Wales COVID-19 Evidence Centre (WCEC)

What is the impact of the COVID-19 pandemic and restrictions on LGBTQ+ communities in the UK (across the domains of health, work, education, living standards, participation and justice) and what actions could help address these? A Rapid Evidence Map and summary of reported recommendations
Report number – REM00029 March 2022

Rapid Evidence Map Details

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What is the impact of the COVID-19 pandemic and restrictions on LGBTQ+ communities in the UK (across the domains of health, work, education, living standards, participation and justice) and what actions could help address these? - a rapid evidence map and summary of reported recommendations
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TOPLINE SUMMARY

What is a Rapid Evidence Map?
Our Rapid Evidence Maps (REMs) use **abbreviated systematic mapping or scoping review methods** to provide a description of the nature, characteristics and volume of the available evidence for a particular policy domain or research question. They are mainly based on the assessment of abstracts and incorporate an a-priori protocol, systematic search, screening, and minimal data extraction. They may sometimes include critical appraisal, but no evidence synthesis is conducted. Priority is given, where feasible, to studies representing robust evidence synthesis. They are designed and used primarily to **identify a substantial focus for a rapid review, and key research gaps in the evidence-base**.

This rapid evidence map did not progress to a rapid review due to the limited evidence base. Alternatively, it includes an additional evaluation component focusing on the implications and recommendations made by stakeholder organisations within the included studies and any evaluations of interventions to mitigate the impact of the pandemic on the lesbian, gay, bisexual, transgender, intersex, and other queer identities (LGBTQ+) communities.

Background/Aim of the rapid evidence map
Anecdotal evidence suggests a disproportionate impact from COVID-19 among LGBTQ+ communities in Wales. It is vital to understand these impacts in order to identify and prioritise actions to reduce the current and future impact of the COVID-19 pandemic (and potential future pandemics) on LGBTQ+ communities living in Wales.

To inform the development of the LGBTQ+ Action Plan for Wales, the aim of this rapid evidence map is to describe the evidence base relating to the impact of the COVID-19 pandemic on LGBTQ+ communities in the UK across the domains of **education, work, living standards, health, justice and participation**, as defined by the Equality and Human Rights Commission. An **additional aim** was to include an **assessment of actions** identified from these studies in relation to the Welsh Government action plan (short-term; medium-term; long-term) that can be **pursued to reduce/eliminate the current and future impact** of COVID-19 on LGBTQ+ communities living in Wales.

Key findings
Extent of the evidence base

- 35 studies were included, including 15 peer-reviewed journal articles and 20 grey literature articles.
- Study designs included: systematic review (n=1); quantitative (n=17, including one cohort study and 16 cross-sectional studies); and qualitative (n=10).
- Only 1 study was identified that included an exclusively Welsh population (others were UK-based, including national and regional-level studies) and none of the studies exclusively included children.

- One systematic review (included grey literature only) suggested worse outcomes for the LGBTQ+ communities compared with before the pandemic or compared with heterosexual/cisgender populations across mental health and well-being, health behaviours, safety, social connectedness and access to routine healthcare.
- 13 studies included implications or recommendations.

EHRC domains

- The **health domain** was the most frequently reported domain in the literature (n=34 studies). The indicators most frequently reported in descending order were: mental health, health outcomes, access to healthcare, and reproductive and sexual health.
- There was **very limited evidence for the education domain** with only 1 cross-sectional study of 11-18 year olds reporting on this area.
- There was **some evidence for the work domain** with seven studies looking at employment (4 studies) and/or earnings (4 studies) indicators.
- **Eight studies reported on the living standards domain**, including 6 studies looking at housing and 1 each looked at social care and poverty indicators.
- For the **participation domain**, the indicators most frequently reported, in descending order, were: social and community cohesion, family life and access to services.
- For the **justice and personal security domain**, the only indicator reported was: hate crime, homicides, sexual and domestic abuse.

Summary of reported implications and recommendations and evaluations of mitigating strategies mapped to the eight themes in the LGBTQ+ Action plan for Wales

- 50 implications and recommendations reported by included studies were mapped across the eight themes: Overarching Aims (n = 4); Human Rights and Recognition (n = 1); Ensuring LGBTQ+ people's safety (n = 4); Home and communities (n = 14); Improving health outcomes (n = 18); Education (n = 7); and Workplace (n = 2)
- Two studies evaluated moves to remote communication between service providers and clients to mitigate the negative impacts of the pandemic. Both studies showed positive effects of the interventions but had methodological flaws.

Recency of evidence base

- The identified studies included data collected until April 2021.

Strength of the evidence

- This review has a **strong reliance upon grey literature**, typically cross-sectional studies and qualitative studies conducted by advocacy organisations for the LGBTQ+ communities.
- The evidence has **high applicability to the UK LGBTQ+** communities but is limited to the evaluation of early impact of the pandemic (until April 2021) and provides **no indication of the current or long-term impacts or mitigations.**
- No included studies described using a formal process to develop their recommendations which therefore require additional assessment of their appropriateness.

Implications for policy and practice

- The Rapid Evidence Map **describes the implications and recommendations** highlighted in currently available evidence for further consideration and areas requiring further research.
- Across the 8 themes, there was **no indication of major difference** between the implications and recommendations identified and those strategies included in the LGBTQ+ Action Plan for Wales.

- There is a **lack of recent robust evidence** regarding the impacts of the pandemic on LGBTQ+ communities and mitigations to address these to fully inform the final version of LGBTQ+ Action Plan for Wales and therefore **this work did not progress to Rapid Review**.
- **Research funding is needed** to understand more about *how* to address poor outcomes for LGBTQ+ communities, both in the current context and in preparedness for future crises, and to *evaluate the effectiveness* of interventions to support LGBTQ+ communities.

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Abbreviations

Acronym	Full Description
A&E	Accident & emergency
EHRC	Equality and human rights commission
GUM	Genitourinary medicine
GP	General practitioner
HIV	Human immunodeficiency virus
JBI	Joanna Briggs Institute
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex, and other queer identities
LGBTQ+	Lesbian, gay, bisexual, transgender and queer/questioning (with the + representing other identities including non-binary)
NS	Unclear or not specified
PAN	Throughout the pandemic
PEP	Post-exposure prophylaxis
PICO	Population, Intervention, Comparison, Outcome
PRE	Pre-pandemic
PrEP	Pre-exposure prophylaxis
SOGI	Sexual Orientation and Gender Identity
SPICE	Setting, Perspective, Intervention, Comparison, Evaluation
STI	Sexually transmitted infection
T1	First trough
T2	Second trough
UK	United Kingdom
W1	First wave
W2	Second wave
W3	Third wave

1. BACKGROUND

Anecdotal evidence suggests a disproportionate impact from COVID-19 among LGBTQ+ communities in Wales. It is vital to understand these impacts in order to identify and prioritise actions to reduce the current and future impact of the COVID-19 pandemic (and potential future pandemics) on lesbian, gay, bisexual, transgender, intersex, and other queer identities (LGBTQ+) communities living in Wales. This rapid evidence map is being conducted as part of the Wales COVID-19 Evidence Centre Work Programme. The above question was suggested by the Equality, Inclusion and Human Rights Branch of the Welsh Government.

1.1 Purpose of this review

The rapid evidence map **aimed to describe the evidence base** relating to the impact of the COVID-19 pandemic on LGBTQ+ communities in the UK across the domains of education, work, living standards, health, justice and participation, as defined by the Measurement Framework for equality and human rights used by the Equality and Human Rights Commission (EHRC) (Equality and Human Rights Commission, 2017), and in order to inform the development of the **LGBTQ+ Action Plan for Wales.**

The findings of the evidence map were presented to the stakeholders, and a decision was made that the evidence base was insufficient to conduct a rapid review. Therefore, **recommendations from stakeholder organisations** identified within the included studies and the **evaluations of interventions to mitigate the impact** of the pandemic were extracted and mapped against the draft LGBTQ+ Action Plan for Wales (Welsh Government 2021). These are presented in **section 4**.

2. RESULTS OF THE RAPID EVIDENCE MAP

From screening 252 records, **35 studies** were deemed applicable to the research question and met the initial inclusion and exclusion criteria (see 6.1.1) for the rapid evidence map. These studies are described here and in section 3.

Of the 35 studies screened, **13 studies** presented either implications or recommendations, or evaluated interventions. Results from these 13 studies are reported on in **section 4** of this report, including a table **(Table 8)** mapping the recommendations and implications to the LGBTQ+ Action Plan for Wales (Welsh Government 2021).

2.1 Evidence Types

Of the 35 studies included in the rapid evidence map, only one systematic review was identified (McGowan et al. 2021). Around half of the studies were of a quantitative study design (n=17), specifically, one was a cohort study design and 16 were cross-sectional study designs. There were also a large number of qualitative studies identified (n=10). Table 1 shows the breakdown of evidence types included in this review.

Of the 35 studies only 15 were published as journal articles and the rest were 'grey literature' i.e., reports published outside of traditional commercial publishing[1].

Table 1: Numbers of evidence types identified

Evidence Type	Number of Studies
Systematic review	1
Cohort	1
Cross-sectional	16
Official statistics	1
Mixed methods (quantitative & qualitative data)	6
Qualitative	10
Total	**35**

2.2 Systematic Review

McGowan et al. (2021) looked at the impact of the COVID-19 pandemic on the health and well-being of sexual minority people (self-described by orientation identity, sexual behaviour or marriage/cohabitation status), and transgender and non-binary people living in any setting in the UK. There were no age limits and both primary quantitative and qualitative study designs were included.

Searches for the systematic review were conducted in November 2020. No peer-reviewed published UK research was identified but 11 grey literature reports were included; however, these were noted to be of low quality. More details about McGowan and colleagues' (2021) systematic review, including quality appraisal and implications, can be found in section 4.3, 4.4.1, Table 8 and Appendix 4.

[1] Lefebvre C, Glanville J, Briscoe S, Littlewood A, Marshall C, Metzendorf M-I, Noel-Storr A, Rader T, Shokraneh F, Thomas J, Wieland LS. Chapter 4: Searching for and selecting studies. In: Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA (editors). Cochrane Handbook for Systematic Reviews of Interventions version 6.2 (updated February 2021). Cochrane, 2021. Available at: https://training.cochrane.org/handbook/current/chapter-04 [Accessed: 17 February 2022

2.3 Description of the Characteristics of the Included Studies

2.3.1 Data Collection Periods of Primary Studies

In order to summarise data collection periods in a meaningful way in relation to UK COVID-19 pandemic waves[2], the following coding was used:

- Pre-pandemic (PRE): before March 2020
- First wave (W1): March 2020 – end of June 2020
- First trough (T1): July 2020 – end of August 2020
- Second wave (W2): September 2020 – end of April 2021
- Second trough (T2): May 2021 – end of June 2021
- Third wave (W3): July 2021 – present
- Throughout the pandemic (PAN): from March 2020 onwards
- Unclear or not specified (NS).

Many studies (n=10) conducted data collection during the 'first wave and trough' but in 8 studies the data collection periods were not provided. Only 1 study provided data for immediately before social distancing measures were introduced on the 16th March 2020. No studies were identified that collected data later than the 'second wave' (September 2020 to end of April 2021). The data collection periods cover the following stages with frequency as follows:

- PRE to W1: n=1
- W1: n=4
- W1 to T1: n=10
- W1 to W2: n=4
- T1: n=3
- T1 to W2: n=2
- W2: n=3
- Not specified: n=7

(note total=34 as one study is a systematic review)

2.3.2 Population Locations

The included studies involved people from throughout the UK. Some were conducted within the specific UK nations, others covered 2 nations or were in specific regions or

[2] UK Government. (2022). Coronavirus (COVID-19) in the UK dashboard – cases by date reported. Available at: www.coronavirus.data.gov.uk/details/cases [Accessed: 16 February 2022]

cities and some were not specified. **Only 1 study was identified that included an exclusively Welsh population**. The break-down is as follows:

- UK: n=18
- Great Britain: n=2
- England (region or regions): n=4 (Cumbria, Lancashire, East Midlands, West London, South West)
- England and Scotland: n=1
- England and Wales: n=1
- Scotland: n=2
- Wales: n=1
- Specific city or cities: n=4 (Birmingham, Edinburgh, London)
- Not specified: n=2

2.3.3 Sample Sizes of Quantitative Primary Studies

The median sample size of the 17 quantitative studies was 407 participants (interquartile range 124.5 to 2286.5). The mean sample size is heavily skewed by the cohort study, n=18,017 (Booker et al. 2021) and several studies with fewer than 100 participants (Gillespie et al. 2021; García-Iglesias 2021; Healthwatch Cumbria 2020).

2.3.4 Participant Populations

Of the 35 studies identified, many (n=17) included mixed age ranges i.e., a combination of either children, young people, adults or older people. However, of these 17 studies, only 2 included children, age range 11 to 18 years (Just Like Us 2021) and 13 to 24 years (Town et al. 2021). **None of the 35 studies exclusively included children**. **Four studies exclusively included young people** (Dunlop et al. 2021; Jaspal 2021; Jones et al. 2021; YouthLink Scotland 2020). Nine studies included adults, with **6 of these exclusively including adults ≥ 50 years** (Hafford-Letchfield et al. 2021; Opening Doors London 2020, 2021; Toze et al. 2021; Westwood et al. 2021a,b).

2.4 Evidence by Equality and Humans Rights Commission (EHRC) Domains

The majority of studies covered the health domain (n=34), participation domain (n=19) and justice and personal security domain (n=12), see Table 2.

Table 2: Number of Studies per EHRC Domain

	EHRC Domains					
Evidence Type	**Education**	**Work**	**Living Standards**	**Health**	**Justice and**	**Participation**

					Personal Security	
Systematic review (n=1)			1	1	1	
Cohort (n=1)				1		
Cross-sectional (n=16)	1	4	6	16	9	10
Official statistics (n=1)					1	
Mixed methods (n=6)		1		6		3
Qualitative (n=10)		2	1	10	1	6
Total (n=35)	1	7	8	34	12	19

Note: studies often covered more than one domain

Table 3 displays the evidence by indicator for McGowan et al. (2021) and evidence gaps filled by the other studies. It should be noted that where a body of evidence exists for an indicator that population ages are generally mixed. It should also be noted that outcome measures have not been compared for each study within an indicator.

