Sexuality, gender identity and homelessness

Incidence, experience and evidence of homelessness among LGBTQ+ people

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Foreword

To understand fully what works to end a societal challenge such as homelessness we must first acknowledge what we don’t yet know. Identifying gaps in the evidence base is a crucial part of the process of mapping what must be done to end homelessness for good. This enables people working in research to target activity where it can have most impact. It allows those planning and delivering services to reexamine current practices and assumptions according to the strength or weakness of relevant evidence. And, it can prompt reflection on how fuller and more robust data can be collected to further our understanding and improve the quality of services.

There are many reasons why people who identify as LGBTQ+ may be at greater risk of homelessness. Despite a significant liberalisation of attitudes and legislation relating to sexuality in the past three decades, sexual and particularly gender identity still generate prejudice and, sometimes, hostility, harassment and worse. Young people who feel uncomfortable to be open about their sexual orientation or gender identity may leave their family home before they might otherwise have done so or be forced to leave. They are more likely to enter local authority care, which carries a higher likelihood of subsequent homelessness. They are more likely to experience poorer mental health, another factor associated with homelessness. Accessing homelessness services may also present additional challenges or complexities for people who identify as LGBTQ+ meaning they are less likely to receive timely or appropriate support.

As this paper demonstrates, quantifying this picture is not straightforward. Much relevant data is incomplete or, at best, partial. Highlighting the weakness of the knowledge evidence base on the instances and experiences of homelessness among people who identify as LGBTQ+ is not, however, intended to be a counsel of despair but the opposite. It is a call to action, for deliverers and commissioners of services, for policy makers, for researchers and funders to act with urgency to fill these gaps in our understanding.

Nor can we afford to wait while this happens. Ending homelessness for good will require the design, testing and evaluation of multiple new approaches for relieving and preventing homelessness among specific groups. People who identify as LGBTQ+ are a large and important group for whom we can act now to test the effectiveness of innovative interventions to establish which have the most impact in reducing the risk and shortening the experience of homelessness. Trials might, for instance, test new approaches to case management for LGBTQ+ people who are experiencing homelessness or improved access to more bespoke health services adapted to their needs.

One of the obstacles to ending homelessness for good is that it is all too often associated with stigma, which acts as a bar to mobilising public and political support for more concerted action. This can be doubly so for people who identify as LGBTQ+ and who experience homelessness. The way to confront and overcome stigma is to create the conditions for better understanding of an issue or issues, supported by better evidence, and through openness and compassion. This is the approach that we at the Centre for Homelessness Impact approach all our work.

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About this paper

Despite much legal and societal progress in recent decades, LGBTQ+ people still experience discrimination and disadvantage in British society. In this paper, we review what we know about the intersection between life as an LGBTQ+ person, and the likelihood of experiencing homelessness. In it, we consider the answer to several key questions. Are LGBTQ+ people more likely to experience homelessness; how much their experience differ from that of heterosexual and cis-gendered people; and, importantly, what does the research evidence tell us about what we can do about it?

Note on Terminology

This paper looks at the experiences of homelessness faced by people who are Lesbian, Gay Bisexual, Transgender, Queer, Asexual, or Intersex. Throughout this paper, we make use of the contraction LGBTQ+, which is also used by Stonewall. At various points, however, we make use of different acronyms, most prominently LGBT (Lesbian, Gay, Bisexual and Transgender), or LGB (Lesbian, Gay, and Bisexual). We use these where we are referring to a particular study, for example the LGBT National Survey. Our aim in this paper is to be as inclusive as possible in our language, while trying not to mislead - for example by saying that a dataset relates to LGBTQ+ people when it does not.
Introduction

The lives of LGBTQ+ people in Britain in 2022 have seen marked improvements over the last several decades. Within living memory, homosexuality was illegal; being trans was considered to be a health condition, and homophobia was both intense and commonplace. For years, a series of laws known as Section 2A prohibited ‘the promotion of homosexuality’, ultimately preventing schools from talking positively (or even at all) about LGBTQ+ issues, while the AIDS pandemic ravaged gay communities.

