

Evidence submission

**Women and Equalities Committee
Inquiry - Unequal impact:
Coronavirus (Covid-19) and the
impact on people with protected
characteristics**

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Introduction

Since the mid-1980s, METRO Charity has been addressing systemic discrimination and inequalities, initially in the sphere of lesbian and gay rights. A constitutional change in the mid-2000s led to an ideological and strategic expansion of the charity; we grew from an exclusively LGBTQ+ remit to one which supported any issues relating to sexuality, gender, equality, diversity, and identity.

We run over 60 programmes across five domains of service: Sexual & Reproductive Health, Community, Mental Health & Wellbeing, Youth, and HIV. With a head office in the Royal Borough of Greenwich (RBG), we also deliver services across London and the SE of England. Namely, we work in every London borough, and we also deliver services and have offices in Essex, Kent, Medway, Surrey, and West Sussex.

Protected characteristics

Our services include the following which are specifically used by people with one or more protected characteristics:

Disability-related: METRO GAD; Services for People Living with HIV¹;

For People Living with HIV (PLWHIV), we offer:

- Advice & advocacy
- Counselling
- Pre-Exposure Prophylaxis (PrEP) information, support, and access
- Family home visits
- 1:1 Peer Mentoring
- Support Groups
 - Some groups specifically support black African communities, LGBTQ+ communities, and Polish migrant communities, and Latin American migrant communities
- HIV support helpline
- Community HIV testing, advice, and information

Around 75% of the service users who access our HIV advice and advocacy programme identify as BAME; this figure is over 90% for our family support service.

For people who are disabled, our METRO GAD service provides focused advice; advocacy and volunteering opportunities for disabled people in Greenwich. METRO GAD regularly sees over 50 service users per week during regular operations; this has reduced to 15-20 per week throughout COVID-19. Over 30% of our METRO GAD service users identify as BAME.

¹ We acknowledge that not all of our service users who are HIV positive would wish to define themselves as disabled, however we recognise their status as such in the broader legal and human rights context of this Inquiry for people with protected characteristics.



LGBTQ+-specific²

For people who identify as LGBTQ+, we offer:

- Counselling for adults and young people
- Eight youth groups situated across London and Medway
- Prostate cancer support for men who have sex with men (MSM)
- A social group for those aged 50+
- Education and training to reduce Homophobic, Biphobic, and Transphobic (HBT) bullying
- Hate crime support
- Weekly mental health drop-ins
- Regular ad-hoc and weekly sexual health clinics
- A web-based service to support the holistic sexual health and wellbeing of MSM
- Education and awareness training to schools, community groups, and other relevant organisations
- LGBTQ migrant theatre programme
- TfL cycling programme

Many of the identities of the people who benefit from these services also intersect across disability and LGBTQ+ identities and sexual orientations, and with other protected characteristics including gender; gender reassignment and race. For example, our weekly LGBTQ+ mental health drop-in welcomes over 50% of its service users from BAME communities.

Evidence summary

Since the lockdown in the UK, from 18th March METRO successfully moved the majority of our over 60 services to remote online models; for example, we now offer online counselling and have moved our HIV peer support and LGBTQ+ youth groups to virtual platforms. We also started a number of new phone-based services, such as a targeted sexual health advice line for young people, and a welfare rights' advice and support service for disabled people. We have continued to offer our online services in HIV prevention, advice, education and support as well as in sexual health testing and results management.

However, despite the many people whom we continue to serve and support, there are a significant number of our service users who have lost support, or experience an inadequate level of support as a result of the cessation of in-person, face-to-face work. For example, the families we support who are affected by HIV, the 50 or more people each week who were attending METRO's long-running mental health drop-in; the disabled people and PLWHIV who rely on face-to-face support to apply for benefits claims and who are now experiencing anxiety and distress over delays and difficulties with this process, and the many service users throughout the charity

² Our LGBTQ services relate to the disproportionate vulnerabilities of many people self-identifying as LGB and whose gender identity may be trans, non-binary or gender non-conforming, and recognise that agencies such as the United Nations are recognising the specific impact of 'COVID-19 and the Human Rights of LGBTI People': <https://www.ohchr.org/Documents/Issues/LGBT/LGBTIpeople.pdf> (accessed 20 April 2020).



who are suffering financial hardship as a result of delayed benefits, suspensions to appeals about pre-existing claims, and loss of income due to low, unstable, or no employment.

The evidence in the following pages elaborates on key intersecting issues as well as issues specific to our specialist services and service user groups.