Table 3: Evidence Gap Map of evidence by indicator (note other studies only listed if domains and indicators not covered by systematic review)

	EHRC Domains and Indicators					
	Education: • Educational attainment of children and young people • School exclusions, bullying and NEET • Higher education	**Work:** • Employment • Earnings • Occupational segregation	**Living Standards:** • Poverty • Housing • Social care	**Health:** • Health outcomes • Access to healthcare • Mental health • Reproductive & sexual health • Palliative & end of life care	**Justice and Personal Security:** • Conditions of detention • Hate crime, homicides, sexual and domestic abuse • Criminal and civil justice	**Participation:** • Political and civic participation and representation • Access to services • Privacy and surveillance Social and community cohesion • Family Life
Systematic review (McGowan et al. 2021)*			**Indicators:** **Housing**	**Indicators:** **Health outcomes** **Mental health** **Access to healthcare**	**Indicator:** **Hate crime, homicides, sexual and domestic abuse**	
Other studies	**Inclusion within school environment** Cross-sectional study: Just Like Us 2021 [ages 11 -18 years]	**Earnings** Cross-sectional studies (n=4): LGBT Foundation 2020 [ages not reported]; Healthwatch Cumbria 2020 [mixed ages]; Lancashire LGBT 2020 [mixed ages]; Viner 2020 [mixed ages] Qualitative study: Haworth 2021 [ages not reported] **Employment** Cross-sectional study: Viner 2020 [mixed ages]	**Poverty** Qualitative study: Pink Saltire 2020 [mixed ages] **Social Care** Cross-sectional study: Opening Doors London 2020 [adults]	**Reproductive & sexual health** Cross-sectional studies (n=7): García-Iglesias 2021 [mixed ages]; Gillespie et al. 2021 [adults]*; Howarth et al. 2021 [mixed ages]*; Hyndman et al. 2021 [adults]*; Intercom Trust 2020 [mixed ages]; Sonnenberg et al. 2021 [mixed ages]*; Viner 2020 [mixed ages] Mixed methods study: Greenfield 2021 [mixed ages]*		**Access to services** Cross-sectional studies (n=7): LGBT HERO year unknown, [mixed ages]; LGBT HERO 2021 [mixed]; LGBT Foundation 2020 [ages not reported]; García-Iglesias 2021 [mixed ages]; Intercom Trust 2020 [mixed ages]; Opening Doors 2020 [adults]; Viner 2020 [mixed ages] Qualitative studies (n=2): Pink Saltire 2020 [mixed ages]; Haworth 2021 [ages not reported]

		Mixed methods study: Fletcher et al. 2021 [ages not reported] Qualitative studies (n=2): Houghton and Tasker 2021 [mixed ages]; Haworth 2021 [ages not reported]		Qualitative studies (n=3): Hafford-Letchfield 2021 [adults]*; Hakim 2021 [mixed ages]*; Jaspal 2021 [ages not reported]*		**Social and community cohesion** Cross-sectional studies (n=8): Houghton and Tasker 2020 [adults]; Intercom Trust 2020 [mixed ages]; Just Like Us 2021 [ages 11 -18 years]; Lancashire LGBT 2020 [mixed ages]; LGBT HERO 2021 [mixed]; LGBT Foundation 2020 [ages not reported]; Opening Doors 2020 [adults]; Viner 2020 [mixed ages] Mixed methods studies (n=3): Toze et al. 2021 [adults]*; Westwood et al. et al. 2021 [adults]*; Westwood and Toze 2020 [adults] Qualitative studies (n=6): Hafford-Letchfield 2021 [adults]*; Houghton and Tasker 2021 [mixed ages]; Jaspal 2021 [ages not reported]*; Pink Saltire 2020 [mixed ages]; Haworth 2021 [ages not reported]; YouthLink Scotland 2020 [young people] **Family Life** Cross-sectional studies (n=6): Houghton and Tasker 2020 [adults]; Intercom Trust 2020 [mixed ages]; Lancashire LGBT 2020 [mixed ages]; LGBT HERO 2021 [mixed]; LGBT Foundation 2020 [ages not

						reported]; Viner 2020 [mixed ages] Qualitative studies (n=4): Hafford-Letchfield 2021 [adults]*; Houghton and Tasker 2021 [mixed ages]; Jaspal 2021 [ages not reported]*; Pink Saltire 2020 [mixed ages]

Underlined study – exclusively Welsh population; * - peer reviewed publication

The health domain was the most frequently reported domain in the literature (n=35 studies). Of these studies, 21 were concerned with adults, 7 were mixed populations and 4 involved young people (in 3 studies the population age was not specified).

There was very limited evidence for the education domain with only 1 study reporting on this area (Just Like Us 2021). This was a cross-sectional study involving 11 to 18 year olds that looked at inclusion within the school environment.

There was some evidence for the work domain with seven studies looking at the employment (4 studies) and/or earnings (4 studies) indicators. Eight studies reported on the living standards domain. Of these, 6 studies looked at the housing indicator and 1 each looked at social care and poverty.

Further detail of the 3 most frequent domains identified in this review is provided in Tables 4-6. For the **health domain**, the indicators most frequently reported in the literature identified in this evidence map in descending order were: mental health, health outcomes, access to healthcare, and reproductive and sexual health. These indicators were predominantly evaluated using a cross-sectional study design.

For the **participation domain**, the indicators most frequently reported in the literature identified in this evidence map in descending order were: social and community cohesion, family life and access to services. These indicators were predominantly evaluated using a cross-sectional study design.

For the **justice and personal security domain,** the only indicator that was reported in the literature identified in this evidence map was: hate crime, homicides, sexual and domestic abuse. This indicator was predominantly evaluated using a cross-sectional design.

Table 4: Number of Studies for the EHRC Health Domain Indicators

	EHRC Domain: Health				
Evidence Type	**Health outcomes**	**Access to healthcare**	**Mental health**	**Reproductive & sexual health**	**Palliative & end of life care**
Systematic review (n=1)	**1[a]**	**1[a]**	**1[a]**		
Cohort (n=1)	**1[b]**				
Cross-sectional (n=16)	**7[c]**	**9[d]**	**11[e]**	**7[f]**	
Official statistics (n=1)					
Mixed methods (n=6)	**4[g]**		**5[h]**	**1[i]**	
Qualitative (n=10)	**3[j]**	**4[k]**	**7[l]**	**3[m]**	

a: McGowan et al. 2021.
b: Booker & Meads 2021.
c: García-Iglesias 2021, Healthwatch Cumbria 2020, Intercom Trust 2020, Lancashire LGBT 2020, LGBT HERO 2021, Opening Doors London 2020, Viner 2020.
d: Healthwatch Cumbria 2020, Intercom Trust 2020, Lancashire LGBT 2020, LGBT Foundation 2020, LGBT HERO no date, LGBT HERO 2021, Opening Doors London 2020, Opening Doors London 2021 Viner 2020.
e: García-Iglesias 2021, Healthwatch Cumbria 2020, Houghton & Tasker 2020, Intercom Trust 2020, Just Like Us 2021, Lancashire LGBT 2020, LGBT Foundation 2020, LGBT HERO no date, LGBT HERO 2021, Opening Doors London 2020, Viner 2020.
f: García-Iglesias 2021, Gillespie et al. 2021, Howarth et al. 2021, Hyndman et al. 2021, Intercom Trust 2020, Sonnenberg et al. 2022, Viner 2020.
g: Fletcher et al. 2021, Toze et al. 2021, Westwood et al. 2021a, Westwood et al. 2021b.
h: Fletcher et al. 2021, Jones et al. 2021, Toze et al. 2021, Westwood et al. 2021a, Westwood et al. 2021b.
i: Greenfield et al. 2021.
j: Houghton & Tasker 2021, Pink Saltire 2020, YouthLink Scotland 2020.
k: Houghton & Tasker 2021, Lopez 2021, Pink Saltire 2020, Haworth 2021.
l: Dunlop et al. 2021, Hafford-Letchfield et al. 2021, Houghton & Tasker 2021, Pink Saltire 2020, Town et al. 2021, Haworth 2021, YouthLink Scotland 2020.
m: Hafford-Letchfield et al. 2021, Hakim et al. no date, Jaspal 2021.

Table 5: Number of Studies for the EHRC Participation Domain Indicators

	EHRC Domain: Participation				
Evidence Type	**Political & civic participation & representation**	**Access to services**	**Privacy & surveillance**	**Social & community cohesion**	**Family Life**
Systematic review (n=1)					
Cohort (n=1)					
Cross-sectional (n=16)		**7[a]**		**8[b]**	**6[c]**
Official statistics (n=1)					
Mixed methods (n=6)				**3[d]**	
Qualitative (n=10)		**2[e]**		**6[f]**	**4[g]**

a: García-Iglesias 2021, Intercom Trust 2020, LGBT Foundation 2020, LGBT HERO no date, LGBT HERO 2021, Opening Doors London 2020, Viner 2020.
b: Houghton & Tasker 2020, Intercom Trust 2020, Just Like Us 2021, Lancashire LGBT 2020, LGBT Foundation 2020, LGBT HERO 2021, Opening Doors London 2020, Viner 2020.
c: Houghton & Tasker 2020, Intercom Trust 2020, Lancashire LGBT 2020, LGBT Foundation 2020, LGBT HERO 2021, Viner 2020.
d: Toze et al. 2021, Westwood et al. 2021a, Westwood et al. 2021b.
e: Haworth 2021, Pink Saltire 2020.
f: Hafford-Letchfield et al. 2021, Houghton & Tasker 2021, Jaspal 2021, Pink Saltire 2020, Haworth 2021, YouthLink Scotland 2020.
g: Hafford-Letchfield et al. 2021, Houghton & Tasker 2021, Jaspal 2021, Pink Saltire 2020.

Table 6: Number of Studies for the EHRC Justice and Personal Security Domain Indicators

	EHRC Domain: Justice and Personal Security		
Evidence Type	**Conditions of detention**	**Hate crime, homicides, sexual & domestic abuse**	**Criminal & civil justice**
Systematic review (n=1)		**1[a]**	
Cohort (n=1)			
Cross-sectional (n=16)		**9[b]**	
Official statistics (n=1)		**1[c]**	
Mixed methods (n=6)			
Qualitative (n=10)		**1[d]**	

a: McGowan et al. 2021.
b: Healthwatch Cumbria 2020, Intercom Trust 2020, Just Like Us 2021, Lancashire LGBT 2020, LGBT Foundation 2020, LGBT HERO no date, LGBT HERO 2021, Opening Doors London 2020, Viner 2020.
c: Home Office 2021.
d: Pink Saltire 2020.

3. DISCUSSION

3.1 Summary of the findings

Evidence was identified examining the impact of the pandemic on LGBTQ+ communities living in the UK. One systematic review was identified, however although the review was published in July 2021, the literature searches were conducted in November 2020, which is likely to be too early for any substantial research to have been conducted and published following the start of lockdown restrictions in the UK in March 2020. Therefore, it is not surprising that the authors did not identify any peer-reviewed published research, and the review included only grey literature reports. However, the 11 reports included in McGowan's review (8 of which were included individually in the present rapid evidence map) were consistent in a general trend in that they all tended to show poor outcomes, or worse outcomes for the LGBTQ+ populations compared with similar populations before the pandemic, or compared with heterosexual/cisgender populations across mental health and well-being, health behaviours, safety, social connectedness, and access to routine healthcare. It was noted by the review authors that there is a lack of routinely collected sexual orientation and gender identity data.

For this rapid evidence map, the health domain was the most frequently reported domain in the literature (n=34 studies). Of these studies, 21 were concerned with adults, 7 were mixed aged populations and 4 involved young people (in 3 studies the population age was not specified).

There was very limited evidence for the education domain with only 1 study reporting on this area (Just Like Us 2021). This was a cross-sectional study involving 11 to 18 year olds that looked at inclusion within the school environment.

There was some evidence for the work domain with all the studies (n=7) looking at the employment and/or earnings indicators. For the living standards domain 6 (out of 8) studies looked at the housing indicator and one each looked at social care and poverty.

In aiming to code the studies as accurately as possible, on some occasions important themes were identified that appeared to be out of scope of the described indicators in the EHRC framework. In these cases, these themes were captured and coded to the most appropriate domain and indicator.

3.2 Limitations of the available evidence

Of the 35 studies only 15 were published as journal articles, including one systematic review, and the rest were grey literature. These types of reports are less likely to have followed the reporting standard guidelines advocated by the EQUATOR network[3]. Many journals recommend use of the guidelines to promote transparent

[3] https://www.equator-network.org/

and accurate reporting and to improve the reliability and value of published health research.

No studies were identified that collected data later than April 2021. Therefore, with the evolution of the pandemic and changes to restrictions, the study findings may not be relevant to the current impacts on, and experience of, people identifying as LGBTQ+.

There was a lack of studies with robust quantitative study designs, with the majority being cross-sectional (n=16). Only 1 study was identified that included an exclusively Welsh population and none of the studies exclusively included children.

3.3 Strengths and limitations of this Rapid Evidence Map

As this rapid evidence map used a rapid scoping review method (see section 6.1.1.), study quality was not assessed. However, quality appraisal was completed as part of the additional work that identified recommendations to mitigate the impact of the pandemic on LGBTQ+ communities (section 4).

This review has a strong reliance upon grey literature, typically cross-sectional studies and qualitative studies conducted by advocacy organisations for the LGBTQ+ communities. Nevertheless, the identified evidence has high applicability to the UK LGBTQ+ communities noting that outcomes will relate to the pandemic only up until April 2021. Therefore, the identified evidence cannot inform on the current impact of the COVID-19 pandemic on the UK LGBTQ+ communities.

A potential limitation here is that the systematic review by McGowan et al. (2021) was classified as one study, when in fact it included multiple primary studies within itself. Eight primary studies included in the systematic review were also included in the broader evidence map, which will have resulted in overlap.

3.4 Implications for a rapid review

Evidence maps aim to identify the nature and extent of evidence and are particularly useful for broad topics where clear populations and concepts have not been precisely defined. As a result, evidence maps are unsuitable to support evidence-informed policy development. However, as is the case in this rapid evidence map, they can indicate where a focused rapid review might be feasible or where more research is needed.

Table 3 displays evidence gaps filled by studies other than McGowan et al. (2021). However, where a body of evidence exists for an indicator the population ages are generally mixed, ages varied between the studies that formed the body of evidence and also individual studies included mixed population ages (e.g. young people, adults and older people) and some studies did not report the age of the population. Synthesis of these studies may not provide useful findings for specific populations.

Also, outcome measures of these studies have not been compared, therefore it is unknown if findings can be synthesized.

The available evidence for the UK setting is limited to the early impact of the pandemic (up until April 2021) on LGBTQ+ communities.

There is very little evidence identified for the impact of the pandemic on education for the LGBTQ+ communities during the pandemic.

Even though the evidence identified is limited, many of the studies were published by stakeholder organisations who have insight into the struggles that LGBTQ+ communities face. Many of their publications provided recommendations for policymakers and practitioners. These were derived either from the identification of issues that were exacerbated by the pandemic or arising as a direct result of the pandemic and presented for consideration in preparedness for future crises. In light of the lack of robust longitudinal data, it was agreed that collating these recommendations from stakeholders and any evaluations of interventions to mitigate the impact of the pandemic would be useful to inform the LGBTQ+ Action Plan for Wales (Welsh Government 2021). This is reported in section 4.

4. Summary of reported implications and recommendations and evaluations of interventions to mitigate the impact of the pandemic mapped to the eight themes in the Welsh Government LGBTQ+ Action Plan for Wales

Here we present the additional work for this rapid evidence map where recommendations from stakeholders and evaluations of interventions to mitigate the impact of the pandemic are identified and mapped against the draft LGBTQ+ Action Plan for Wales published in July 2021 (Welsh Government 2021).

4.1 Evidence Types

From screening of the 35 included studies, 13 presented either implications or recommendations or evaluated interventions (see section 7.1). Eleven of these studies were 'grey literature'[4] publications, with only one primary study published as a journal article (Jones et al. 2021). The included (published) systematic review (McGowan et al. 2021) also only included grey literature.

Table 7 shows the breakdown of evidence types included in this section of the rapid evidence map that discussed recommendations or interventions in their conclusions.