Since then, there have been marked improvements, both in the law - from the repeal of Section 2A (in 2000 in Scotland and 2003 in England and Wales) to the legalisation of gay marriage (in 2014 in most of the UK, followed by Northern Ireland in 2021), to recent moves to facilitate greater gender recognition - and in society where public acceptance of LGBTQ+ people is at an all time high5, and so are levels of identification as LGBTQ+, according to the ONS Annual Population Survey (APS)6. The levels reported in the APS are lower than many other estimates for the number of LGBTQ+ people in society, suggesting that while things are improving, there is still under-reporting to official surveys. Nonetheless, this survey provides a useful benchmark against which we can compare other sources of official statistics.

Despite this progress, there are still good reasons to be concerned for the wellbeing of LGBTQ+ people across a number of domains, and it is important to recognise that however far has been travelled, there remains a distance still to go. The 2017 National LGBT survey, launched by the Government Equalities Office7 (GEO) revealed that LGBT individuals were less satisfied with their life than the general UK population, due to fear of negative public reactions, and experiences of harassment and violence.

6 https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/methodologies/annualpopulationsurveyapsqmi

The experiences of homeless LGBTQ+ people are also likely to be different to those of other people who experience homelessness

Most sources of data suggest that LGBTQ+ people are more likely to experience homelessness than their peers. For example, the 2020 Rough Sleeping Questionnaire8 found that 7% (of 563 respondents) identified as Homosexual or Bisexual, with 1% identifying as “other” and 5% not responding to the question - even 7% (the lower bound for the actual rate) is almost four times higher than the rate identifying as LGBTQ+ in the ONS’ population survey. LGBTQ people often experience discomfort even in their own home. A quarter of respondents were not open with any family members about their sexual preferences or gender identity, with younger people more likely not to be open with anyone that they lived with. This experience has been heightened in recent years during the Coronavirus pandemic, in which many LGBT people were left with no choice but to move in with family members who were not supportive of their sexual orientation or gender identity, and/or who were not aware of their sexual orientation or gender identity, forcing these people (particularly young people) back into the closet. The “Queerantine” study9 found that a third of people felt that they were discriminated against during this time because of their sexuality or gender identity, and one in ten felt in danger at home. This, combined with the massive economic turmoil of the pandemic, put LGBTQ+ people at higher risk of homelessness. But this problem existed long before the pandemic. The 2017 National LGBT survey found that a remarkable 29% of respondents had experienced an incident involving someone they lived with because they were LGBT, the most common types being verbal harassment, disclosure of their LGBT status without permission and coercive or controlling behaviour.

The challenges faced by LGBTQ+ people, particularly those who are young and coming out for the first time, can lead them to leave home before they are ready, and without a safety net. As a result, 24% of young people experiencing homelessness identify as LGBTQ+. Although this is comparable with wider data on young people’s identities - a YouGov survey in 2019 found that 20% of 18-24 year olds identified as LGB10, the relatively lower anonymity, and more face to face context of surveys of the homeless population, may lead to heightened reluctance to identify themselves as LGBTQ+ to surveyors or other seeming ‘authority’ figures - meaning that the homelessness LGBTQ+ figures are potentially likely an understatement11.

The experiences of LGBTQ+ people experiencing homelessness are also likely to be different to those of other people who experience homelessness. More than half of all trans people who responded to the 2017 survey said that they had avoided expressing their gender identity, particularly when out in public. Being homeless, trans people will often face a stark choice between constantly concealing their true self, and running the risk of discrimination of violence. The survey revealed the precarity faced by LGBTQ+ people, particularly LGBTQ+ young people, concerning safety and experiences of harassment and violence. This is mirrored in society more...
generally, with LGBT people 30% more likely to be a victim of crime in 2018. Unsurprisingly, this figure varies according to group, with bisexuals being 50% more likely to be a victim of crime. People experiencing homelessness are of course also more likely to be victims of crime, with 65% of rough sleepers reporting being a victim of crime in the last twelve months, compared with 17.6% of the general population.

The evidence points to LGBT people being at greater risk of being victims of crime, while also being less likely to report incidents, and to come forward to seek support with homelessness due to fear of homophobic, biphobic or transphobic responses from service providers, including the police. This may prevent LGBTQ+ people impacted by homelessness from accessing the services they need the most.

In this paper, we will aim to provide an overview of the challenges faced by LGBTQ+ people that cause them to become homeless; how the unique difficulties they face exacerbate the already harsh realities of homelessness; what we know, and do not know, about their lives; and what evidence there is on how best to support LGBTQ+ people to prevent, improve, and end their experience of homelessness.

