

accepted/published submissions (listed below and in the ‘About the LGB&T Dorset Equality Network’ information section in the first part of this submission to the inquiry) to formal inquiries of the two Committees mentioned.

The Network included within each of its submissions to these two earlier inquiries making reference to knowledge of and requested supportive interventions to BAME LGBTs including UK Immigration asylum applicants’ particular needs and vulnerabilities:

JCHR: 28LGB&T Dorset Equality Network ([IMD0049](#)) --

https://publications.parliament.uk/pa/jt201719/jtselect/jtrightts/1484/148415.htm#_idTextAnchor079

WOMEQ: 46LGB&T Dorset Equality Network ([HSC0044](#)) --

<https://publications.parliament.uk/pa/cm201919/cmselect/cmwomeq/94/9402.htm>

A valuable introduction to the subject of the revealed anti-LGBT dimension of the Hostile Environment can be found at <http://needtoknow-immigrationuk.com/need-to-know-lgbt-section-home-page/> and <https://immigrationnews.co.uk/the-hostile-environment-whitehall-britains-darkest-chapter-a-need-to-know-guide/> -- this gives the necessary background context to understand the amplification of isolation, vulnerabilities, and lack of dedicated appropriate support in regard to Covid 19 and its impacts for this particular very high level need, but numerically small LGBT population group.

The Network has over the past two years established a UK national, and international record on interventions on cases and effective representations about UK immigration services providing agencies, the Home Office, and the UK Immigration Tribunal regarding the anti-LGBT ‘Hostile Environment’ at operational level. Related links concerning these interventions are provided below:

<http://lgbtdorsetequality.network/lgbt-history-month-2020-network-announcement-on-launch-of-need-to-know-immigration-uk-information-website/>

<http://lgbtdorsetequality.network/older-august-2018-to-2016-network-news-items-archive/> -- please see Gay Star News supportive links: <https://www.gaystarnews.com/article/read-this-open-letter-demanding-uk-to-stop-sending-lgbti-asylum-seekers-to-their-deaths/> and (the Network’s lead Alan Mercel-Sanca was responsible for taking the action detailed in the following link as he received a call from the victim within minutes of the latter successfully escaping heroically from the illegal deportation exercise being attempted by UK Immigration agencies IE and UKVI and their sub-contracted for-profit businesses that provide such ‘services’: <https://www.gaystarnews.com/article/uk-pilot-saves-life-of-gay-asylum-seeker-by-refusing-to-fly-him-to-nepal/#gs.4wkEk7o>

Submission overview:

The main evidence is the analysis provided in this news article by Immigration News UK, as it shows that Home Office officials and by extension the Immigration Tribunal providing services in which those having to use their services are being treated in ways, potentially and needlessly dangerous to their health and wellbeing involving amplification of their

vulnerabilities and withholding of core forms of support characteristic of the operational level Hostile Environment. We believe this to be dangerous, and to treat those targeted in this way as less protected and supported than those serving custodial sentences due to crimes they were prosecuted for, and certainly breaking a number of UK laws and human rights, as well as equality and anti-discrimination legislation that was designed to protect against such abusive conduct. The evidence provided through both an Immigration News UK article on Public Health risks, and a final information section by ourselves on the Hostile Environment characteristic complexity and practical level de-facto impeding of access to support or completing forms is also provided, with also mention of healthcare access fears for those in the asylum system.

Evidence:

<https://immigrationnews.co.uk/home-office-prioritises-immigration-rules-over-public-health/>

Copy of Immigration News UK article:

Home Office Prioritises Immigration Rules Over Public Health

Leading charities and charitable organisations have accused the Home Office of prioritising its “tough” immigration policies than with public health after the Home Office confirmed it still expected asylum seekers to submit their claims in person.

Charities said ministers were “fundamentally failing” to make reasonable adjustments to the asylum and immigration process which has a direct effect on the health of the UK. They state that the department is more interested in “bending over backwards” to ensure its hostile environment policies were met.

The charities’ concern is evident considering hundreds of asylum seekers are still being [forced to travel to London](#) to submit their claims or have their vital support taken away from them in the middle of a [pandemic](#).

The department is more interested in “bending over backwards” to ensure its hostile environment policies were met

The Home Office has announced that it will introduce temporary locations for asylum seekers to register their claims with “limited operations” in Glasgow, Belfast, Liverpool, Leeds, Solihull and Cardiff.

The department said the measures fulfil the UK’s statutory requirement to register asylum claims.

However, charities said while it is important asylum seekers can register their claims locally, they would still need to use public transport and move through busy areas. Charities are calling on the Home Office to consider allowing asylum seekers to submit their claims online for the protection of all.

Amnesty UK's refugee and migrants rights programme director, Steve Valdez-Symonds, said: "It makes absolutely no sense for the Home Office to be insisting on people travelling to make any form of application at this time. They should be thinking about how to ensure everybody can do the things that are essential for everybody's health and welfare."

Judith Dennis, policy manager at the Refugee Council, said it is "clearly unsafe" for those seeking asylum to use public transport to travel to the new units as they are often in more remote locations and therefore require significant travel through busy areas.