[4] Lefebvre C, Glanville J, Briscoe S, Littlewood A, Marshall C, Metzendorf M-I, Noel-Storr A, Rader T, Shokraneh F, Thomas J, Wieland LS. Chapter 4: Searching for and selecting studies. In: Higgins JPT, Thomas J, Chandler J, Cumpston M, Li T, Page MJ, Welch VA (editors). Cochrane Handbook for Systematic Reviews of Interventions version 6.2 (updated February 2021). Cochrane, 2021. Available at: https://training.cochrane.org/handbook/current/chapter-04 [Accessed: 17 February 2022

Table 7: Numbers of evidence types identified

Evidence Type	Number of Studies
Systematic review	1
Cross-sectional	6
Mixed methods (quantitative & qualitative data)	3
Qualitative	3
Total	**13**

4.2 Population Locations

The 13 included studies involved people from throughout the UK although none were conducted exclusively in Wales. The break-down is as follows:

- UK: n=6
- Lancashire: n=1
- England and Scotland: n=1
- Scotland: n=2
- London: n=1
- Not specified: n=2

4.3 Quality Assessment

It was found that the 11 'grey literature' publications, which have implications, recommendations or evaluated interventions, were poorly reported and lacked methodological detail and were deemed to be low quality. These types of reports are less likely to have followed the reporting standard guidelines that are recommended by many journals to promote transparent and accurate reporting. Although the systematic review by McGowan et al. (2021) followed the appropriate reporting guidelines, it was deemed to be only of moderate quality due to the lack of free text terms in the search strategy which may have excluded some relevant studies. Jones et al. (2021) was deemed to be low quality as the sample was self-selected. Additional information on the quality of each study is provided in the Evidence Summaries (section 4.4) and data extraction tables (Appendix 3). The included studies were not robust study designs with most being cross-sectional.

With regard to the process of developing recommendations, none of the studies stated that they used a formal methodology to develop their recommendations.

4.4 Summaries of Included Evidence

4.4.1 Studies Reporting on a Range of Outcomes

McGowan et al. (2021), a systematic review, looked at the impact of the COVID-19 pandemic on the **health and well-being** of sexual minority people (self-described by

orientation identity, sexual behaviour or marriage/cohabitation status), and transgender and non-binary people living in any setting in the **UK**. There were no age limits and both primary quantitative and qualitative study designs were included. **Searches** for the review were conducted in **November 2020**. No peer-reviewed published UK research was identified but **11 grey literature reports were included**, however these were noted to be mostly of **low quality**. The study participants were of **mixed ages** (young people, adults and older people) and the samples ranged from 20 to 2345 participants. The included reports were **consistent** in that they all tended to **show poor outcomes**, **or worse outcomes for the LGBTQ+ populations** compared with before the pandemic. There were also worse outcomes for LGBTQ+ people **compared with heterosexual/cisgender** populations in terms of mental health and well-being, health behaviours, safety, social connectedness and access to routine healthcare. The authors noted that there is a **lack of routinely collected sexual orientation and gender identity data**. Also, the authors state that, at the time of publication, there were no funded studies investigating the impact of the pandemic on LGBTQ+ populations.[5] Quality assessment of McGowan et al. (2021) found it to be of moderate quality, the search strategy was missing some free text-terms which could mean that some studies were not identified. However, it was probably too early for most research to be published at the time the literature searches were conducted.

Haworth (2021) was a **qualitative study** that collected data between **May and October 2020.** The study outlines **key challenges faced by LGBTIQ**+ people, and **coping strategies** used to deal with the pandemic. Highlight the necessity for **crisis response** strategies that encompass LGBTIQ+ needs and that recognise diversity within minority communities. A number of recommendations were made in the areas of **Improving Health Outcomes**, **Home and Communities**, **Human Rights and Recognition** and **Other** (Table 8 and Appendix 3). The study was deemed to be **low quality** due to the **lack detail** on the methods.

Lancashire LGBT (2020) was a **cross sectional survey** to discover the impact of **lockdown restrictions** announced on 23rd March 2020. Data were collected from **April to May 2020** using questions and free text comments**.** The sample **(n=187)** was comprised of 27% of people who were under 19 years of age and 18% who were over 55, suggesting that the population was probably skewed to a younger 'tech savvy' age group. The sample **lacked** representation from **minority ethnic backgrounds** as **93%** of respondents were **white British.** Five recommendations relating to **health outcomes** were presented (refer to Table 8 and Appendix 3). However, it was considered to be **low quality** due to the lack detail on the methods.

[5] The Economic and Social Research Council (ESRC) was specifically referenced by McGowan et al. (2021). It should be noted that since this systematic review was published the ESRC funded a review of evidence on the experiences of LGBT+ people in Britain during the pandemic (Hudson et al. 2021). This review was not a systematic review and therefore lacked the essential quality components to be considered a robust evidence synthesis for inclusion in the REM. However the review was screened for eligible studies to include in the REM.

Pink Saltire (2020) adopted a **mixed methods approach** using a **survey** (927 individual respondents and 19 organisational respondents), three **focus groups** (2 with the LGBTQ+ community and 1 with organisations) and four detailed **case studies** to explore the impact of COVID-19 on the LGBTQ+ community in Scotland from August to October 2020. The survey respondents were majority white ethnicity (7.5% from other ethnic groups) and aged 20-59 (85%). One in five stated they had a sensory impairment. A variety of channels were used to advertise the survey widely, maximizing participation but meaning non-responders could not be quantified. **Details about the methods** of the qualitative data collection and analysis (free text surveys and focus groups) and how the different data sources were integrated were **not provided**. The biggest challenge identified by survey respondents related to deteriorating mental health, with loneliness, difficulties accessing healthcare appointments, and financial problems also reported frequently. Project funding, networking and resources for future projects were priorities for future support for the organisations surveyed. Pink Saltire generated a range of recommendations, nine of which were general, four specific to rural and remote settings, and five specific to the needs of the minority ethnic background or asylum seeker/refugee population (refer to Table 8 and Appendix 3). Most of the recommendations relate to the **Home and Communities** theme in the Welsh Government LGBTQ+ action plan (Welsh Government 2021).

4.4.2 Studies Reporting on Employment

Fletcher et al. (2021) brought together 4 UK data sources to understand the **working experiences of LGBTQ+ employees**, as well as organisational practices to support LGBTQ+ inclusion. Of these, only one source (trans workers survey, n=193: **May to June 2020**) asked respondents about working during the pandemic and their health and wellbeing. The pandemic had a strong impact on daily mood and general mental health, whereas ability to perform well at work and general physical health were less impacted. Fifty-five per cent of trans employees said they have experienced conflict in the past 12 months. Several **recommendations** were presented for **government and employers** (refer to Table 8 and Appendix 3). The study was deemed to be low quality due to the lack detail on the methods.

4.4.3 Studies Reporting on Health and Social Care Outcomes

Mental Health

Jones et al. (2021) collected data between **May and July 2020** to explore the **mental health** impact of COVID-19 on the lives of **young** trans and gender diverse people in the UK. The sample included 161 participants **aged 16 to 25 years** who were **mostly of white ethnicity** (89.4%)**.** The distribution of severity scores for **anxiety and depression** were in the **moderately severe and severe** categories. Factors associated with poor mental health included: lack of social support, negative

interpersonal interactions, unsupportive and non-affirming living environments and the inability to access mental health support and gender-affirming interventions. The authors noted that it is **important** to create **safe spaces** for young people. The study was assessed as being of low quality due to the self-selected sample and uncertainty over representativeness.

Just Like Us (2021) conducted a survey with 2,934 **young people** (aged 11 to 18 years) in the UK between **December 2020 and January 2021** to find out more about their experiences in school, at home and throughout the pandemic. Compared to non-LGBT+ young people, **more LGBT+ young people** were experiencing daily **tension at home**, said their **mental health had deteriorated** since the pandemic and had been **bullied** in the past year. **Twice** as many LGBT+ young people and **3 times** as many **black LGBT+ young people** are likely to **contemplate suicide** than non-LGBT+ young people. Several **recommendations** were presented **for schools and colleges** (refer to Table 8 and Appendix 3). The study was deemed to be of low quality due to poor reporting, the number of responses for each question were not presented alongside percentages and there were approximately 33% more respondents who identified as non-LGBT+. Confounding factors were not explored.

LGBT HERO (2021) recruited LGBTQ+ people living in the UK via social media to complete a survey about the impact of the COVID pandemic lockdowns on wellbeing. The **survey**, which included a range of closed- and open-ended questions, was completed by 2273 people between **March and April 2021**. There were limited details available on the methods and the authors note that the sample may not be representative, with those of older age and from a minority ethnic background being underrepresented. Some of the survey questions are reported to be the same as in their survey the previous year (LGBT HERO, no date), however they do not appear to be validated. The authors report concerning numbers of people who reported feeling suicidal (35%) or had attempted suicide (6%) in the previous year (with higher proportions in younger people). Small signs of improvement in mental health from the previous year were reported, but mental health problems were still evident with 80% reporting that the latest lockdown had had a negative impact on their mental health. Difficulties connecting with other LGBTQ+ people impacted identity expression. Intentions to uptake vaccination offers were high. Recommendations fall within the conclusion section which is in the form of a comment from the LGBT HERO Chief Executive. The three main recommendations identified are in the areas of **Improving Health Outcomes** and **Homes and Communities** (refer to Table 8 and Appendix 3).

Opening Doors London (2020) surveyed 103 of their members about the impact of the pandemic and experiences of the changes to their services. The focus was around health and social care, and loneliness and isolation of older LGBT+ people. Data were collected **June to July 2020** and participants were recruited through an online newsletter or telephone call. Details about the methods are lacking, with no eligibility criteria included and the representativeness of the sample being unclear.

The measures used in the survey are not clearly reported, so it is unclear if they are valid or reliable. The organisation **changed their services** due to the pandemic, many from **face-to-face to remote** (telephone, online, paper). General findings from their survey indicated that more than half reported a negative impact of lockdown on their psychological wellbeing. Thirty-eight percent (38%) felt more unhappy or depressed and 18% much more depressed. Physical health was reported as worse since the pandemic by 23% and 5% had had COVID-19. Thirty-seven percent (37%) felt more lonely than usual and 27% never or hardly ever had anyone to talk to during lockdown. Eighteen percent (18%) hardly ever received support from their local community. **They evaluated their service changes** by reporting on participant feedback (qualitative) and commenting on referral. The dose of the services received by participants is unclear, as is the qualitative data analysis method. **Positive feedback** was reported about their services, in particular the **telephone befriending service** (which also had a surge in referrals) and **online groups**. A number of recommendations were made in the areas of **Improving Health Outcomes**, **Home and Communities**, **Ensuring LGBTQ+ People's Safety** and **Other** (refer to Table 8 and Appendix 3). They were made for voluntary and service providers, for Greater London authority and London councils, and for policymakers and commissioners of voluntary sector services.

Opening Doors London (2021), conducted a **survey** about health and wellbeing **during 2021** of LGBTQ+ people aged 50 and over living in the UK. While it was within the context of the pandemic, the **study did not examine the impact of the pandemic** and therefore has limited relevance. There are limited details on the methods used, with no eligibility criteria being stated and the representativeness off the sample being unclear. It is likely a self-selected sample as recruitment was via advertising in a number of ways. It is unclear whether the measures in the questionnaire were validated or reliable and there are not details about the qualitative analyses conducted. Key findings included that over half reported good or very good health and almost half reported their mental health as good or very good. Almost half reported long-term conditions that significantly interfered with their life. Most had consulted a general practitioner (GP) in the previous year and nearly half had used accident & emergency (A&E) departments. Most used regular exercise as the main way to maintain or improve their health. Forty-three percent (43%) found health services inclusive of LGBTQ+ people. Recommendations are made within the areas **of Improving Health Outcomes** and **Homes and Communities** for health service providers, for Greater London authority and other councils, and for policymakers and commissioners of voluntary sector services (refer to Table 8 and Appendix 3).

Sexual Health

Garcia-Iglesias (2021) conducted a survey between **August and September 2020** to characterise the experiences of **LGBT service users** accessing online **sexual**

health services in the UK during the COVID-19 pandemic. A total of **84 responses** were received and participants **ages were mixed** (ranging 18 to 69 years of age) and were mostly of white ethnicity (82%). Main findings were that: **79%** of respondents were **not aware that post-exposure prophylaxis (PEP) could still be accessed** from A&E and genitourinary medicine (GUM) clinics; **88%** of respondents **did not seek testing for human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)**; **78%** of respondents would like a **blended model of** online and face-to-face **services**. Several **recommendations** were presented to improve **sexual health services**. The study is of low quality due to the lack of detail within the report and the self-selected sample.

Transition Related Healthcare

A **qualitative study** reported by Lopez (2021) explored the **impact on transition related healthcare** with **interviews** of 14 participants from England and Scotland between 2020 and 2021, along with social media analysis. There is **very little detail** provided on the study methods (information on recruitment, interview schedule, analysis methods and ethical approval are all missing) making the **validity of the findings uncertain**. Key **challenges identified** related to **closure** or **decreased service provision** by **gender identity clinics**, **postponement or cancellation of operations,** and inequalities between services available in public and private healthcare systems **(Improving Health Outcomes).** Five key recommendations are made, four of which relate to **Improving Health Outcomes** (an independent **review of gender identity clinics** and **referral pathways**, increased **training for GPs** in trans health, clarity and **agreement on shared care options**, and **rebuilding trust** between the trans community and healthcare services). One further recommendation suggests research into the role of online peer support **(Home and Communities).**

4.4.4 Evaluation of Digital Platform

LGBT Youth Scotland moved to **digital youth work** as a result of the COVID-19 pandemic restrictions, (the digital platform was already in development pre-pandemic; YouthLink Scotland, 2020). The impact and associated processes of digital youth work of LGBT Youth Scotland were **evaluated using a qualitative approach**. The Transformative Evaluation methodology was used, which involved reflective conversations between young people and youth workers. Twenty-two young people aged between 16 and 25 years from Scotland took part. Data was collected between **June and July 2020** by youth workers who had received training to be research practitioners. Some of the details of data collection were not presented and some that were suggest potential biases. Participants who were perceived by their youth worker to have experienced a change due to the digital youth work were selected to take part, introducing potential for selection bias. Related to this, there was limited discussion of contradictory data (though a domain

about challenges was identified – **impact challenges**), thus raising the question of whether the results may be biased in favour of positive outcomes. The relationship between the participants and youth workers/research practitioner may have also led to bias in the responses given. The authors note that because many of the participants were involved in LGBT Youth Scotland prior to the pandemic, it was difficult to single out the impact of digital youth work. The impacts of digital youth work fell within the areas of **Improving Health Outcomes** and **Homes and Communities**. Digital youth work **reduced isolation and improved wellbeing** by helping young people to **connect and mix with peers and youth workers** online**.** It also gave opportunities for **personal growth** and young people **increased their resilience.**

4.5 Summary of Mapping Recommendations and Implications

Table 8 shows how the recommendations and implications identified in the included studies map to the action themes and points from the draft LGBTQ+ Action Plan for Wales published in July 2021 (Welsh Government, 2021). Recommendations and implications mapped to three action points (1, 4 and 5) in the Overarching Aims theme, one action point (8) in the Human Rights and Recognition theme and three action points (13, 14 and 17) in the Ensuring LGBTQ+ People's Safety theme. In the Homes and Communities theme, while recommendations and implications mapped to three action points (18, 19 and 28), there were other recommendations and implications relevant to the theme that did not map directly to specific action points. Similarly, for the Improving Health Outcomes theme, recommendations and implications mapped to six action points (36, 38, 39, 40, 41 and 42), but others mapped to the theme but not to a specific action. Recommendations and implications mapped to four action points (47, 48, 50 and 53) in the Education theme and to two action points (54 and 56) in the Workplace theme.