12 Based on an Annex 11 ad hoc request analysis of the 2018 Crime Survey for England and Wales.

13 The figures for the ‘other’ category in this data, which likely includes transgender individuals, presents a very mixed picture when broken down by gender. Regrettably, the data description does not allow us to be clear how transgender people are coded in CSEW, and so we refrain from analysis.

14 These figures are drawn from the rough sleeping questionnaire, which asks about experiences of a number of different crime types. It should be noted that respondents are not asked about rape or sexual assault, to avoid causing distress. This means that these crime figures are necessarily an understatement.


16 For example, the Crime Survey of England and Wales found in 2011-2014 that 3% of their sample identified as LGB, while the ONS population survey in 2012 found that only 1.5% identified in this way. A 2017 Survation survey found that 5.9% identified as LGB, while research by IPSOS Mori for the BBC found that less at least 12% of each generational cohort identified as LGB.

be more cautious in our optimism in this policy domain than we are in others, like health, education, and the labour market.

Significantly, local authorities in the UK have started collecting case-level data on the sexual orientation and gender identity of people impacted by homelessness through the Homelessness Case Level Information Collection (HCLIC) data system, which supports data collection for the 2017 Homelessness Reduction Act. Sexual orientation data is required for cases following the 2017 Act, but not required for legacy cases, which consist of any homelessness application taken before April 3rd 2018, where the case remains open on or after that date.

At a local authority level, the story is not much different. Many local authorities (around 40%) report 0 homosexuals/lesbians in their quarterly return data. This may, of course, be a consequence of data censoring rules, but even allowing for this the figures are lower than is credible. The highest proportion identifying in this group is in Haringey in the period January to March 2021, where 16.3% of people are classified in this way. Combined with the high proportion identifying as “Not Known”, or “Prefer not to say” (more than 25% combined), this suggests that these data are not accurate. In particular, people using services may not feel comfortable disclosing their sexual orientation or gender identity for fear of discrimination or suspicion about why the data is being collected. The size of the “prefer not to say” group, taken at its extreme, could mean that the margin of error on these data represents a potential miscount of 47,628 LGBTQ+ people a year. This counting failure, combined with the severity and systemic nature of homelessness could therefore represent one of the most significant unmet needs of LGBTQ+ people in Britain today.

As such, most of what we know about the LGBTQ+ population and homelessness must be gathered from surveys. Although these don’t necessarily produce reliable, representative results, the picture that they paint is both consistent and troubling. Research published by the Albert Kennedy Trust (AKT), a charity that supports LGBTQ+ young people experiencing homelessness, in 2015 found that LGBT young people were more likely to find themselves homeless than their other peers (24%). Outside of the UK, research from the US reveals a similar picture; studies and evidence from social care professionals show that LGBTQ+ populations are significantly overrepresented in homeless populations, as 20%-40% identify as LGBTQ+, whereas they only make up 7% of the US population.

These statistics point to the need for comprehensive data collection and research on this population. The LGBT Youth Commission on Housing and Homelessness conducted qualitative research in Scotland and found that many of them do not present as homeless to local councils, which may contribute to undercounting in official statistics.

Even after this date, these data are of limited value at the time of writing. In England, the HCLIC dataset has only reported data on sexual orientation since the July-September 2020 period (for this first period, it should be noted that the entire dataset is classed as experimental, rather than official, statistics). At the time of writing, the most recent period covered by the data is the three months ending September 2021. The data are only available for people for whom local authorities have duty to prevent or relieve homelessness. Figure 1 shows, for the five quarters covered by the data, the level of different sexual orientation categories captured by the data.

Unsurprisingly, by far the largest group is heterosexuals. However, the proportion of people identifying as homosexual/lesbian is 1.47% on average across these time periods - far lower than either the population average incidence of homosexuality, and the survey-reported levels of LGBTQ+ people who are impacted by homelessness. As can be seen from the flatness of the lines in the graph, these proportions are stable over time - all values are within one tenth of a percentage point of the mean.