Key issues as a result of COVID-19

- Anxiety and depression, affecting mental health
- Food poverty
- Benefits issues
- Biphobia, homophobia, transphobia experienced within the home setting
- Increases in regularity and severity of Domestic and Sexual Violence
- Financial hardship
- Loss of face-to-face support for vulnerable groups
- Social isolation
- Stigma surrounding HIV
- Technological hardship
- Lack of respite support for families, particularly those with caring responsibilities
- Difficulty accessing contraception or emergency contraception, leading to
- Increased requests for, and demands on, termination of pregnancy services

Our most negatively-impacted service users are:

- People Living with HIV (PLHIV) and families, particularly those including children and young people, affected by HIV
- Disabled people, in particular those who require 24/7 support from personal assistants
- LGBTQ+ people with mental health issues
- Older gay men
- People with No Recourse to Public Funds

Approximately 50% of the negatively affected service users are people whose heritage is BAME.

For more information of the services we provide, visit our website www.metrocharity.org.uk.



Evidence

Intersecting issues across our domains of work

Issue	Service users affected / details
Anxiety over access to and/or delays with medication in the immediate and longer term, as well as medical treatment	Some service users living with HIV are being told to return at a later date to collect medication as a result of low staff numbers since HIV clinical staff have been moved into COVID-19 positions. Some service users are anxious about availability of medication(s) going forward, due to tests on ARVs for COVID-19. LGBTQ+ counselling clients who have been diagnosed with gender dysphoria; peer support group for LGBTQ+ people with prostate cancer.
Benefits access advice and support: Demand	<p>Changes to benefits and delays with benefit applications due to the COVID-19 lockdown is causing anxiety and increased demand for support by LGBTQ+ clients with mental health issues; disabled people; LGBTQ+ people who have experienced hate crime incidences; families affected by HIV.</p> <p>As well as in London, we have had increased demand for advice and advocacy in Essex, Surrey, and West Sussex for people living with HIV.</p>
Financial hardship	<p>METRO manages a hardship fund of £50 payments, only made once every six months to individuals. This has been in very high demand since COVID-19, particularly for repeat requests before the usual six-month timespan.</p> <p>This also affects clients' ability to pay for counselling as 20-25% of our adult LGBTQ+ counselling service clients have reported their financial circumstances changing as a result of COVID-19 and many have asked for an adjustment to what they contribute towards sessions or requested free sessions.</p>
Mental health impact	<p>LGBTQ+ adult counselling service</p> <p>About 20% of our existing counselling clients have chosen not to engage in online/telephone counselling and have decided not to take up this offer. The reason most commonly cited is not having a safe and confidential space at home for the counselling to take place in as they are living with others, some of whom do not know about the client's HIV status, sexuality or that they are in counselling at all.</p> <p>Without support, we are concerned about their mental wellbeing.</p> <p>Youth services</p> <p>The mental health issues we have been supporting young people attending our groups with face-to-face are now only supported remotely. These include young people talking about suicidal thoughts; self-harming, and also an increasing sense of isolation due</p>



to being under lockdown with families who they are not out to, or who are unsupportive of their LGBTQ+ identity.³

HIV support services

For example, with the suspension of our services such as Positive Mind which is a series of wellbeing workshops for PLHIV, we cannot offer the face-to-face/peer support service to prevent poorer mental health outcomes for people struggling with issues such as stigma and anxiety associated with their HIV status.

We will however pilot moving these services online. We are aware that for some, this might mean greater ability to participate in services, but for most, there are more barriers – including for the over 50s, as they are much more unsure of technology associated with online services, and also those on lower incomes where the price of technology or internet subscription represent significant barriers to participation.

We have also observed the triggering effect of the current epidemic on those who lived through the HIV epidemic in the 1980s/90s. This has brought with it a decline in mental health for some service users.

Social isolation compounded and deepened by COVID-19

Impact of the loss of regular, ongoing face-to-face contact in the one-to-one services METRO provides and within groups for LGBTQ+ young people; HIV peer support; LGBTQ+ Mental Health Drop-In.

Compounded for some service users by their home situations where they are not open about their HIV positive status and/or their sexuality and/or gender identity. For these service users, although they have the means to access remote services, they are not free from the threat of homo/bi/transphobia, for example, to benefit from this alternative support during the lockdown.

Lack of knowledge about using technology to access remote services as well as access to hardware/software and associated support. This affects over 50% of gay men aged 60+ whom we support through our HIV services in Surrey and West Sussex.

This lack of access to technology and the means to pay for 4G internet access also affects LGBTQ+ people with mental health issues who use our drop-in service, over 50% of whom are from BAME backgrounds.