Table 8: Recommendations and implications from included studies mapped against the draft LGBTQ+ Action Plan for Wales actions published in July 2021 (Welsh Government, 2021)

Action theme	Recommendations or implications[6] from included studies
Overarching Aims	[action 1] *strengthen equality and human rights for LGBTQ+ people and seek to influence the UK Government to strengthen the protections afforded to trans and non-binary people under the law, including refugees and those seeking asylum* • Strengthen protection against intersectional discrimination and enact section 14 of the Equality Act 2010; Create guidance on inclusive language in relation to sexual minorities and gender identities Fletcher 2021 recommendation [action 4] *challenge heteronormative and cisnormative assumptions and will require public bodies to appropriately identify and record LGBTQ+ identities at the point of access…* • Avoid cis-heteronormative assumptions in public guidelines and risk communications. Develop specific policies for non-traditional family structures to reduce social isolation, allowing people to more easily access non-family networks Haworth 2021 recommendation [action 5] *improve data collection, including intersectional data, to identify the discrimination and wellbeing disparities experienced by our LGBTQ+ communities* • Need for policymakers to address why Sexual Orientation and Gender Identity (SOGI) questions have been omitted in official data collection and to ascertain if due to homophobia/transphobia McGowan 2021 implication • Include improved data collection from LGBT+ employees as one of the commitments of the Government Equalities Office LGBT+ Action Plan Fletcher 2021 recommendation
Human Rights & Recognition	[action 8] *Provide recognition of non-binary people throughout devolved policy areas, including education, housing and health as far as possible under the law*

[6] 'Recommendations' were specific actions for policy and practice identified by the authors of the included studies; 'Implications' were identified by authors for policy and practice but where more evidence might be needed to support these

	• Develop strategies that recognise diversity within LGBTIQ+ populations. Strategies should recognise intersectionality, and how factors such as gender, sexuality, age, race, class, ethnicity, disability, religion, culture and more, intersect to shape individual experiences, needs, and capacities. Policies aimed at gender and sexual minorities should include the views of a variety of LGBTIQ+ people Haworth 2021 recommendation
Ensuring LGBTQ+ People's Safety	[action 13] *Work with Police and Crime Commissioners and Chief Constables to consider building on existing ongoing engagement activity with marginalised communities, to ensure that their relationship with the police is more reflective of their needs* • Public authorities need to better identify and engage older LGBT+ people in order to incorporate their specific needs into local planning so that this marginalised and sometimes vulnerable population can generally feel more safe and secure in their local neighbourhoods Opening Doors London 2020 implication • Awareness of people from minority ethnic and refugee/asylum seeker backgrounds within the LGBT+ community should be built and organisations should improve their diversity Pink Saltire 2020 recommendation [action 14] *Work with Police and Crime Commissioners and Chief Constables, along with other criminal and social justice partners, to review the under-reporting of LGBTQ+ hate crimes with the aim of acting to further improve the levels of reporting* • LGBT+ hate crime, hate crime incidents and their associated effects need monitoring as part of safeguarding requirements Opening Doors London 2020 implication [action 17] *Specifically target violence against women, domestic abuse and sexual violence (VAWDASV) in the LGBTQ+ community - to better understand the reasons for historically low reporting from the community, ensuring all literature, messaging and awareness raising initiatives are inclusive, and where necessary specific to the LGBTQ+ community* • Find better ways to support those who are experiencing both physical and emotional abuse LGBT HERO 2021 recommendation
Home & Communities	[action 18] *Support and resource LGBTQ+ community groups and organisations across Wales to combat regional inequalities that people experience when accessing services…increase the Welsh medium support services available to LGBTQ+ people* • Engagement is needed from community development workers and local community centres who should receive awareness training into the lives and needs of the older LGBT+ people in their neighbourhood; The vital services LGBTQ+ charities provide in providing knowledge, skills and lived experience of LGBTQ+ health and social care to community consultations need to be recognised, prioritised and funded Opening Doors London 2021 implications

	• Review services accessibility (particularly focus on discreet services e.g. text support, social media, safe face to face interactions); Develop a pathway to facilitate navigation of services; Develop a Gaelic speaking LGBT+ group; Awareness of people from minority ethnic and refugee/asylum seeker backgrounds within the LGBT+ community should be built and organisations should improve their diversity Pink Saltire 2020 recommendations [action 19] *Work with the youth work sector to find a longer term sustainable funding model for organisations, including in the voluntary sector, who provide support for a wide range of young people with differing backgrounds and needs…* • Safeguard funding available to LGBT+ organisations; Dedicated funds to support the minority ethnic and refugee/asylum seeker LGBT+ community Pink Saltire 2020 recommendations • Young LGBTQ+ people are in need of better support systems LGBT HERO 2021 recommendation • Support and grow existing resilience, coping and mutual aid capacities. This should include funding and resources to support LGBTIQ+ community groups and organisations Haworth 2021 recommendation [action 28] *Strengthen LGBTQ+ representation on equality forums* • Develop capacity among LGBT+ people from minority ethnic background and refugee/asylum seekers so people can act as community advocates Pink Saltire 2020 recommendation • Public authorities need to better identify and engage older LGBT+ people in order to incorporate their specific needs into local planning so that this marginalised and sometimes vulnerable population can gain support from their own LGBT+ communities Opening Doors London, 2020 implication [other – safe spaces] • Councils should meet and work with LGBT+ stakeholders to ensure alternative LGBT+ safe community spaces London and beyond Opening Doors London, 2020 implication • Creating a safe space that young people cannot only access discreetly, but have their gender identity and expression affirmed, is important Jones 2021 implication • Needs to be better investment into our sector so smaller charities can increase their scope to deliver spaces where LGBTQ+ people can talk, share and support one another LGBT HERO 2021 recommendation [other – connectivity/communication] • Further research into peer to peer online support networks in times of crisis to facilitate trust building and empower trans patients as experts in themselves Lopez 2021 recommendation • More collaborative working between LGBT+ voluntary and community sector; Awareness campaigns to encourage LGBT+ people to access support; Improve rural connectivity including using digital solutions; Outreach work and mobile hubs to bring

	LGBT+ services closer to rural communities; Awareness raising in mainstream services about needs of minority ethnic background and refugee/asylum seeker LGBT+ people Pink Saltire 2020 recommendations • Voluntary, Community and Social Enterprises will need to continue to build IT literacy through inter-generational volunteering and explore more innovative approaches to supporting those who remain digitally excluded Opening Doors London 2020 implication [other – COVID-19 pandemic] • Provide direction to community groups on what can be done as COVID-19 measures and policies change; Be mindful of service users who started to access services for the first time during lockdown Pink Saltire 2020 recommendations
Improving Health Outcomes	[action 36] *Undertake targeted public health work to combat issues where LGBTQ+ people are disproportionately at risk, including substance use, sexual health and mental health* • Enhance activities and services that support people's social lives Garcia-Iglesias 2021 recommendation • Streamline processes for accessing services, limiting paperwork and ensuring privacy and confidentiality; Increase and streamline testing capacity and services after lockdown with clear, proactive campaigns that target first-time testers and testers who normally fall within the 'window period'; Provide clear information about what services are on offer, when they will be accessible, and how they operate. This will help potential service users finding information and alleviate anxiety around what services will be like. This information should be prioritised on social media and website; For services and activities not offered by an organisation, provide clear information and streamlined links to organisations that do provide them and encourage service users to access them. This can act as a sort of 'resource book' online; Foresee, as much as possible, people's needs by consulting with existing volunteers and sessional workers. This will also serve to maintain active communication with volunteers, identifying those in vulnerable positions, and providing support; Collaborate with other organisations in developing joint services for particular groups that benefit from each organisation's knowledge and expertise. For example, provision of support for LGBT healthcare workers in partnership with unions; Provide clear information about what services are continuing and in what way, and proactively encourage users to continue using services after lockdown Opening Doors London 2021 implications • Provide increased mental health support, with targeted measures for specific groups. This should include better training for general service providers (e.g. hotlines; GPs) on LGBTIQ+ lives and needs: Maintain access to healthcare services, particularly those related to transgender health and GICs Haworth 2021 recommendations • Post-COVID-19 health strategies should include robust plans to reduce LGBT health inequalities as well as actions to reduce barriers LGBT people experience accessing healthcare Service providers and Commissioners need to be mindful

	that LGBT people are also black, asian and minority ethnic and disabled and that, these intersectionalities can increase health inequalities as well as impact personal safety; Planning for future waves of COVID-19 needs to include actions to alleviate the disproportionate impact on LGBT people as evidenced by this research in terms of mental health and well-being, social isolation and personal safety Lancashire LGBT 2020 recommendations • Special groupwork and workshops that tackle the issues of isolation, loneliness and anxiety is needed. We need to teach our community how to cope with all three but to help those who are anxious about heading back into society as we move forward LGBT HERO 2021 recommendation • Country wide clarity and agreement on shared care options; Re-building relationships of trust between healthcare providers and trans communities via transparency, and robust and consistent information sharing between services and patients Lopez 2021 recommendations [action 38] *Work alongside NHS Wales, Social Care Wales and social care providers and commissioners to embed comprehensive and ongoing LGBTQ+ specific health and social care training to all staff….* • Health services need to continue to acknowledge and respond appropriately to the diverse needs of the older LGBTQ+ population, monitor LGBTQ+ demographics, raise staff awareness through training and explore more innovative approaches to demonstrate the inclusivity of mainstream services Opening Doors London 2021 implication [also relevant to actions 39,40] [action 39] *Include consideration of the needs of LGBTQ+ people, including LGBTQ+ older people and younger people, in the process of reviewing our codes of practice and statutory guidance under the Social Services and Well-being (Wales) Act 2014, to link in with appropriate professional training* • Greater London Health Authority, London and other councils need to identify the older LGBTQ+ population in their boroughs, research their high level of needs and ensure these are addressed in local planning of Health and Wellbeing Boards that takes into account health promotion and early intervention strategies Opening Doors London 2021 implication • It is vital that post-COVID-19 commissioning aimed at young people is LGBT inclusive Lancashire LGBT 2020 recommendation [action 40] *Ensure any future review of mental health services takes account of the focus on and efficacy for LGBTQ+ people including young people* • Clarify what services an organisation provides, including sexual health and mental health services, proactively encouraging people to seek help Opening Doors London 2021 implication [also action 41]

	• Mental health service providers need to consider the huge negative impact on LGBT people's mental health and well-being. Commissioning specifications should include proven competencies and experience of working with LGBT people[Lancashire LGBT 2020 recommendation] • Suicide prevention and intervention needs to be a key part of services for the foreseeable future[LGBT HERO 2021 recommendation] • Urgent attention to supporting mental health[Pink Saltire 2020 recommendation] [action 41] *Publish and act on a new HIV and Sexual Health Action Plan which includes a focus on prevention, education and equitable service provision* • Upgrade and rethink service provision to meet increased demand for 'sexual health' broadly conceived, including linking with mental health services[also action 40] ; Provide training for A&E staff in prescribing PEP, supporting sexual health and LGBT patients Deliver clear messaging around PEP and pre-exposure prophylaxis (PrEP) availability and help people navigate provision of medication both from NHS and online pharmacies Clear messaging around PrEP. It is important that this includes online pharmacies so that people sourcing PrEP without accessing healthcare services also receive accurate information; Equitable, consistent, and accessible PrEP provision services even during periods of 'lockdown', with particular emphasis in ensuring access for people most at riss: Advocate for quality HIV and STI testing across all providers: sexual health clinics, charities, GP clinics and walk-in services [Opening Doors London 2021 implications] [action 42] *Support the moves to tele-medicine for sexual health appointments and postal testing where possible and desired by the patient* • Evaluate the adequacy and adapt communication and resources to be accessed by smartphone, both on social media and the website: Evaluate what services and activities may be delivered online, which ones may only work face-to-face and which ones can work in a hybrid model. This will require feedback from users, regulatory approval, financial feasibility and commissioning input [Opening Doors London 2021 implications] [other – GIC specific][Linked to actions 43-46] • Challenges identified related to closure or decreased service provision by gender identity clinics, postponement or cancellation of operations, and inequalities between services available in public and private healthcare systems: Carry out an independent review of gender identity clinics and referral; Specialists in trans health to provide UK wide training and support for GPs to manage non-specialist transition related healthcare in the community[Lopez 2021 recommendations] [other – charitable sector]

	• The vital services LGBTQ+ charities provide in supporting LGBTQ+ people to keep healthy: The vital services that LGBT charities provide in supporting LGBT+ people need to be recognised and prioritised and necessary funding made available to sustain these services in the years ahead[Opening Doors London 2020 implications] • There needs to be better investment in to our sector so smaller charities can increase their scope to deliver counselling in one-to-one settings (offline and online) [LGBT HERO 2021 recommendation]
Education	[action 47] *Provide strategic, comprehensive investment in professional learning and training on designing a fully LGBTQ+ inclusive curriculum* • Be clear in your fundamental messaging; Centre pupil voice; Make space to heal from the impact of the pandemic[Just Like Us 2021 recommendations] [action 48] *Ensure that training must also act to empower professionals to adequately support LGBTQ+ young people and tackle homophobic, biphobic and transphobic bullying, by embedding a rights based approach* • Make LGBT+ visible and celebrated; Demonstrate that homophobia, lesbophobia, biphobia and transphobia are unacceptable; Understand differences within LGBT+[Just Like Us 2021 recommendations] [action 50] *Provide statutory national trans guidance for schools and local authorities* • Provide, signpost and facilitate the giving of information, guidance and support[Just Like Us 2021 recommendation] • Schools should run LGBT+ support groups[Pink Saltire 2020 recommendation] [action 53] *Consider options for the targeted funding of research into the experiences of the LGBTQ+ population of Wales* • Sponsor research on LGBT+ equality in the workplace to encourage detailed long-term research by academic institutions[Fletcher 2021 recommendation] • Continued and detailed research specific to LGBT+ people from minority ethnic background and refugee/asylum seekers[Pink Saltire 2020 recommendation] • Need to establish why, at time of publication, zero funding into incidence, symptom severity, hospitalisations or death rates from COVID-19 in LGBT+ populations compared with heterosexual/cisgender populations[McGowan 2021 implication]

Workplace	[action 54] *With support from Trade Unions, create a more homogenised approach to private workplace training resources for workplaces to become more LGBTQ+ inclusive* • Managing conflict and stopping discrimination and harassment; Build a culture for LGBT+ inclusion; Make training targeted and effective; Take targeted action on LGBT+ job quality; Recognise the impact of COVID-19 on LGBT+ employees Fletcher 2021 recommendations [action 56] *Promote the importance of the collection of diversity data to businesses in Wales* • Collect meaningful data Fletcher 2021 recommendation

4.6 Summary of reported recommendations, implications and evaluations of mitigating strategies

There is a lack of recent robust evidence regarding the impacts of the pandemic on LGBTQ+ communities and mitigations to address these to fully inform the LGBTQ+ Action Plan for Wales. However, some study authors have noted where action can be taken to address inequalities that have been exacerbated by the pandemic or have arisen as a direct result of the restrictions that had to be introduced. Although the latter may resolve with relaxation of such restrictions, study authors note that these still need to be considered in preparedness for future crises.