Source: Authors’ analysis of HCLIC data

Figure 1: Proportions of people owed a preventive duty identifying as particular sexual orientations over time

<table>
<thead>
<tr>
<th>Period (1-Jul-Sep 2020)</th>
<th>Heterosexual</th>
<th>Homosexual</th>
<th>Other</th>
<th>Prefer not to say</th>
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</tbody>
</table>

Source: Authors’ analysis of HCLIC data, March 2022.

20 Authors’ note on HCLIC data, published separately.
What are the causes of homelessness for LGBTQ+ people?

According to AKT’s 2021 homelessness LGBTQ+ report, around two thirds of people felt that their sexuality or gender identity was a contributing factor to their homelessness episodes. This chimes with a similar survey conducted by AKT which found that 77% felt that their sexual/gender identity was a causal factor in their rejection from home.

In many cases, this may have been because LGBTQ+ people were evicted, or thrown out of family homes when their sexuality or gender identity was made known to their families, with some 51% of respondents to AKT’s survey indicating that they felt at risk of eviction as a result of these factors.

Elsewhere, many young LGBTQ+ people reported feeling threatened, or at risk of violence, prior to their homelessness, from members of their families (61%) or romantic partners (20%) - which could lead to them leaving their prior accommodation and becoming homeless.

There are also substantial intersectionalities between the challenges faced by LGBTQ+ people and other common predictors and causes of homelessness.

The concept of multiple exclusion homelessness (MEH) covers the overlapping experiences of social exclusion which may lead a person to experience homelessness, such as institutional care, substance use, or participation in street culture activities (begging, sex work, or street drinking). LGBTQ+ people are often more likely to encounter these conditions, which in turn increase the likelihood of them experiencing homelessness. We discuss each of these in turn.

Young people who are LGBTQ+ are more likely to enter foster or residential care than their peers and may experience particular challenges while in care as a result of their sexual orientation or gender identity. A recent systematic review on matching in foster care, published by What Works for Children’s Social Care, identified a need for greater matching, and intersectionality in matching between care experienced young people along lines of race, class, and sexuality/gender identity, to reduce placement breakdown.

Young people who are care experienced are also much more likely to be impacted by homelessness than their peers, 26% of young people leaving care had ‘sofa surfed’ and 14% had slept outside. The National Audit Office reports that in 2010, 25% of people experiencing homelessness had been in care at some point in their lives.

An understanding of the experience of homelessness of LGBTQ+ people leaving care is necessarily incomplete, as local authorities do not routinely record the number(s) of LGBTQ+ young people in care, in part because of concerns about intrusiveness, but also as central government does not require this data.\(^{31}\) As part of the first UK study of LGBTQ young people in care, a national survey of local authorities in England found that 38% of LAs had a general policy for children in care that included LGBTQ young people but only 5% had a specific policy, and recording LGBTQ identities was rare.\(^{32}\) Many LGBTQ+ people experience mental health challenges, particularly as young people.\(^{33}\) Generally they experience higher levels of depression and anxiety than the general population, and with this experience higher rates of self-harm. Particularly, people aged 18-24, and black, Asian and minority ethnic groups are more likely to have experienced depression in the past year. Rates are especially high for trans people, more than two thirds of which experience depression each year. Particularly sobering is the fact that almost half of trans people have attempted suicide at some point in their lives. Mental health challenges are also associated with adverse economic outcomes and in turn with homelessness.\(^{34}\) As well as increasing the risk of homelessness, they may decrease the likelihood of being able to access particular forms of support needed to exit homelessness.

LGBTQ+ people, and especially younger people, are more likely to engage in substance use, including alcohol, smoking, and drugs.\(^{35}\) Although the available data is not sufficient to indicate harmful levels of drug use, it is known that drug use is associated with an increased risk of homelessness\(^{36}\), both as a cause and as a consequence. Research from Crisis looking at the relationship between drug use and homelessness in the UK revealed that people who use drugs are seven times more likely to experience homelessness.\(^{37}\) Particularly, LGBTQ+ people impacted by homelessness have higher rates of substance use than non-LGBTQ+ homeless people, while rates of homelessness are even higher for transgender people than people who are lesbian, gay or bisexual.\(^{38}\) These findings are mirrored in official statistics for the general population. Analysis by the Home Office of the Crime Survey of England and Wales\(^{39}\) finds that gay/bisexual people are much more likely to have taken illicit substances in the last year than their heterosexual peers (28.4% vs 8.1%), and that this is marginally more pronounced for class A drugs (10.0% vs 2.7%). No data are available in CSEW on people’s cis/trans status. While evidence points to poverty as the main driver of homelessness, and there is a lack of evidence on the interplay between LGBTQ+ identities, poverty and homelessness, the evidence we have reviewed suggests that the precariousness of LGBTQ+ lives means they are more at risk falling into poverty, economic disadvantage and homelessness than heterosexual, cisgendered\(^{40}\) peers.

