

- A partnership of public health researchers across six Universities in the North East and North Cumbria
- Working with policy makers and practice partners to improve health and wellbeing and tackle inequalities
- A founding member of the NIHR School for Public Health Research (SPHR)

The majority are the priority: do perceptions of multiple disadvantage marginalise 'others'?

Viewing poverty as the main factor in disadvantage fails to recognise the impact of social disadvantage - with people's experiences of racism, sexism, and other forms of discrimination pushed further to the margins.

Although there have been some changes to how multiple disadvantage is defined in the UK, it remains centred around three main factors: experiences of homelessness, substance use, and involvement with the criminal justice system. This definition has been absorbed within government policy, research, and funding requirements, framing our perceptions of disadvantage and who needs - or is prioritised for - help and support.

This focus has created a typical 'profile' of someone facing multiple disadvantage. Substance use and homelessness support services, along with programmes such as Fulfilling Lives and Changing Futures, have been designed around this group with these three categories of disadvantage central measures of progress.

It is understandable that categories of disadvantage that can be measured statistically are attractive to funders and government agencies. However, recent

PhD research by a Fuse Associate at Newcastle University showed how people who faced multiple disadvantages – but didn't fit this profile – face additional challenges in accessing or using services, creating a cycle of invisibility.

Key Findings

LGBTQ+ is an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, with the "+" sign recognising the multiple permutations of sexual orientation and gender identity.

- **The majority are the priority.** Politics, policies, and how services are funded all help to push minority groups further into the margins. Unchecked privilege within services can contribute to the marginalisation of LGBTQ+ and other minoritised groups.
- **Workplace cultures make a difference.** Discriminatory language and behaviour – including jokes and 'banter' – that go unchallenged by staff create services that are unsafe for LGBTQ+ and other minoritised groups.
- **When poverty is viewed as the only 'real' form of disadvantage,** experiences of racism, sexism, and other forms of discrimination are sidelined. Focusing solely on economic disadvantage can mask the social inequities faced by minoritised groups, and the impact they have on health.

Policy relevance and implications

- LGBTQ+ people facing multiple disadvantage within the study were marginalised or excluded, not only from mainstream services, but also from those services designed to support people excluded from mainstream provision. Data - for example around homelessness or substance use - drawn solely from these services increases marginalisation by assuming that everyone has equal access to services.
- Joint Strategic Needs Assessments, completed by local authorities in partnership with local organisations and communities, may provide opportunities for developing connections with marginalised groups.
- The disconnect between policy and practice highlights the powerful influence of workplace culture. Involving staff in new guidance relating to marginalised groups, and building in evaluation of how these are implemented, may help secure its success.

*"I think as far as commissioners go, they need to look for some data and stop saying things like, 'Well, it's a very small cohort'. Who gives a **** if it's a small cohort because, do you know what, people kill themselves and people die, and people have horrible lives. And that costs a lot"*

Phil (participant)

BRIEF DESCRIPTION OF THE RESEARCH

The study aimed to explore the health and social care pathways of LGBTQ+ people in North East England who had experienced disadvantage and use these findings to inform future service provision. A total of 72 interviews were held: 39 with LGBTQ+ people and 33 with professionals, totalling 67 hours of data.

Findings from the study are available in several formats. PDFs - including accessible/adapted versions - can be downloaded from the Joined Up North East website. There are videos on YouTube, and an Open Access scoping review has been published in BMC Health Services Research.

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FURTHER INFORMATION

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Fuse, the Centre for Translational Research in Public Health, is a collaboration of the six Universities in North East England and North Cumbria of Durham, Newcastle, Northumbria, Teesside, Cumbria, and Sunderland.

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