Only one recommendation concerning the area of human rights and recognition was identified.

It is noted that none of the included studies described using a formal process to develop their recommendations. Therefore before considering incorporation of any additional recommendations presented in this rapid evidence map into the LGBTQ+ Action Plan for Wales they should be presented to stakeholders to assess their appropriateness.

Two studies (Opening Doors London 2020; YouthLink Scotland 2020) evaluated changes made to mitigate the negative impacts of the pandemic. The changes in both studies involved moves to remote communication between service providers and clients. Both studies showed positive effects of the interventions but had methodological flaws.

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6. RAPID EVIDENCE MAP METHODS

6.1 Eligibility criteria

6.1.1 For rapid evidence map

The Joanna Briggs Institute (JBI) scoping review inclusion criteria framework[7] was used to define the criteria for this rapid scoping review, **P**articipants**, C**oncept, **C**ontext.

	Inclusion criteria	**Exclusion criteria**
Population	LGBTQ+ communities Adults and children/young people	People providing support or services to LGBTQ+ community
Concept	Equality and Human Rights Commission life domains: • education • work • living standards • health • justice and personal security • participation Any relevant outcome measures pertaining to the above domains will be considered. For example, mortality rates may be reported under the health domain whereas access to services may be reported under the participation domain. Parent or carer reported where relevant are acceptable.	
Context	COVID-19 Pandemic	Other communicable diseases or any non-communicable disease
Study design	Systematic and rapid reviews, primary research studies (must have method details), research letters (must have at least brief method details)	Guidelines, evidence-based position papers/statements, editorials, blogs, news items, commentaries, opinion pieces
Countries	UK	
Language of publication	English	
Publication date	2020 and later	
Publication type	Published and preprint	
Other factors	As directed by Welsh Government stakeholders, the following age ranges were used to define children, young people and older people:	

[7] Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil, H. Chapter 11: Scoping Reviews (2020 version). In: Aromataris E, Munn Z (Editors). JBI Manual for Evidence Synthesis, JBI, 2020. Available from https://synthesismanual.jbi.global. https://doi.org/10.46658/JBIMES-20-12

	Inclusion criteria	Exclusion criteria
Population	LGBTQ+ communities Adults and children/young people	People providing support or services to LGBTQ+ community
Concept	Equality and Human Rights Commission life domains: • education • work • living standards • health • justice and personal security • participation Any relevant outcome measures pertaining to the above domains will be considered. For example, mortality rates may be reported under the health domain whereas access to services may be reported under the participation domain. Parent or carer reported where relevant are acceptable.	
Context	COVID-19 Pandemic	Other communicable diseases or any non-communicable disease
Study design	Systematic and rapid reviews, primary research studies (must have method details), research letters (must have at least brief method details)	Guidelines, evidence-based position papers/statements, editorials, blogs, news items, commentaries, opinion pieces
Countries	UK	
Any other key points to note	Children and young people: 0-25 years Older people: ≥50 years	

6.1.2 For identification of implications and recommendations

Include studies that:

- Evaluated any intervention to mitigate impacts experienced.
- Present explicit and clear recommendations with a focus on recommendations that are targeted towards the longer term or practice changes that have been introduced on a permanent basis.
- Provide implications under specific headings.

Exclude studies that:

- Have actions or coping strategies that service providers or individuals used at the specific point in time of the research as a temporary measure (noting that most studies are surveys and no long-term follow-up).
- Present suggestions/ideas in text as part of discussion.

6.2 Literature search

The rapid evidence map was conducted according to a priori protocol. The search strategy aimed to find both published and unpublished literature from a wide-ranging set of resources (Appendix 1 and 2). The included literature known to the reviewers

(e.g. stakeholder provided reviews) was checked for eligibility and included or used as a source of specific relevant evidence. The included studies identified for the rapid evidence map were used as the source of literature to identify recommendations to address the impacts identified.

6.2.1 Database search

Databases: A comprehensive search was conducted on Medline (Ovid), PsycInfo (Ovid), Embase (OVID) and Science Citation Index (Web of Science) using both text words and medical subject headings (Appendix 1). In addition, Cochrane COVID Review Bank, VA-ESP, L*OVE – COVID-19 and Collabovid were searched using a semantic search and studies restricted where possible to UK only (Table 9).

Table 9: Database searches

Database	Date searched	Results retrieved	No. imported into Endnote
Medline	14/02/22	72	72
PsycInfo	14/02/22	25	25
Embase	11/02/22	74	74
Science Citation Index (Web of Science)	14/02/22	36	36
Cochrane COVID Review Bank	14/02/22	0	0
VA-ESP	14/02/22	6	6
L*OVE – COVID-19	15/02/22	36	36
Collabovid	15/02/22	12	12
Total		261	261
Total after Deduplication			180

6.2.2 Supplementary search

Grey literature: We searched a range of relevant websites identified as either having previously published relevant literature on inequalities faced by the LGBTQ+ community or with a major remit to conduct and publish research that is relevant to this review or a major Welsh organisation supporting this community. For searching grey literature resources, the appropriate section of their website (e.g., publications) was searched for relevant reports or a broad search was conducted using word variations of the terms: "LGBT", "LGBTQ", "lesbian", "gay" "transgender", "queer", "sexual orientation", "gender identity", “COVID-19” and “inequalities” as applicable. The grey literature consisted of organisation websites known to Stakeholders and other evidence identified from protocol development (Appendix 2).

6.3. Reference management

Database searches were imported into Endnote 20 and deduplicated. Grey literature search results were added to an Excel spreadsheet and cross-checked against the Endnote library. Studies unpicked from known research were compiled into an excel

spreadsheet and cross-checked against both the Endnote library and the grey literature results.

6.4 Study selection process

6.4.1 Study selection for rapid evidence map

Evidence selection from the database searches was conducted by an individual reviewer(s). Eligibility criteria (Section 6.1.1) were used to assess the titles and abstracts and then full text of all sources identified by the search. Grey literature reports and studies identified from known research were identified by individual reviewers and checked for eligibility. Where one reviewer was uncertain as to inclusion it was checked by a second reviewer.

6.4.2 Study selection for reported recommendations

For the identification of reported recommendations, further eligibility criteria (Section 6.1.2) were used to assess the full text of all the sources included in the rapid evidence map. Evidence selection was conducted by an individual reviewer and where one reviewer was uncertain as to inclusion it was checked by a second reviewer.

6.5 Data extraction

Data were extracted from studies and reported into an Excel form to capture key information such as participants, life domains and indicators investigated, evidence type, data collection or literature search dates and recommendations/implications identified by authors. Data extraction was carried out by individual reviewers.

6.6 Quality appraisal for reported recommendations

Critical appraisal of the 13 studies included in section 4 of this rapid evidence map was completed to assess the trustworthiness, relevance and results reported. It was completed by a single reviewer using one of the following validated critical appraisal tools:

- JBI Critical Appraisal Checklist for analytical cross-sectional studies – https://jbi.global/critical-appraisal-tools
- JBI Critical Appraisal Checklist for case series studies – https://jbi.global/critical-appraisal-tools
- JBI Critical Appraisal Checklist for systematic reviews and research syntheses – https://jbi.global/critical-appraisal-tools
- The Mixed Methods Appraisal Tool – http://mixedmethodsappraisaltoolpublic.pbworks.com/w/page/24607821/FrontPage
- The CASP Qualitative Studies Checklist – https://casp-uk.net/casp-tools-checklists

6.7 Synthesis

6.7.1 Synthesis for rapid evidence map

The data is narratively presented to provide information on participants, life domains investigated, evidence type, data collection or literature search dates. A graphical summary is presented for life domain area against evidence type, in order to determine the breadth and depth of the evidence.

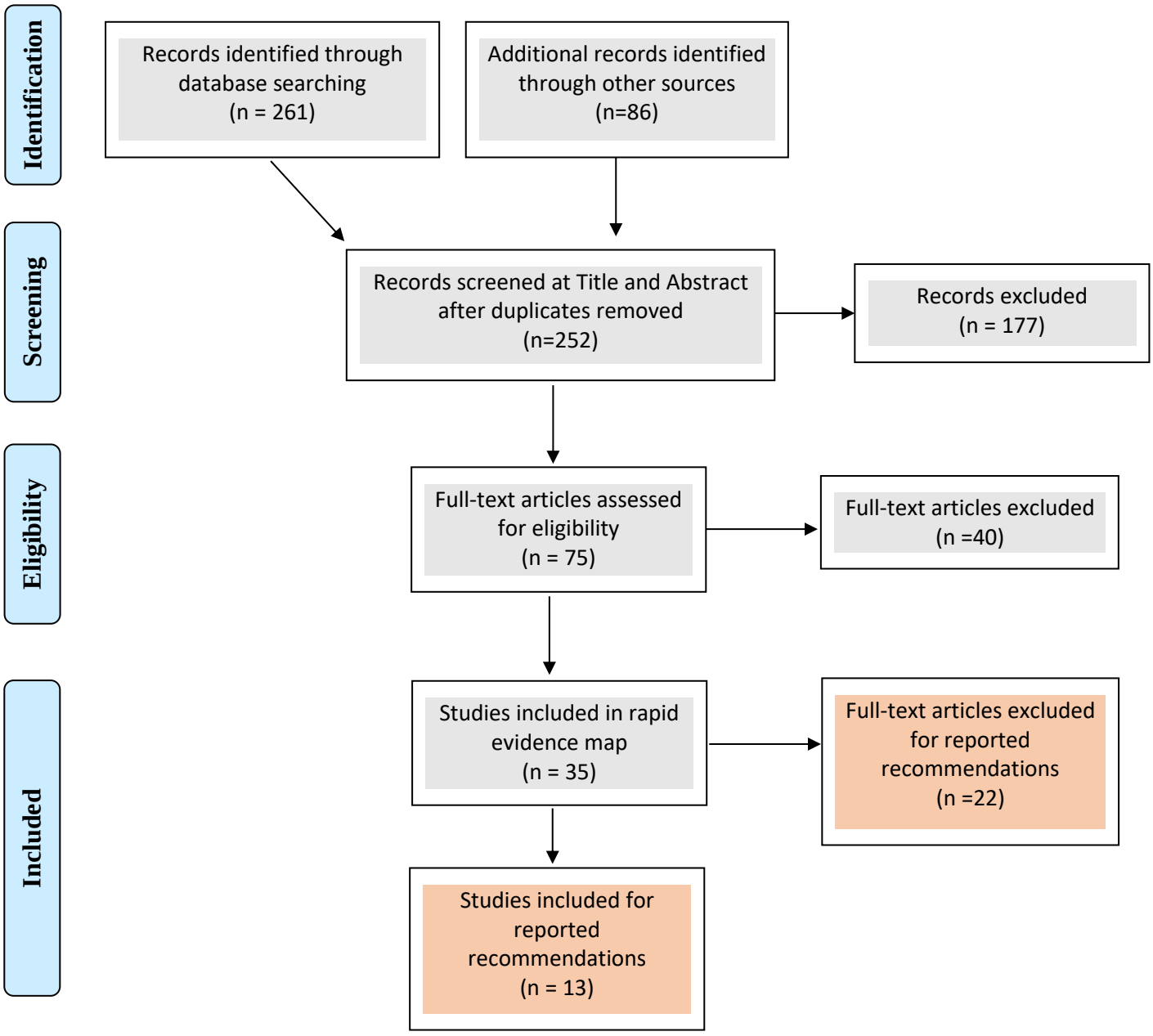
6.7.2 Synthesis for reported recommendations

A narrative approach was used, including tables detailing the extracted data (authors, year of publication, title, study design, population, location, findings or recommendations), to provide descriptive summaries of the selected studies to the reader. This type of analysis is recommended for rapid reviews (Grant & Booth 2009[8]).

[8] Grant MJ, & Booth A, (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. Health Information and Libraries Journal 26: 91–108. doi: https://doi.org/10.1111/j.1471-1842.2009.00848.x

7. EVIDENCE

7.1 Study selection flow chart



Grey boxes illustrate searching and study selection completed for the rapid evidence map; orange boxes detail the additional screening results for reported recommendations.

8. ADDITIONAL INFORMATION

8.1 Conflicts of interest

The authors declare they have no conflicts of interest to report.

8.2 Acknowledgements

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9. ABOUT THE WALES COVID-19 EVIDENCE CENTRE (WCEC)

The WCEC integrates with worldwide efforts to synthesise and mobilise knowledge from research.

We operate with a core team as part of Health and Care Research Wales, are hosted in the Wales Centre for Primary and Emergency Care Research (PRIME), and are led by Professor Adrian Edwards of Cardiff University.

The core team of the centre works closely with collaborating partners in Health Technology Wales, Wales Centre for Evidence-Based Care, Specialist Unit for Review Evidence centre, SAIL Databank, Bangor Institute for Health & Medical Research/ Health and Care Economics Cymru, and the Public Health Wales Observatory.

Together we aim to provide around 50 reviews per year, answering the priority questions for policy and practice in Wales as we meet the demands of the pandemic and its impacts.

Director:
Professor Adrian Edwards

Contact Email:
WC19EC@cardiff.ac.uk

Website:
https://healthandcareresearchwales.org/about-research-community/wales-covid-19-evidence-centre

All reports can be downloaded from the library on the WCEC website.