The relationship between LGBTQ+ identities and homelessness significantly depends on the interaction of multiple factors, such as race, gender, ethnicity, and income level.\(^{41}\)


\(^{32}\) Ibid.


\(^{39}\) Home Office Analysis based on 2011-2014 waves of CSEW to allow sample size for sexual orientation. There are similar issues of data quality with CSEW as we identified of the HCLIC data. Specifically, only 3% of respondents to CSEW identify as homosexual or bisexual, with the remainder (97%) identifying as heterosexual.


\(^{41}\) Cisgendered refers to people whose gender identity matches their birth sex

Finally, and importantly, discrimination against LGBTQ+ people is not limited to members of their own family. For each of the areas identified above, there is evidence of discrimination in terms of access to services, and the kinds of support that are available. People report not feeling like they receive the appropriate support from local authorities, as well as feeling reluctant to disclose their sexual orientation or gender identity to mainstream service providers. Particularly in accessing health services, the LGBT National Survey revealed that 13 per cent of cisgender LGB people and 40 per cent of transgender people had had a negative experience with healthcare in the 12 months preceding the survey. This discrimination has the potential to cause challenges that might otherwise be addressable to spiral beyond the point at which homelessness can be avoided. A particular challenge may be in searching for and seeking health and mental health support for transgender people who wish to transition, and for whom delays can lead to worse mental health outcomes.


44 https://publications.parliament.uk/pa/cm201919/cmselect/cmwomeq/94/94.pdf

Data capture and LGBTQ+ people

Collecting data on people’s sexual orientation and gender identity allows researchers, practitioners and policy-makers to get a clearer insight into LGBTQ+ experiences, and use the data to improve monitoring and inclusivity throughout health and care services. A review carried out by the National Institute of Economic and Social Research (NIESR) found that there were major gaps in the evidence base regarding inequality and disadvantage by sexual orientation and gender identity, and noted that national and administrative datasets tend not to hold LGBTQ+-related data. There have been increasing efforts from service providers and employers to collect data on LGBTQ+ individuals. Namely, NHS Digital developed a Sexual Orientation Monitoring Information Standard on behalf of NHS England, which provides a mechanism for recording this information across all health services and local authorities with responsibilities for adult social care. However, there are particular challenges associated with collecting demographic data in relation to sexual orientation and gender identity; primarily, people using services may not feel comfortable disclosing this information for fear of discrimination or due to suspicions about the data collection. Implementing sexual orientation and gender identity monitoring is a crucial step in understanding the needs and experiences of LGBTQ+ people using services across health and care sectors.


Experiences of LGBTQ+ people while homeless

Once they are affected by homelessness, the experience of LGBTQ+ people may differ from that of other peers. Significantly, and across a number of domains, transgender individuals report experiencing misgendering and ‘dead-naming’ (the use of the birth or former name of a transgender or non-binary person without their consent) when accessing services. The evidence more broadly is, as we have noted above, more limited; for young people of colour, the risk of racist abuse also can make rough sleeping very dangerous. Similarly, trans people are more likely to be victims of rape than other LGBTQ+ young people experiencing homelessness. This means that they often find themselves having to engage in drugs, alcohol, sex work or transactional sex in order to secure a “safe space” to avoid rough sleeping.

Rough sleeping

There is an increased vulnerability and exposure to violence faced by LGBTQ+ individuals throughout the UK, with homophobic hate crimes having trebled between 2015 and 2020. This puts them at higher risk of sexual exploitation, problematic substance use and hate crimes when rough sleeping than their heterosexual counterparts. For young people of colour, the risk of racist abuse also can make rough sleeping very dangerous. Similarly, trans people are more likely to be victims of rape than other LGBTQ+ young people experiencing homelessness. This means that they often find themselves having to engage in drugs, alcohol, sex work or transactional sex in order to secure a “safe space” to avoid rough sleeping.