³ Our youth workers signpost young people to services such as Samaritans, LGBT+ Switchboard, ChildLine/NSPCC, local AD(HI)D spectrum NHS support, London Friend, and Gendered Intelligence.



Issues specific to our domains of work: Sexual & Reproductive Health, Community; Mental Health; Youth; HIV

Issue	Service users affected / details
Benefits' access/tribunals about disability-related benefits	<p>METRO GAD: disabled people, primarily focused on support relating to physical disability.</p> <p>Our Equalities and Welfare Rights Officers usually offer a face-to-face service to go through a range of benefits applications in detail with their clients. Processing these remotely is difficult both in terms of communication about paper or digital versions ("What page are you on now?"), and it is more time-consuming for our officers. This is in addition to the delays that people are already experiencing with their existing applications being processed and/or their cases for increasing benefits being reviewed. For example, with Personal Independence Payments (PIP), our staff can't access these forms remotely and they have to be physically posted from clients to officers, and then back again to clients to review and submit these claims.</p> <p>All benefits that were being reviewed for potential increase prior to the lockdown have been put on hold hence some people are struggling on payments that are not meeting their financial needs.</p> <p>These difficulties and delays are exacerbating other anxieties caused by social isolation and more specifically about financial issues and securing benefits on a stable, long-term basis which may not yet be agreed.</p>
Delays and cancellations of appointments at NHS Gender Identity Clinics for people with diagnoses of gender incongruence/gender dysphoria, and delays and/or cancellations of other associated medical appointments relating to hormone therapy, for example.	<p>Within our LGBTQ+ counselling service, over 60% of our clients aged 18 to 25 are affected by this issue.</p> <p>Clients are experiencing anxiety and concern over inability to obtain hormone treatment or change hormone therapies due to unavailability of blood testing services. These factors are contributing to depression for some of our clients associated with uncertainty about when they can access the support they require to embark fully on their chosen gender reassignment process, and the associated emotional support during that transition.</p> <p>There is a significant mental health impact due to these issues for this client group.</p>
Biphobia/homophobia/transphobia	<p>In particular we have evidence from our LGBTQ+ youth groups that some young people will not participate in our</p>



remote services due to the lack of acceptance about their sexuality and/or gender identity in their homes.

This issue is associated with deteriorating mental health issues for young people already disproportionately affected due to their sexuality and/or gender identity.⁴

<p>Hunger/lack of food security</p>	<p>40% of our LGBTQ+ Mental Health Drop-in service are people with No Recourse to Public Funds (NRPF) and whose precarious financial situation have deteriorated during the lockdown. They are relying on friends and food banks for their necessities as well as METRO's overstretched hardship fund.</p> <p>We also have service users in our HIV domain from Latin American communities who have NRPF who are vulnerable to this issue. We have been contacted by clients who, for the first time, are accessing food banks because of the loss of jobs in the informal sector e.g. sex workers.</p>
<p>Families affected by HIV not receiving home support and respite</p>	<p>Some of the families we work with are now supported through phone calls rather than face-to-face support and practical and emotional support in their houses, so our ability to work with these families has been reduced.</p> <p>They are also facing very significant additional pressures due to the closure of childcare facilities and schools.</p>
<p>Loss of support networks in tandem with family support</p>	<p>LGBTQ+ Greenwich and Lewisham residents who have experienced or been affected by a hate crime.</p> <p>Increase in referrals of people with more intensive needs, particularly those who are illiterate. Our LGBTQ+ Hate Crime Worker has noted that for these clients: 'Their usual methods of coping are not in operation.' i.e.: family members who would normally be available to support them, other charities who support their complex needs.</p>

⁴ METRO Youth Chances (2016), which surveyed over 6,500 LGBTQ+ 16-25-year olds, showed the high levels of discrimination and stigma they face, and the significant impact of this on their mental health and life outcomes. Particular evidence of suicide risk demonstrated by this data is analysed by Rimes, K. A. *et al.* in *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 2017 and Gnan, G. H. *et al.* *Journal of Youth Studies* 2019. Youth Chances results also showed high levels of bullying in schools: 74% had experienced name calling, 45% harassment, and 23% had experienced physical assault. Stonewall's School Report (2017) and the GEO's National LGBT Survey (2018) showed similar findings. We know that this discrimination impacts on academic outcomes, likelihood to be NEET, risk of homelessness, and developing mental health issues.



Personal Assistants required 24/7 may become sick with COVID-19 or need to self-isolate.