10. APPENDIX 1: Search strategy for rapid evidence map

1. Medline search strategy

Database: Ovid MEDLINE(R) ALL <1946 to February 14, 2022>
Search Strategy:
---
1 homosexuality/ (12427)
2 gender identity/ (20143)
3 sexual orientation/ (61777)
4 homosexual female/ (0)
5 gender dysphoria/ (734)
6 bisexuality/ (4573)
7 transsexualism/ (4147)
8 transgender/ (5014)
9 (LGBT* or homosexual* or lesbian or gay or bisexual or queer).tw. (29320)
10 ("Gender Identity" or "Sexual Orientation" or "Two-Spirit LGBT*" or "LGBT* childbearing individual*").mp. (27701)
11 (bi-sexual* or transgender* or trans-gender* or intersex or GLBT* or cisgender* or cis-gender* or pangender* or pansexual* or pan-sexual* or nonbinar* or non-binary* or pansexual).tw. (11256)
12 or/1-11 (117536)
13 exp Coronavirus/ (124668)
14 exp Coronavirus Infections/ (150790)
15 exp COVID-19/ (139937)
16 (covid* or coronavirus* or corona* virus* or coronovirus* or corono* virus* or coronavirinae* or corona* virinae* or Cov or "2019-nCoV*" or 2019nCoV* or "19-nCoV*" or 19nCoV* or nCoV2019* or "nCoV-2019*" or nCoV19* or "nCoV-19*" or "HCoV-19*" or HCoV19* or "HCoV-2019*" or HCoV2019* or "2019 novel*" or Ncov* or "n-cov" or "SARS-CoV-2*" or "SARSCoV-2*" or "SARSCoV2*" or "SARS-CoV2*" or SARSCov19* or "SARS-Cov19*" or "SARSCov-19*" or "SARS-Cov-19*" or SARSCov2019* or "SARS-Cov2019*" or "SARSCov-2019*" or "SARS-Cov-2019*" or SARS2* or "SARS-2*" or SARScoronavirus2* or "SARS-coronavirus-2*" or "SARScoronavirus 2*" or "SARS coronavirus2*" or SARScoronovirus2* or "SARS-coronovirus-2*" or "SARScoronovirus 2*" or "SARS coronovirus2*" or "severe acute respiratory syndrome*").tw. (237184)
17 or/13-16 (249583)
18 exp United Kingdom/ (382733)
19 (national health service* or nhs*).ti,ab,in. (237987)
20 (english not ((published or publication* or translat* or written or language* or speak* or literature or citation*) adj5 english)).ti,ab. (43483)
21 (gb or "g.b." or britain* or (british* not "british columbia") or uk or "u.k." or united kingdom* or (england* not "new england") or northern ireland* or northern irish* or scotland* or scottish* or ((wales or "south wales") not "new south wales") or welsh*).ti,ab,jw,in. (2276285)
22 (bath or "bath's" or ((birmingham not alabama*) or ("birmingham's" not alabama*) or bradford or "bradford's" or brighton or "brighton's" or bristol or "bristol's" or carlisle* or "carlisle's" or (cambridge not (massachusetts* or boston* or harvard*)) or ("cambridge's" not (massachusetts* or boston* or harvard*)) or (canterbury not zealand*) or ("canterbury's" not zealand*) or chelmsford or "chelmsford's" or chester or "chester's" or chichester or "chichester's" or coventry or "coventry's" or derby or "derby's" or (durham not (carolina* or

nc)) or ("durham's" not (carolina* or nc)) or ely or "ely's" or exeter or "exeter's" or gloucester or "gloucester's" or hereford or "hereford's" or hull or "hull's" or lancaster or "lancaster's" or leeds* or leicester or "leicester's" or (lincoln not nebraska*) or ("lincoln's" not nebraska*) or (liverpool not (new south wales* or nsw)) or ("liverpool's" not (new south wales* or nsw)) or ((london not (ontario* or ont or toronto*)) or ("london's" not (ontario* or ont or toronto*)) or manchester or "manchester's" or (newcastle not (new south wales* or nsw)) or ("newcastle's" not (new south wales* or nsw)) or norwich or "norwich's" or nottingham or "nottingham's" or oxford or "oxford's" or peterborough or "peterborough's" or plymouth or "plymouth's" or portsmouth or "portsmouth's" or preston or "preston's" or ripon or "ripon's" or salford or "salford's" or salisbury or "salisbury's" or sheffield or "sheffield's" or southampton or "southampton's" or st albans or stoke or "stoke's" or sunderland or "sunderland's" or truro or "truro's" or wakefield or "wakefield's" or wells or westminster or "westminster's" or winchester or "winchester's" or wolverhampton or "wolverhampton's" or (worcester not (massachusetts* or boston* or harvard*)) or ("worcester's" not (massachusetts* or boston* or harvard*)) or (york not ("new york*" or ny or ontario* or ont or toronto*)) or ("york's" not ("new york*" or ny or ontario* or ont or toronto*))))).ti,ab,in. (1592268)
23 (bangor or "bangor's" or cardiff or "cardiff's" or newport or "newport's" or st asaph or "st asaph's" or st davids or swansea or "swansea's").ti,ab,in. (63471)
24 (aberdeen or "aberdeen's" or dundee or "dundee's" or edinburgh or "edinburgh's" or glasgow or "glasgow's" or inverness or (perth not australia*) or ("perth's" not australia*) or stirling or "stirling's").ti,ab,in. (234956)
25 (armagh or "armagh's" or belfast or "belfast's" or lisburn or "lisburn's" or londonderry or "londonderry's" or derry or "derry's" or newry or "newry's").ti,ab,in. (30305)
26 or/18-25 (2858170)
27 (exp africa/ or exp americas/ or exp antarctic regions/ or exp arctic regions/ or exp asia/ or exp australia/ or exp oceania/) not (exp United Kingdom/ or europe/) (3156349)
28 26 not 27 (2711072)
29 12 and 17 and 28 (73)
30 limit 29 to yr="2020 -Current" (72)

11. APPENDIX 2: Supplementary searches for rapid evidence map

Supplementary searches

Organisation websites known to Stakeholders & Review team
Aids Map
BeLonG To Youth Services
Bi Cymru
Black Trans Foundation
British Asian LGBTI
GIRES - Gender Identity Research and Education Society
Glitter Cymru
Hidayah
https://transhealthuk.noblogs.org/
Just Like Us
LGBT Foundation
LGBT Health & Wellbeing
LGBT HERO
LGBT Sport Cymru
LGBT Youth Scotland
LGBT+ Consortium
LGBT+ Cymru Helpline
MindOut Lesbian, Gay, Bi, Trans and Queer (LGBTQ) Mental Health Service
Mosaic LGBT Young Persons Trust
Office for national Statistics
Opening Doors
OutRight Action International Consortium
Pink Saltire
PRIDE Cymru
Rainbow Newport
Stonewall
Stonewall Cymru
TransActual
Trans*Form Cymru
Trans Health
UMBRELLA CYMRU
Unique Transgender Network
Welsh Trans Alliance

12. APPENDIX 3: Data extraction tables for included studies

Citation	Study Details	Participants & Location	Findings/Recommendations/Implications*	Notes
Fletcher (2021) Inclusion at work: perspectives on LGBT+ working lives	**Aim:** to better understand the working experiences of LGBT+ employees, as well as organisational practices to support LGBT+ inclusion **Study design:** Mixed methods **Data collection dates:** trans workers survey: May to June 2020 (UK Working lives survey: Jan 2018, Jan 2019 and Jan 2020 pooled;tTrans allyship survey: Sep to Oct 2020; Roundtables: Winter 2019)	**Participants:** ages not reported **Sample size:** trans-worker survey: 193. (UK Working lives survey: 15,620 of which 1,357 were LGB+; trans allyship survey: 209; Roundtables: not specified) **Location: UK**	**Recommendations:** **Overarching aims** Government should: • Sponsor research on LGBT+ equality in the workplace to encourage detailed long-term research by academic institutions • Sponsor research on LGBT+ equality in the workplace to encourage detailed long-term research by academic institutions • Include improved data collection from LGBT+ employees as one of the commitments of • the Government Equalities Office LGBT+ Action Plan • Create guidance on inclusive language in relation to sexual minorities and gender identities **Workplace – for employers:** • Managing conflict and stopping discrimination and harassment • Collect meaningful data • Build a culture for LGBT+ inclusion • Make training targeted and effective • Take targeted action on LGBT+ job quality Recognise the impact of COVID-19 on LGBT+ employees	Trans-worker survey only Low quality. Poorly reported in that lacks detail. Note that recommendations derived from findings of all surveys not just during COVID-19 pandemic. No detail on process for developing recommendations.
Garcia-Iglesias (2021)	**Aim:** describes the characteristics of online service users during the COVID-19 pandemic, compares them to service users before the	**Participants:** mixed ages (young people, adults and older people – 18 to 69 years) ; 3% identified as heterosexual ; 82% of white ethnicity	**Recommendations: In relation to sexual health** **Improving Health Outcomes**	Low quality. Lacks detail and self-selected small sample. Mostly white ethnicity.

COVID-19 and LGBT Sexual Health: Lessons learned, digital futures?	pandemic, and explores their experiences accessing services and activities**.** **Study design:** Cross-sectional **Data collection dates:** 28 August to 14 September 2020	**Sample size:** 84 **Location:** UK	• Enhance activities and services that support people's social lives • Streamline processes for accessing services, limiting paperwork and ensuring privacy and confidentiality • Evaluate the adequacy and adapt communication and resources to be accessed by smartphone, both on social media and the website. • Clarify what services an organisation provides, including sexual health and mental health services, proactively encouraging people to seek help. • Upgrade and rethink service provision to meet increased demand for 'sexual health' broadly conceived, including linking with mental health services. • Provide training for A&E staff in prescribing PEP, supporting sexual health and LGBT patients. • Deliver clear messaging around PEP and PrEP availability and help people navigate provision of medication both from NHS and online pharmacies. • Clear messaging around PrEP. It is important that this includes online pharmacies so that people sourcing PrEP without accessing healthcare services also receive accurate information. • Equitable, consistent, and accessible PrEP provision services even during periods of 'lockdown', with particular emphasis in ensuring access for people most at risk. • Advocate for quality HIV and STI testing across all providers: sexual health clinics, charities, GP clinics and walk-in services.	No detail on process for developing recommendations.

			• Increase and streamline testing capacity and services after lockdown with clear, proactive campaigns that target first-time testers and testers who normally fall within the 'window period'. • Provide clear information about what services are on offer, when they will be accessible, and how they operate. This will help potential service users finding information and alleviate anxiety around what services will be like. This information should be prioritised on social media and website. • For services and activities not offered by an organisation, provide clear information and streamlined links to organisations that do provide them and encourage service users to access them. This can act as a sort of 'resource book' online. • Foresee, as much as possible, people's needs by consulting with existing volunteers and sessional workers. This will also serve to maintain active communication with volunteers, identifying those in vulnerable positions, and providing support. • Collaborate with other organisations in developing joint services for particular groups that benefit from each organisation's knowledge and expertise. For example, provision of support for LGBT healthcare workers in partnership with unions. • Evaluate what services and activities may be delivered online, which ones may only work face-to-face and which ones can work in a hybrid model. This will require feedback from users, regulatory	

			approval, financial feasibility and commissioning input. Provide clear information about what services are continuing and in what way, and proactively encourage users to continue using services after lockdown.	
Haworth (2021) Learning from LGBTIQ+ experiences of COVID-19 - Humanitarian and Conflict Response Institute - The University of Manchester	**Aim**: To understand the experiences of LGBTIQ+ people's response to UK's pandemic including lockdowns and periods of easing and tightening of restrictions. **Study design:** Qualitative **Data collection dates:** May and October 2020	**Participants:** LGBTIQ+ people that were interviewed via Zoom Gender Cisgender female 2 Cisgender male 7 Transgender female 4 Transgender male 2 Nonbinary/Transmasculine42 Sexuality Lesbian 1 Gay 8 Bisexual 3 Pansexual6 4 Queer / other 4 **Sample size:** 17 **Location**: not reported.	**Recommendations:** **Overarching** • Avoid cis-heteronormative assumptions in public guidelines and risk communications. Develop specific policies for non-traditional family structures to reduce social isolation, allowing people to more easily access non-family networks. **Home & Communities** • Support and grow existing resilience, coping and mutual aid capacities. This should include funding and resources to support LGBTIQ+ community groups and organisations **Human Rights & Recognition** • Develop strategies that recognise diversity within LGBTIQ+ populations. Strategies should recognise intersectionality, and how factors such as gender, sexuality, age, race, class, ethnicity, disability, religion, culture and more, intersect to shape individual experiences, needs, and capacities. Policies aimed at gender and sexual minorities should include the views of a variety of LGBTIQ+ people. **Improving Health Outcomes**	Low quality. Poorly reported. There is **very little detail included** in this study. There is **no mention** of the recruitment process, free text comments analysis or even the interview questions. It outlines key challenges faced by LGBTIQ+ people, coping capacities used to deal with the pandemic. Highlight the necessity for crisis response strategies that encompass LGBTIQ+ needs and that recognise diversity within minority communities. Five recommendations provided for improved strategies. However, uncertain as to the trustworthiness due to lack of methods. No detail on process for

			• Provide increased mental health support, with targeted measures for specific groups. This should include better training for general service providers (e.g. hotlines; GPs) on LGBTIQ+ lives and needs. • Maintain access to healthcare services, particularly those related to transgender health and GICs	developing recommendations.
Jones (2021) Exploring the mental health experiences of young trans and gender diverse people during the covid-19 pandemic. International Journal of Transgender Health doi:10.1080/26895269.2021.1890301	**Aim:** to explore the mental health impact of Covid-19 on the lives of young trans and gender diverse people in the UK. **Study design:** Mixed methods **Data collection dates:** 3rd May to 4th July 2020	**Participants:** young people (aged 16 to 25 years); 89.4% (n=144) of white ethnicity **Sample size:** 161 **Location:** UK	**Implications:** **Ensuring LGBTQ+ People's Safety** • Creating a safe space that young people cannot only access discreetly, but have their gender identity and expression affirmed, is important.	Low quality. Although the quantitative data is supported by qualitative findings the study is overall rated as low as the sample is self-selected.
Just Like Us (2021) Growing up LGBT+ The impact of school, home	**Aim:** to find out more about the experiences of LGBT+ young people in school, at home and throughout the pandemic **Study design:** Cross-sectional	**Participants:** mixed ages (children and young people aged 11-18 years); 7% identified as Asian, 3% Black, 5% mixed ethnicity and 11% other ethnic groups; 21% considered themselves to be	**Recommendations:** **Education – for schools and colleges** • Be clear in your fundamental messaging • Make space to heal from the impact of the Pandemic • Make LGBT+ visible and celebrated	Low quality. Poorly reported and therefore unable to assess all questions. Sample was not balanced and response rates not provided for each

and coronavirus on LGBT+ young people	**Data collection dates:** December 2020-January 2021	disabled; 1140 identified as LGBT+ and 1687 non-LGBT+ **Sample size:** 2,934 **Location:** UK	• Demonstrate that homophobia, lesbophobia, biphobia and transphobia are unacceptable • Understand differences within LGBT+ • Centre pupil voice • Provide, signpost and facilitate the giving of information, guidance and support	question, approx. 33% more non-LGBT+ respondents, no statistical adjustment applied, confounding not explored. No detail on process for developing recommendations.
Lancashire LGBT (2020) Lancashire LGBT COVID-19 Lockdown Survey	**Aim:** To understand the impact of the 'stay at home' rule on LGBT people in following the UK Government 'lockdown' restrictions announced on March 23rd, 2020 as a response to the Covid-19 pandemic. **Study design:** Cross-sectional **Data collection dates:** April 17th 2020 – 8th May 2020	**Participants:** From the Lancashire LGBT *Age*: 27% under 19 years of age. Age group 20-25 10%. Age group 25-34 16%. Age group 35-44 12%. Age group 45-54 18%. Age group 55-64 11%. Age group 65> 7%. *Ethnicity:* White British 93%, White Irish 2%, other White 2%, Asian British 1%, dual or mixed ethnicity 2%, rather not say 1%. *Gender*: male (including trans man) 56%, female (including trans woman) 34%, other gender 10%. *Gender identity:* gender the same as original birth certificate 72%, gender different from original birth certificate 25%, prefer not to say 3%. *Sexual orientation:* gay male 43%, lesbian 16%, bisexual 26%, pansexual 6%, heterosexual 3%, other 5%, rather not say 1%. *Faith*: no religion 73%, Christian 18%, Buddhist 1%, Jewish 0.5%, Muslim 0.5% Pagan 2%, other 4%, rather not say 2%.	**Recommendations:** **Improving Health Outcomes** • Mental health service providers need to consider the huge negative impact on LGBT people's mental health and well-being. **Commissioning specifications should include proven competencies and experience of working with LGBT people**. • Post-Covid-19 health strategies should include robust plans **to reduce LGBT health inequalities** as well as actions to reduce barriers LGBT people experience accessing healthcare. • Service providers and Commissioners need to be mindful that LGBT people are also black, asian and minority ethnic and disabled and that, these intersectionalities can increase health inequalities as well as impact personal safety. • It is vital that post-Covid-19 commissioning aimed at young people is LGBT inclusive.	A good sample size (n=187). . High no of <19 years participants (27%) is probably characteristic of those who are tech savvy; 18% age 55>. Respondents were mostly white British (93%) There is **no information** on the methods, but questions and free text comments are included but not details as to the analysis. Due to **lack of methods uncertain** as to the trustworthiness of the research. No detail on process for developing recommendations.