Access to emergency accommodation

There is a significant lack of LGBTQ+ appropriate refuge and emergency accommodation, and general services do not tend to cater for their needs. Due to the prevalence of discrimination, they are often reluctant to disclose their sexual orientation or gender identity when accessing homeless services or shelters; reports show that 59% have faced some form of discrimination or harassment while accessing services. Transgender people affected by homelessness have faced prejudice from service users and staff; for instance, some transgender young people had been denied access to single-sex services and non-binary young people often felt there was no suitable alternative for them. The Scottish Commission on LGBT Housing and Homelessness found that homeless transgender young people were denied access to single-sex spaces, leaving them either in riskier, multi-sex services, or unable to access services at all.

Reporting to police

Fear of the police among LGBTQ+ young people who experience homelessness is common, thus complicating access to criminal justice processes and leading to reduced reporting of violence. More than three quarters of LGBTQ+ people who had been victims of a homophobic hate crime did not report their experiences to the police, either because they didn’t believe that what they had experienced was serious enough to report, or because they didn’t believe the police could or would do anything. This means that they are less likely to report.

49 Shorunke, B (2021) LGBTQ+ homeless people face increased risk: We are committed to helping them. Inside Housing [online]. Available at: https://www.insidehousing.co.uk/comment/comment/lgbtq-homeless-people-face-increased-risk-we-are-committed-to-helping-them-72562 [Accessed 6th March 2022].
50 Crisis (2021) From enforcement to ending homelessness: How police forces, local authorities and the voluntary sector can best work together. [online] Available at: https://www.crisis.org.uk/media/245310/from-enforcement-to-ending-homelessness-full-guide.pdf [Accessed 6th March 2022].
52 Baldwin, P, Young, LGBTQ and on the Streets: Youth Homelessness is a Major Issue in the UK. Gay Times [online] Available at: https://www.gaytimes.co.uk/life/young-lgbt-and-on-the-streets/ [Accessed 18 October 2021].
report homophobic incidents while rough sleeping, or in temporary accommodation. The lack of confidence in the police results in a lack of information regarding the actual prevalence of homophobic hate crimes, as most cases are not reported and thus not included within police records. Because of fear they will face discrimination when accessing refuge and accommodation services, as seen above, while also being reluctant to report homophobic incidents to the police, this leaves them particularly vulnerable to violence and discrimination in the streets.  

What Works?

As has been highlighted extensively elsewhere by the Centre for Homelessness Impact, the availability of high quality, causal evidence on how to reduce homelessness in the UK is limited. Although there is more causal evidence from, for example, the United States, the system of state support, as well as attitudes to both homelessness and LGBTQ+ people in that country is very different to the UK, and so extrapolation is challenging. However, the CHI Evidence Tools do offer some insights into interventions which are useful, in general at reducing homelessness, and mitigating its impacts. The Effectiveness Map collects quantitative impact evaluations and effectiveness reviews of homelessness interventions. There is a search filter for LGBTQ+ populations, which highlights the potential to account for interventions targeting this group in the future. However, specific interventions serving this community affected by homelessness remain very rare. Only four studies could be retrieved that specifically mention LGBTQ+ people.

A pre-post evaluation of an LGBT affirming case management system (My Treatment Empowerment for Adolescents on the Move), that worked with young people experiencing homelessness found a consistent reduction in substance use, and an improvement in mental health outcomes, as well as engagement with employment and housing stability. However, in the absence of a counterfactual group it is not possible to be confident that these changes were caused by the intervention.  

Two papers reported the same RCT, carried out in the United States, that aimed to reduce incarceration for adults experiencing homelessness through a community programme to support gay and bisexual people who were using stimulants. These papers reported no significant changes in any outcomes when comparing the treatment group to the control group. A final paper reported the findings of a feasibility study of ‘same day STD screening’ for LGBTQ+ people experiencing homelessness, and concluded that this practice was both and safe, but gave no measures of impact. The fact that only four papers (and three studies) even consider the experience of LGBTQ+ people experiencing homelessness, and that only one of these studies included any kind of counterfactual, suggests that more research is sorely needed.