Dennis said: "It seems entirely sensible that asylum claims could be made remotely during lockdown, and it's not clear why the Home Office hasn't set up a system to facilitate this."

The Home Office has been criticised for saying those who are not British nationals should leave the UK, [despite worldwide travel restrictions](#). An elderly woman with lung cancer [was advised](#) to leave the UK and return to the Ukraine, which currently has an air traffic ban, and a 60-year-old woman [was ordered](#) to leave Britain to risk being deported back to America.

Valdez-Symonds said the Home Office is looking for an excuse to "do the same thing for the same old reason" despite COVID-19.

He added: "It's the same old culture that has been underlying why our immigration is so bad, so disrespectful, of the people most affected by them. It doesn't care about people; it cares about how its preconceptions about how to have tough immigration and asylum policies and practices."

Asylum-seekers and all those accessing the immigration system in the UK cannot be ignored with business carrying on as usual during this time. The Home Office should not be prioritising the hostile immigration rules amid a global pandemic.

Further details:

In regard to Covid 19 and LGBT community members seeking asylum in the United Kingdom due to either committed evidenced same-sex partnerships/civil partnerships/marriages that the UKVI and/or some judges of the UK HMCTS Immigration Tribunal have de-facto rejected in regard to Gay or Lesbian overseas nationals sexual orientation related UKVI applications, OR LGBT context life threatening and fundamental LGBT & broader human rights contexts, we are aware of many Covid 19 related issues.

Regarding this we have found major differences – causing major despair and further deepened disillusionment with the credibility of the UK Immigration services, Home Office, and British state – being revealed on, particularly in the public domain, stated promises from the Home Office on financial and healthcare support for asylum applicants [LGBT and other] currently in the asylum cases system.

It has been stated by the UK Government/Home Office, that prior to Covid 19 impacts, the systems of support and rights, have been since the UK, Covid 19 related containment measures have been changed to take care of the most crucial needs of asylum seekers at this time. **Our review of the financial support ('destitution' status support) for asylum seekers document HAS NO REFERENCE to the Covid 19 related publicly announced**

changes and related support. The obstacles to completing the form swiftly and with confidence are complex and as opaque as any visa application form. We wish to know which government agency is in overall charge of applications and decisions and what degree and level of influence and interaction the Home Office immigration authorities have with that agency.

We have seen on the given application for financial support document that very recent updates have been made (for example, 1st April) but these make no reference to Covid 19/improved clarity and ease on making & submitting applications, nor on changed rates of support). We provide a copy of the financial support application form as an item in the Appendix section of this submission, evidencing the above for WOMEQ's awareness.

The Network also has evidence of asylum applicants fearful to contact the NHS to have support on urgent medical conditions because they don't know where they stand on seeking to access such support, and how if they do it will impact on how the Home Office treats their ongoing appeals and applications.

Finally, we include excerpts from a key United Nations document, which places in perspective the perspectives and the interventions that the LGB&T Dorset Equality Network has and continues to make where a range of key public service organisations and local authorities are concerned.

United Nations High Commission information on Covid 19 and LGBTI communities

Relevant UK - context excerpts from United Nations High Commission document

‘ COVID-19 AND THE HUMAN RIGHTS OF LGBTI PEOPLE: WHAT IS THE IMPACT OF COVID-19 ON LGBTI PEOPLE?’ highlighting safety, to health to discrimination

Lesbian, gay, bisexual, trans and intersex (LGBTI) people may be particularly vulnerable during the COVID-19 pandemic. People living with compromised immune systems, including some persons living with HIV/AIDS, face a greater risk from COVID-19. Homeless persons, a population that includes many LGTBI people, are less able to protect themselves through physical distancing and safe hygiene practices, increasing their exposure to contagion.¹

Access to Health Services: LGBTI people regularly experience stigma and discrimination while seeking health services, leading to disparities in access, quality and availability of healthcare.

Decisions about scaling back services should be medically-based and data-driven, and should not reflect bias against LGBTI people. Stigmatization, discrimination, hate speech and attacks on the LGBTI community: LGBTI people have previously been blamed for disasters, both manmade and natural, and there are scattered reports of this happening in the context of the COVID-19 pandemic.²

Domestic violence and abuse: Due to stay-at-home restrictions, many LGBTI youth are confined in hostile environments with unsupportive family members or co-habitants. This can increase their exposure to violence, as well as their anxiety and depression.

Many in the LGBTI community work in the informal sector and lack access to paid sick leave, unemployment compensation, and coverage.⁷

What are some of the key actions that States and other stakeholders can take?

States should recognize that LGBTI people are among those particularly vulnerable in this crisis, and take targeted steps to ensure that they are taken into consideration and their voices heard when addressing the pandemic ...

HUMAN RIGHTS AT THE HEART OF RESPONSE TOPICS IN FOCUS COVID-19 AND THE HUMAN RIGHTS OF LGBTI PEOPLE 17 April 2020

www.ohchr.org

Source: <https://www.ohchr.org/Documents/Issues/LGBT/LGBTIpeople.pdf>

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