		Sample size: 187 **Location:** Lancashire	• Planning for future waves of Covid-19 needs to include actions to alleviate the disproportionate impact on LGBT people as evidenced by this research in terms of mental health and well-being, social isolation and personal safety.	
LGBT HERO (2021) LGBTQ+ Lockdown Wellbeing Report 2021: One Year On.	**Aim:** to look at the impact of the COVID pandemic lockdowns on the wellbeing of the LGBTQ+ community. **Study design:** Cross-sectional **Data collection dates:** March to April 2021	**Participants:** people who were LGBTQ+ and living in the UK. *Age:* 36% under 18 years, 19% 18-24 years, 13% 24-35 years, 10% 35-44 years, 9% 45-54 years, 9% 55-64 years, 3% 65+ years. *Ethnic background*: 92% White (British/Irish/other), 3% Black (British/African/Caribbean), 3% Asian (South/East/Other), 1% mixed race, 1% other. *Gender identity:* 46% male, 33% female, 1% bi-gender, 1% agender, 13% non-binary, 6% other. *Same gender as assigned at birth*: 70% yes, 27% no, 3% don't know/ want to say. *Sexual identity:* 35% gay, 16% lesbian, 24% bisexual, 4% asexual, 8% pansexual, 0.31% polysexual, 4% questioning, 8% other. **Sample size:** 2273 **Location:** UK	**Recommendations** We need to be able to support those who are suffering and we need to be able to do this now. These results must be used to find better ways to support LGBTQ+ people. We need to find better ways to support people to tackle the high numbers of people who are suffering from **depression, anxiety and loneliness** and those who are feeling suicidal **[improving health outcomes]**. We also need to find better ways to support those who are experiencing both **physical and emotional abuse [ensuring LGBTQ+ people's safety]**. **Young LGBTQ+ people** are also in need of **better support systems,** as they are the ones who are suffering the most **[improving health outcomes/ home and communities]**. **LGBT HERO has clear recommendations from this survey results:** • **Suicide prevention** and intervention needs to be a key part of services for the foreseeable future. **[improving health outcomes]**. • **Special groupwork and workshops** that tackle the issues of isolation, loneliness and anxiety is needed. We need to teach our community how to cope with all three but to help those who are anxious about	Reasonable sample size but **may not be representative** (lack of older people, and those from minority ethnic backgrounds), although population demographics not described. **Limited details on methods.** Recruitment through social media adverts targeting LGBTQ+ communities, thus **self-selected sample.** Validated measures don't appear to have been used and only descriptive statistics presented. Free text comments presented, but no detail on how these were analysed. **Comment:** Conclusion and recommendations come in the form of

			heading back into society as we move forward **[improving health outcomes]**. • **More support services are needed - including peer-support.** At the moment, our community relies on a small amount of charities to deliver support. There needs to be **better investment in to our sector** so smaller charities can increase their scope to **deliver counselling** in one-to-one settings (offline and online) **[improving health outcomes]** and to **deliver spaces where LGBTQ+ people can talk, share and support one another [home and communities]**.	**Chief Executive of LGBT HERO comment**. No detail on process for developing recommendations.
Lopez J. (2021) The Covid-19 pandemic and its impact on transition related healthcare in the UK: Recommendations to policymakers and service providers Trans health and Covid-19: Summary Report 2021	**Aim:** to highlight the extent to which UK gender transition related healthcare has been impacted by the Covid-19 pandemic **Study design:** Qualitative **Data collection dates:** June 2020- January 2021 (10 interviews) then June 2021 (4 interviews)	**Participants:** Trans women = 2 Non-binary Trans Femme = 2 Trans men = 9 Non-binary Trans Masculine =1 Cis-gender parent of trans man = 1 All participants except 1 were white British, one East Asian. **Sample size:** 14 **Location:** England and Scotland	**Implications:** **Improving Health Outcomes** • Challenges identified related to **closure** or decreased service provision by **gender identity clinics**, **postponement or cancellation of operations,** and inequalities between services available in public and private healthcare systems**.** **Recommendations:** **Improving Health Outcomes** • Carry out an independent review of gender identity clinics and referral pathways**.** • Specialists in trans health to provide UK wide training and support for GPs to manage non-specialist transition related healthcare in the community. • Country wide clarity and agreement on shared care options**.** • Re-building relationships of trust between healthcare providers and trans communities via transparency, and	Very limited reporting of methods makes quality of research uncertain. No details included on methods of social media analysis, interview schedule, interview sampling/recruitment or interview analysis approach. No details of ethical approvals obtained. No details on a process used to derive the recommendations listed.

			robust and consistent information sharing between services and patients • Further research into peer to peer online support networks in times of crisis to facilitate trust building and empower trans patients as experts in themselves.	
McGowan (2021) Life under COVID-19 for LGBT+ people in the UK: systematic review of UK research on the impact of COVID-19 on sexual and gender minority populations Doi:10.1136/bmjopen-2021-050092	**Aim:** to systematically review all published and unpublished evidence on the impact of the COVID-19 pandemic on the health and well-being of UK sexual and gender minority (LGBT+; lesbian, gay, bisexual, transgender, non-binary, intersex and queer) people. **Study design:** Systematic review **Literature search dates:** November 2020	**Participants:** mixed ages (young people, adults and older people) **Sample size:** 11 studies included, range from 20 to 2345 **Location:** UK	**Implications:** **Overarching** • Need for policymakers to address why SOGI questions have been omitted in official data collection and to ascertain if due to homophobia/transphobia **Other** • Need to establish why, at time of publication, zero funding into incidence, symptom severity, hospitalisations or death rates from COVID-19 in LGBT+ populations compared with heterosexual/cisgender populations	Moderate quality. Although search strategy was missing some free text terms and at risk of publication bias, it was probably too early for most research to be published.
Opening Doors London (2020) Only Connect: The impact of COVID-19 on older LGBT+ people.	**Aim:** to better understand older LGBT+ people's health and social care needs and experiences during the pandemic and to evaluate the support provided by Opening Doors London. **Study design:** Cross-sectional **Data collection dates:** June to July 2020	**Participants:** older LGBT+ people *Age:* 51 to 90 years, mean 62 years. *Sexual identity:* 67% gay men, 20% lesbian, 7% bisexual, 4% queer, 1% pansexual, 1% asexual. Most were of white British backgrounds; 10 people identified with black, asian and minority ethnic groups.	**Findings:** There were many positive comments about the telephone befriending service and how this had been a lifeline for them. People also appreciated the online specialised groups. However, for many older LGBT+ people who are digitally excluded this is not an option. We received a surge of self-referrals to our Befriending Service.	**Limited details on the methods.** Sample demographics presented, but **eligibility criteria not stated** and **sample representativeness unclear**. Survey questions not reported; **unclear if**

		Sample size: 103 **Location:** appears to be London	Our LGBT+ specific befriending services both telephone, email and face-to-face have been particularly successful at minimising the loneliness and social isolation of older LGBT+ people [**improving health outcomes**], but digital exclusion inhibits many of this population from fully participating in the growth of online individual and group support. **Recommendations/implications:** In order to meet their duties under the Equalities Act 2010 and the Care Act 2014, public authorities need to **better identify and engage older LGBT+ people** in order to incorporate their specific needs **into local planning.** With the resurgence of the COVID-19 Voluntary, Community and Social Enterprises will need to continue to **build IT literacy** through inter-generational volunteering and **explore more innovative approaches to supporting those who remain digitally excluded [other]**. This will involve identifying the digital competency of older LGBT+ people and supporting their better connection through resourcing and practical support, while ensuring both phone and postal communications remain available. Greater London Authority and London Councils need to identify the older LGBT+ populations in their Boroughs, research into their needs and incorporate actions into local London borough Joint Strategic Needs Assessment plans. **LGBT+ hate crime, hate crime incidents and their associated**	**valid and reliable measurement**. Dose of the interventions (changes to service) unclear. **Qualitative evaluation** of the changes to service with no analysis methods given.

			effects need monitoring [ensuring LGBTQ+ people's safety] as part of safeguarding requirements and Councils should meet and work with LGBT+ stakeholders to **ensure safe and secure neighbourhoods [ensuring LGBTQ+ people's safety]** as well as **alternative LGBT+ safe community spaces [home and communities]** throughout London and beyond. While LGBT+ organisations can assist with this work, engagement is also needed from **community development workers and local community centres** who should receive **awareness training** into the lives and needs of the older LGBT+ people in their neighbourhood **[home and communities]**. The vital **services that LGBT charities provide** in supporting LGBT+ people need to be **recognised and prioritised** and **necessary funding** made available to sustain these services in the years ahead **[other]**.	
Opening Doors London (2021) The health and wellbeing of LGBTQ+ people over 50.	**Aim:** to examine the health and wellbeing of older LGBTQ+ people, including health attitudes and behaviours and healthcare service use. **Study design:** Cross-sectional **Data collection dates:** 2021 (not further specified)	**Participants:** older LGBTQ+ people (50+). *Age:* 48% 50-59 years, 33% 60-69%, 17% 70-79%, 1.4% 80-89%, 1% 90+ years, (n=30 did not answer). *Sexual orientation:* 53% gay man, 26% lesbian/gay woman, 10% bisexual, 4% queer, 4% other, 2% pansexual, 2% asexual, 0.5% heterosexual, (n=31 did not answer). **Sample size:** 244	**Recommendations/implications:** Health services need to continue to **acknowledge and respond appropriately** to the diverse needs of the older LGBTQ+ population, **monitor LGBTQ+ demographics**, **raise staff awareness** through training and explore more innovative approaches to demonstrate the **inclusivity of mainstream services [improving health outcomes]**. Greater London Health Authority, London and other councils need to identify the older LGBTQ+ population in their boroughs, research their high level of needs and ensure	**Limited details on methods.** Sample demographics presented, but **eligibility criteria not stated** and **sample representativeness unclear**. Recruitment via a number of methods and presumably a self-selected sample. Measures not clearly reported; **unclear if**

		Location: not specified.	these are addressed in local planning of Health and Wellbeing Boards that **takes into account health promotion and early intervention strategies [improving health outcomes]**. The vital **services LGBTQ+ charities provide in supporting LGBTQ+ people to keep healthy** [**improving health outcomes]** and **providing knowledge, skills and lived experience of LGBTQ+ health and social care to community consultations need to be recognised, prioritised and funded [homes and communities]**.	**validated or reliable measures**. No detail about qualitative analyses. **Comment**: Very little about the pandemic in the report (was <u>not</u> exploring impact of pandemic) but was conducted during it and has policy and practice implications section (which include health care).
Pink Saltire (2020) <u>Community Matters. The impact of Lockdown on Scottish LGBT+ Communities</u>	**Aim:** to assess the impact of Covid 19 on LGBT+ people in Scotland **Study design:** Mixed methods **Data collection dates:** August – October 2020	**Participants:** Survey participants *Sexual orientation:* gay men= 29%, bisexual/pan= 28%, lesbian= 25%, queer= 11%, asexual= 5%, other= 2%. *Gender identity*: female= 43%, male= 40%, non-binary= 9.5%, queer= 3.3%, gender fluid= 1.2%, other= 2.4% *Age:* under 19's= 8%, 20-59= 85%, over 60= 7%. *Ethnicity*: Mixed ethnic group= 2%, Black, African or Caribbean= 4.2%, South Asian or other Asian= 1.3%.	**Recommendations:** Urgent attention to supporting **mental health [Improving Health Outcomes]** 1. Review **services accessibility** (particularly focus on discreet services e.g. text support, social media, safe face to face interactions) **[Home & Communities]** 2. Safeguard **funding** available to LGBT+ organisations **[Home & Communities]** 3. Provide **direction to community groups** on what can be done as Covid measures and policies change **[Home & Communities]** 4. Develop a **pathway** to facilitate navigation of services **[Home & Communities]** 5. More **collaborative working** between LGBT+ voluntary and community sector **[Home & Communities]**	Mixed methods used survey, focus groups and individual case studies. No specific process for developing recommendations is described (though does state they are based on report data). Survey advertised through a variety of methods to increase reach but means non-responders cannot be identified.

		One in five stated they had a physical or sensory impairment **Sample size:** 927 individuals, 19 organisations **Location:** Scotland	6. Schools should run **LGBT+ support groups [Education]** 7. **Awareness campaigns** to encourage LGBT+ people to access support **[Home & Communities]** 8. Be mindful of service users who started to access services for the **first time** during lockdown **[Home & Communities]** Specific to rural/remote settings 1. Improve **rural connectivity** including using digital solutions **[Home & Communities]** 2. **Outreach work** and mobile hubs to bring LGBT+ services closer to communities **[Home & Communities]** 3. Develop a **Gaelic speaking** LGBT+ group **[Home & Communities]** Specific to minority ethnic background or asylum seekers/refugees 1. **Awareness** of people from these backgrounds within the LGBT+ community should be built and organisations should improve their diversity **[Home & Communities]** 2. **Awareness** raising in mainstream services about needs of this sub-group **[Home & Communities]** 3. Develop capacity so people can act as **community advocates**.**[Home & Communities]** 4. Dedicated **funds [Home & Communities]** 5. Continued and detailed **research [Home & Communities]**	No data provided on how open questions of survey were analysed. No data provided about focus group participants, schedules, data analysis or specific findings. Significant detail provided about the experiences of 4 individual's used as 'case studies' Ways in which individual data sources contributed to final report and recommendations not always clear.