Given the intersectionality between LGBTQ+ people and victimhood of crime, education, illicit drugs use, and so on, in the absence of

robust evidence on the impacts of interventions targeting them (and the likely lag of years before this evidence can come into existence), our best bets at this stage for reducing the incidence, duration and severity of homelessness for LGBTQ+ people is probably to invest in interventions that have been shown to be effective overall, and to use a combination of epidemiological and experimental research to investigate whether these benefits accrue to LGBTQ+ people. At present, this would mean recommending: Support for substance use65: interventions that support people with substance use problems are found by CHI to have “some reliable evidence” of positive impacts across multiple studies. Given the heightened rates of substance use among this population generally, and the homeless LGBTQ+ population in particular, these types of intervention represent a ‘best bet’ at this stage. Access to health services66: Again, given the heightened levels of health and especially mental health challenges faced by LGBTQ+ people compared to the general population, and the risks that these health issues pose in terms of homelessness, health service access has the potential to be impactful. CHI finds that there is “considerable reliable evidence”, with multiple high
quality studies showing positive impacts. In the case of LGBTQ+ people, the creation of services is unlikely to be sufficient; they need to be made available, and accessed, by LGBTQ+ people, something survey and qualitative research suggests is a barrier to uptake. Other interventions, such as better access to emergency accommodation67, and rapid rehousing68, to both reduce homelessness and to reduce associated risks of victimhood of sexual assault or rape, as well as other crimes, show promise in theory given what is known, but as CHI has shown, there is a shortage of good quality evidence for either of these interventions and their impacts. We might also recommend interventions that aim to reduce discrimination and prejudice against LGBTQ+ people among professionals and others working with them. Contact; there is a growing literature showing a positive effect of contact with LGBTQ+ people on people’s attitudes. Although largely in a US context, this suggests that canvassing and discussion with people from a discriminated against group reduces the tendency to discriminate in a lasting way. This has been shown repeatedly with trans44 people69 in particular, and effectiveness seems to be associated with the use of perspective taking71.

Conclusions and policy recommendations

Much has improved for LGBTQ+ people over recent decades, but there are still enormous challenges and inequalities facing the community. Not least of these is a heightened likelihood of experiencing homelessness, and very substantial negative experiences while homeless. The challenges of homelessness are particularly acute for any marginalised group in society, and there are few more marginalised in today’s society than trans people in particular.

Given the shortage of robust research in this area, it is easy to conclude that ‘more research is needed’. However, we aim to be more specific in our recommendations. These are:

That existing evidence from the general population is leveraged to support LGBTQ+ people in particular, and that where evidence-based interventions are being used and rolled out, and epidemiological approach to investigating impacts on LGBTQ+ people is used.

That research is conducted to understand how to reduce discrimination and prejudice among professionals, and at the same time to reduce their fear of discrimination. Merely reducing the tendency to discriminate will not help if they are still unwilling to engage with services. Training delivered by Stonewall Housing could be one candidate for an early trial72.

That large scale randomised trials are conducted to identify the impact of specific, promising interventions on LGBTQ+ people, and to allow for these findings to be broken down to specific groups within LGBTQ+ cohorts. In practice, this will require trials spanning entire regions.

That data quality is dramatically improved on the number of those at risk of, and experiencing, homelessness. This is essential if research is to be conducted and funding directed to these issues. Even an accurate and widely accepted count could be impactful. LGBTQ+ people, and particularly Trans people, struggle to get accommodated in single sex spaces. If LGBTQ+ people make up a quarter of all young people sleeping rough (as some evidence suggests), the volume would justify the creation of LGBTQ+ safe spaces. If, instead, it is as low as 1.5% (as other data suggests), it would not - without accurate counting, we cannot decide what interventions are even potentially worthwhile.

These recommendations will take time to achieve, and represent a substantial change in investment and capacity in this area. However, as we have seen in other areas, this kind of investment in evidence is possible, and, armed with better evidence, policymakers and practitioners can make better decisions about how to safeguard and support vulnerable groups.

65 https://www.homelessnessimpact.org/intervention/support-for-substance-misuse
66 https://www.homelessnessimpact.org/intervention/access-to-health-services
67 https://www.homelessnessimpact.org/intervention/shelters
68 https://www.homelessnessimpact.org/intervention/rapid-rehousing