Disabled people who require 24-hour support with a complex rota of personal assistants to arrange and who are, like the rest of the population, vulnerable to COVID-19. In situations where they have had to self-isolate for two weeks, the disabled person has to opt for agency support at short notice. In turn, many of these people are shielding because of conditions such as Duchenne Muscular Dystrophy which may compromise respiratory health.

Our disabled service users feel vulnerable in getting agency cover for their needs and their potential exposure to COVID-19. This is another cause of increased anxiety and vulnerability due to being disabled.

PrEP concerns

Gay men are concerned about accessing PrEP without clinic supplies and whether they should continue if they are temporarily sexually inactive. Our HIV services are receiving a lot of calls about this issue.

Stigma of HIV positive status

A proportion of our service users in the HIV domain will not choose to access our remote services as they are not open in their homes about their HIV status. This situation is also associated with increased levels of social isolation and poor mental health impact.

Reduced access to contraception and emergency contraception

Many contraception and sexual health (CASH) clinics have closed completely, and those that remain open are providing reduced services by appointment only. This, combined with difficulty accessing GP practices and pharmacy support, means that many women are struggling to access either new or routine contraception, and that those requiring emergency contraception may struggle to access it early, when it is most effective, if they are able to access it at all.

Emergency contraception is not free to all women at all pharmacies; normally a woman needs to attend a GP practice or a CASH clinic to receive free EHC. Those requiring EHC who cannot afford the high cost and who cannot access a free script may not acquire EHC when they need to, and may therefore experience an unwanted pregnancy.

Increased requests for, and demands on, termination of pregnancy services

Our sexual health office has received an unprecedented number of calls from women, many of whom are under 25, who are seeking support for unplanned pregnancy. Many wish to refer themselves directly to termination of pregnancy services, and some are seeking support to make a decision about how to proceed.



The government has not relaxed rules around access, and still insists that a woman receives two GP signatures before she will be granted a termination of pregnancy.

Difficult for those experiencing symptoms of an STI to access testing, as online testing is for asymptomatic service users only

Many contraception and sexual health (CASH) clinics have closed completely, and those that remain open are providing reduced services by appointment only. This, combined with the fact that most online sexual health testing services accept asymptomatic service users only, means that individuals experiencing symptoms of sexually transmitted infections may remain untested and untreated, increasing risk of progression as well as of onward transmission.

Recommendations

Changes and/or improvements in 3 weeks' time

- Expand Department for Works and Pensions (DWP) phone service to reflect demand for advice and support for benefits as a result of COVID-19.
- Expedite release of government funding for small grants to support medium sized charities to provide leadership in the sector's COVID-19 response and to enable more VCS partnerships. This would help to meet our increased demand for support by providing:
 - Advice about benefits
 - Advocacy services to PLHIV and LGBTQ+ people with mental health issues
 - Befriending service
 - Further counselling capacity/more free counselling spaces for LGBTQ+ people and for people with diagnoses of gender dysphoria / offer services to some of the 40 people on our waiting list
 - Increased METRO Hardship Fund payments and larger one-off payments
 - Additional support for LGBTQ+ people who are illiterate
 - Coordination for linking with other disabled service user-led organisations that also require advice for their clients on 24/7 personal assistants (PAs) to explore joint solutions for trained and trusted PA shortages for cover in adjacent boroughs or within the borough
 - Vouchers for phone credit and 4G data access
- Relax current requirement for women to have two GP signatures in order to have a termination of pregnancy; this should be reduced to one signature
- Provide free emergency contraception to all women at all pharmacies across the UK
 - Create guidelines that support online sexual health testing service providers to accept service users with mild or non-complex symptoms



Changes and/or improvements in 6 months' time

- Expedite release of government funding for charitable sector's COVID-19 response for larger grants to sustain and develop our response.
- Larger grants would also help us to tailor a programme of COVID-19 response for the longer-term picture when we have a fuller knowledge of the move out of lockdown and how this might affect the people with protected characteristics whom we serve. We also want to tailor interventions that address the complex needs of our service users with more than one or multiple protected characteristics.
- In addition to funding opportunities in the medium-to-long term in the recovery from COVID-19, we would also welcome the opportunity to participate and contribute to further research into the issues this pandemic has raised via METRO's Research Working Group.

Further recommendations

- DWP to maintain its current flexibility with the increased timescale of a three-month turnaround for benefit claims.
- Ministry of Justice tribunals for disabled people's benefits claims to resume and to be held remotely via video conferencing to enable advocacy and personal representation.
- COVID-19 testing programme to be available for all 'frontline' personal assistants working with disabled people.
- Coordinated communication by public health agencies about medication access issues for PLHIV and issues relating to PrEP advice for men who have sex with men during and after lockdown.