Youthlink Scotland (2020) The Impact of LGBT Youth Scotland's Digital Youth Work on Young People.	**Aim:** to explore the impact of digital youth work of LGBT Youth Scotland on young people. **Study design:** Qualitative **Data collection dates:** June to July 2020	**Participants:** young people accessing the services of LGBT Youth Scotland *Age:* 16 to 25 years. **Sample size:** 22 **Location:** Scotland (including the following local authorities : Falkirk, Perth and Kinross, Glasgow and Greater Glasgow, Dumfries and Galloway, Fife, Renfrewshire, Edinburgh, Scottish Borders and Highlands.	**Findings:** Domains (codes in brackets) showing the **impact digital youth work had** with % of stories that the domain applied to: • **Reduced isolation** 86% (connection 86%, feeling part of a community 23%, increased engagement 23%, making new friends 14%, more aware of other groups and events 9%). **[home and communities]** • **Improved wellbeing** 77% (enjoyment/fun 50%, sense of stability/normality 50%, feeling supported 32%, positive impact on emotional wellbeing 27%, positive impact on mental health 27%, something to look forward to 18%, feeling safe 14%, positive impact on physical health 5%). **[improving health outcomes]** • **Personal growth** 68% (confidence 32%, leadership 32%, communication skills 23%, volunteering 18%, taking social action 14%, digital skills 9%, recognising the value of youth work 9%, being a role model 5%, positive destination 5%). **[improving health outcomes]** • **Increased resilience** 36% (sense of purpose 27%, setting goals 14%, coping strategies 9%, more able to access support services 9%). **[improving health outcomes]** • **Impact challenges** 32% (difficulty engaging with others online 23%, barriers to being online 9%). **[homes and communities]** Conclusion:	**Potential selection bias** because participants were selected if perceived to have had experienced a change due to involvement in digital youth work. More details of the data collection needed (e.g. response rate, length of discussions, data saturation). Participants were given the chance to review their story for accuracy and amend if needed. **Potential response bias because of the relationship between researcher and participant** (researchers were youth workers who were given training as researcher practitioners). No mention of ethics regulatory body, but consent was obtained and data anonymised. Analysis process described in detail.

			For the young people involved in the research, **digital youth work made a real impact on their lives during lock down**. Young people felt **better connected and more able to mix with friends, other young people and youth workers online [home and communities]**. This **reduced the isolation** they felt **and improved their wellbeing [improving health outcomes]**.	Contradictory data could have been explored/commented on further. **Comments:** Study reports the impact of digital youth work on young people accessing LGBT Youth Scotland. The digital platform was already in development prior to the pandemic to engage more young people in youth groups. During the pandemic face-to-face youth work was not possible, so it went digital. Transformative Evaluation methodology used. Authors point out **difficulty in disentangling effect of offline and digital youth work** because many young people involved before the pandemic/move to online.

* 'Recommendations' relate to specific actions for policy and practice identified by the authors of the included studies; 'Implications' were identified by authors for policy and practice but where more evidence might be needed to support these; 'Findings' relate to the evaluation strategies to mitigate the impact of the COVID-19 pandemic

13. APPENDIX 4: Summary critical appraisal tables

Quantitative studies – using JBI checklists

Case series studies

Author & Year	Opening Doors London, 2021	LGBT HERO, 2021
1. Were there clear criteria for inclusion in the case series?	No	Yes, only criteria were LGBTQ+ and living in UK
2. Was the condition measured in a standard, reliable way for all participants included in the case series?	n/a	n/a
3. Were valid methods used for identification of the condition for all participants included in the case series?	n/a	n/a
4. Did the case series have consecutive inclusion of participants?	n/a, recruitment was via alerting members to the survey, informing LGBTQ+ networks and online promotion of the research.	n/a, recruitment through social media
5. Did the case series have complete inclusion of participants?	n/a	n/a
6. Was there clear reporting of the demographics of the participants in the study?	Yes, demographics reported.	Yes, sample described in terms of age, ethnicity, gender identity and sexual identity.
7. Was there clear reporting of clinical information of the participants?	n/a	n/a
8. Were the outcomes or follow up results of cases clearly reported?	No, lack of detail about the measures used. Open- and closed-ended questions used. Not clear whether they were validated/reliable measures.	Measure not clearly defined, therefore outcomes are unclear/ have to be taken at face value. Validity/reliability not clear.

9. Was there clear reporting of the presenting site(s)/clinic(s) demographic information?	n/a	n/a
10. Was statistical analysis appropriate?	Yes, descriptive statistics	Yes, descriptive statistics.
Overall Assessment	Limited details about the methods. Eligibility criteria not stated and recruitment via a number of methods (presumably self-selected sample). Measures not clearly reported and no way to know if they were validated or reliable. No detail about qualitative analyses.	Reasonable sample size (>2000) people, however lack of representation from older people (especially over 65) and those from minority ethnic backgrounds (especially Asian). Limited detail on methods. Data collected through social media adverts targeting LGBTQ+ communities, thus seems to be self-selected sample. Validated measures don't appear to have been used (and lack of detail on wording of questions – though note that some are in the previous year survey) and only descriptive statistics presented. Free text comments also presented, but no detail on how these were analysed.

Cross-sectional studies

Author & Year	**Garcia-Iglesias, 2021**	**Just Like Us, 2021**	**Lancashire LGBT, 2020**	**Opening Doors London, 2020**
1. Were the criteria for inclusion in the sample clearly defined?	No – self-selecting	No – not presented	Yes – LGBTQ+ population of Lancashire	No, presumably older LGBT+ people, but no inclusion/exclusion criteria given.
2. Were the study subjects and the setting	Yes	No – no geographical details or type of	Yes	Yes, sample described in terms of age, sexual

described in detail?		educational establishment and 107 not accounted for (could be that didn't disclose sexual orientation or gender identify information).		orientation, ethnic background and living situation). Seems to be ODL members who were invited. But, population demographics not described so cannot determine representativeness.
3. Was the exposure measured in a valid and reliable way?	Yes – COVID-19 pandemic	COVID-19 pandemic	N/A During the first lockdown of the pandemic. (April 17th, 2020 and kept open for 4 weeks (until week 8 of the lockdown).	Unclear. While all exposed to the pandemic and the changes were made to the service across the board, it's not clear who may have been in receipt of e.g. the befriending service.
4. Were objective, standard criteria used for measurement of the condition?	Not applicable	Not applicable	N/A As Lancashire LGBT support LGBT people, probably those who were registered with them.	Not applicable
5. Were confounding factors identified?	No	No	Not applicable	No
6. Were strategies to deal with confounding factors stated?	No	No	Not applicable	Not applicable
7. Were the outcomes measured in a valid and reliable way?	Can't tell – no details	Unclear	Unclear – self-reported online survey with questionnaire and some quotes included.	Unclear, survey questions not reported.
8. Was appropriate statistical analysis used?	Yes – descriptive	No – response rates not provided for each question, approximately	No – Methods of analysis not reported	Yes, only descriptive statistics presented. Evaluation of the

		33% more non-LGBT+ respondents and no statistical adjustment applied		changes in services were only qualitative.
Overall appraisal comments	Low quality. Lacks detail and self-selected small sample.	Poorly reported and therefore unable to assess all questions. Sample was not balanced and no statistical adjustment applied.	A good sample size (n-187) people. Age group representative of 27% under 19 years of age 55> to 18%. High no of <19 years participants is probably characteristic of those who are tech savvy. Ethnicity mostly white British 93% lack representation of minority ethnic backgrounds. However, this could be due to the general population of the area. There is no information on the methods, but questions and free text comments are included. Due to lack of methods uncertain as to the trustworthiness of the research.	Limited detail given about the methods. While sample demographics were presented, the eligibility criteria not clearly stated and it is unclear how representative the sample was. Survey measures not reported, so unclear if valid or reliable. Lack of clarity about the dose of the interventions/exposure participants may have received and the evaluation was qualitative with no details of how the analysis was completed. Confounders not identified.

Mixed methods studies – using Mixed Methods Appraisal Tool (MMAT), version 2018

Category of study designs	**Methodological quality criteria**	**Author: Fletcher, 2021**	**Author: Jones, 2021**	**Author: Pink Saltire, 2020**
Screening questions (for all types)	S1. Are there clear research questions?	Yes	Yes	Yes: “assessing the impact of Covid 19 on LGBT+ people in Scotland”

	S2. Do the collected data allow to address the research questions?	Yes: Only considering the trans worker survey that was conducted during the pandemic	Yes	Yes
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	Yes	Yes	Yes: exploring people's experiences, questions during focus groups
	1.2. Are the qualitative data collection methods adequate to address the research question?	Can't tell: Only the trans worker survey collected qualitative comments but no details are provided as to specific questions asked and how this information was analyzed	Yes: Content analysis, 2 authors independently coded the data, divergences discussed, themes developed ad discussed	Can't tell: No data about FG participants, schedules or data analysis methods provided
	1.3. Are the findings adequately derived from the data?	Can't tell: No details provided	Yes: Table of themes presented	No: Occasional references to findings specific to focus groups embedded in the results sections
	1.4. Is the interpretation of results sufficiently substantiated by data?	Can't tell: No quotes provided	Yes	Can't tell: No presentation of themes/result specific to the focus groups
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	Can't tell: No information provided	Yes	Can't tell: Unclear to what extent FG findings contributed to report findings
2. Quantitative randomized controlled trials		Not applicable		
3. Quantitative non-randomized		Not applicable		

4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?	Can't tell: Lacks detail	No: Self-selecting	Yes: Questions used for survey element Wide range of methods to publicise survey used to increase participation
	4.2. Is the sample representative of the target population?	Can't tell: Lacks detail	Can't tell: No details of target population demographics to know if representative	Yes: Key demographic details all presented
	4.3. Are the measurements appropriate?	Can't tell: Questions not presented and no details if any validation conducted	Yes: GAD-7 and PHQ-9	Yes: Mix of open and closed questions used
	4.4. Is the risk of nonresponse bias low?	Can't tell: No detail provided	No: As self-selected sample can't really tell but of those who initially responded only 66% provided sufficient data for analysis	Can't tell: Due to the way survey was publicised no data on non-responders
	4.5. Is the statistical analysis appropriate to answer the research question?	Yes: Detail in appendix for one element and rest descriptive	Yes: Description provided	Can't tell: Descriptive statistics used appropriately but no details on how free text responses analysed.
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	Yes: Only used for one element (Trans-worker survey) and explanation provided	Yes: To help elucidate any identified relationships between the quantitative variables whilst giving voice to the participants	Yes: Complementary data collected
	5.2. Are the different components of the study effectively integrated to answer the research question?	No: Themes not matched to questions asked	No: Could be better presented under each theme rather than quant then qual headings	Yes: Provide complementary data
	5.3. Are the outputs of the integration of qualitative and quantitative	No: Themes not matched to questions asked	Yes: Shows how qual data supports findings in quant data	Can't tell: Limited discussion of data sources within report

	components adequately interpreted?			
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	No.	Can't tell: Nothing stated to suggest that any	No: Not addressed
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	No: Lack of detail	No: The study is low quality due to the quantitative component and the self-selected sample	Can't tell: Limited detail reported – see above

Qualitative studies – using CASP checklist

Questions	Haworth, 2021	Lopez, 2021	Youthlink Scotland, 2020
1. Was there a clear statement of the aims of the research?	Can't tell: This study analysed the experiences of 17 LGBTIQ+ people that were interviewed via Zoom between May and October 2020.	No: Although challenges faced by trans adults are identified in the background no specific aims of the research are stated.	Yes: Two main Qs addressed: What was the impact of digital youth work on young people in LGBT Youth Scotland? (later clarified to understand the extent of impact rather than how many people impacted), How was that impact achieved?
2. Is a qualitative methodology appropriate?	Yes: Lived experiences.	Yes	Yes: Transformative Evaluation methodology was used, which is described to be based on a reflective conversation between a youth worker and young person and stories are then analysed. This qualitative approach is an appropriate way to better understand the experience and impact of digital youth work.

3.	Was the research design appropriate to address the aims of the research?	Yes: Despite smaller sample size, these interviews are highly valuable for the in-depth contextualised insights they provide and deliver detailed understandings of individual lived experiences.	Can't tell: No details are provided on the methodology of the ethnographic analysis of peer support groups on social media. No details provided about how interview participants were recruited or interview schedules. No data on methods for analysis of interviews	Yes: While other possible methods were not discussed, the authors explained that the method is "consistent with the values and approach of youth work", and "encourages practice development".
4.	Was the recruitment strategy appropriate to the aims of the research?	No: There are no details of the recruitment process.	Can't tell: Information missing	No: Possible selection bias- those for whom there was an impact were selected: "Young people were selected based on the practitioner researcher's perception that the young person had experienced a change as a result of their involvement in youth work during lockdown." No details on non-participation/how many invited
5.	Was the data collected in a way that addressed the research issue?	Yes: Data collected using interviews via Zoom. Each interview lasted about 70 minutes.	Can't tell: Information missing, approach not explained or justified	Yes: Online data collection through a reflective discussion (one-to-one). These were recorded and transcribed or notes taken (no details about how many were recorded/not). While the same question was asked of each participant, no further details were given about the topics/questions/discussion/prompts. Participants could check their story for accuracy and suggest changes. No mention of data saturation (aimed for 30 stories and did 22).
6.	Has the relationship between researcher and participants been adequately considered?	No: No information provided.	Can't tell: No information provided.	No: Youth workers were trained as practitioner researchers to enable them to collect the data. Details what the training involved is not given. Possible bias as they are the

			ones involved in the youth work. The relationship between youth workers and young people was recognised, but the potential implications/bias not. An independent researcher checked the data and codes.
7. Have ethical issues been taken into consideration?	No: No information provided.	Can't tell: No information provided. No evidence of ethics approval.	Yes: While no regulatory body seems to have been applied to for an opinion, study participants were informed about the purpose of the study and gave consent (or parents where applicable). Data were anonymised. Privacy policy link within the consent form.
8. Was the data analysis sufficiently rigorous?	No: No information provided.	Can't tell: No information provided	Yes: Process of the analysis given in detail. Stories randomly selected for initial coding. Stories selected for further discussion and presentation based on being exemplars of the final domains and then those that demonstrated the most significant change. Potential bias towards significant impact in report, but analysis based on all stories. Acknowledged in limitations that research practitioners knew the participants, but impact could have been highlighted more. Contradictory data possibly covered by domain describing challenges on digital youth work but could perhaps have been explored further.
9. Is there a clear statement of findings?	Can't tell: Findings summarised under key challenges.	Yes: Findings summarised under headings of Key Challenges and Coping Strategies	Yes: Results presented clearly in main body of report but limited discussion (just a conclusion, though a limitations section was presented prior to the results).

10. How valuable is the research?	Five recommendations provided. However, uncertain as to the trustworthiness due to lack of methods reported.	Multiple recommendations provided Overall trustworthiness uncertain due to lack of methods reported.	Implications of the study and need for further research not discussed.

Systematic Review – using the JBI checklist:

Author & Year	**McGowan, 2021**
1. Is the review question clearly and explicitly stated?	Yes - PECO
2. Were the inclusion criteria appropriate for the review question?	Yes – detail with PECO elements
3. Was the search strategy appropriate?	No – missing some free text terms
4. Were the sources and resources used to search for studies adequate?	Yes – databases, websites and contacts
5. Were the criteria for appraising studies appropriate?	Yes – JBI or CASP
6. Was critical appraisal conducted by two or more reviewers independently?	Unclear – states 2 authors but not if independently in duplicate
7. Were there methods to minimize errors in data extraction?	Yes - Information was extracted by one reviewer and checked by another
8. Were the methods used to combine studies appropriate?	Not applicable
9. Was the likelihood of publication bias assessed?	Not applicable – varied study designs and not all quantitative
10. Were recommendations for policy and/or practice supported by the reported data?	Not applicable
11. Were the specific directives for new research appropriate?	Yes – concern over apparent lack of funding for LGBTQ+ research and SOGI data collection
Overall appraisal comments	Although search strategy was missing some free text terms and at risk of publication bias, it was probably too early for most research to be published.