COMMISSIONING FOR INCLUSION:
Delivering services for LGBT+ survivors of domestic abuse

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ABOUT GALOP

Galop is the UK’s LGBT+ anti-violence charity. For over 35 years we have been providing advice, support and advocacy to LGBT+ survivors and campaigning to end anti-LGBT+ abuse and discrimination. Galop works around 3 key areas: hate crime, domestic abuse and sexual violence. Our mission is to make life safe, just and fair for LGBT+ people. We work to help LGBT+ people achieve positive changes to their current situation, through practical and emotional support, to develop resilience and to build lives free from violence and abuse.

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Nicole Jacobs  
Domestic Abuse Commissioner

LGBT+ people are subjected to disproportionate rates of domestic abuse and survivors face significant barriers in accessing services. We also know that there is vast underreporting of abuse. It is of paramount importance that all survivors of domestic abuse are provided with the appropriate and tailored support in order to rebuild their lives and access to justice. However, there remains a dearth of specialist by and for services to meet the needs of LGBT+ survivors.

I therefore welcome Galop’s new commissioning guidance. This will serve as an invaluable tool and source of support for commissioners to reflect upon and act to address the significant gaps in current provision and help ensure that services are more inclusive and responsive to the needs of LGBT+ survivors. It is essential that commissioners engage with the domestic abuse and LGBT+ sector at an early stage of the commissioning cycle and that co-production is built into this process from the very start to ensure that the diversity of LGBT+ survivors is reflected and distinct systemic and personal barriers in accessing services are removed. My hope is that this will generate and inspire conversations at a local and national level about the need for specialist services and work towards long-term, sustainable LGBT+ domestic abuse provision.

I strongly commend Galop’s inclusive and thorough approach in producing this important commissioning guidance and I pledge to ensure that my office will incorporate this fundamental framework in our work to build safe and secure services for all survivors.
At Galop, we see the effects of domestic abuse on LGBT+ survivors every day. We know that LGBT+ people experience significant levels of domestic abuse, but face distinct systemic and personal barriers in accessing help and support. This is why specialist services are so important in breaking down some of those barriers, and enabling victims and survivors to come forward and access the help that they need and deserve.

The current demand for LGBT+ specialist support is increasing, yet there are currently only four LGBT+ specialist domestic abuse projects based in England. Despite precarious funding, these services often work beyond their capacity and geographical area to provide much needed support to LGBT+ communities.

The role of and need for specialist domestic abuse services, run by and for LGBT+ people, must be recognised and it is vital that the development and sustainability of such services is supported. Our ambition is that this guidance will initiate and inform much needed discussions at national, regional and local levels, about the nuanced and tailored ways to build, develop and sustain LGBT+ specific domestic abuse provision.

The guidance goes hand-in-hand with the measures undertaken by Government in tackling violence against women and girls. We know that the abuse experienced by LGBT+ survivors is also rooted in patriarchy, gender inequality and deep-rooted social norms that discriminate and oppress women and girls across all communities.

LGBT+ inclusive responses should thus not be regarded as incompatible with initiatives tackling violence against women and girls, or indeed those working with men and boys. On the contrary, developing a greater understanding of the experiences and needs of LGBT+ survivors can inspire and meaningfully inform all endeavours striving to end domestic abuse.
In 2018, a national LGBT+ domestic abuse capacity building project led by Galop identified that LGBT+ survivors were often absent in both commissioning guidance and practice. To address this gap, Galop commissioned two independent consultants to produce this commissioning guidance.

The aim was to support the commissioning and monitoring of services that are inclusive and responsive to LGBT+ survivors. The methodology used to develop this guidance is described in Appendix C. This guidance should not be treated as a standalone document. To gain a better insight into the scope and distinct nature of domestic abuse that LGBT+ survivors can experience, as well as the potential barriers they face when accessing services, this guidance should be read in conjunction with two reports by Galop. The first report is LGBT+ People’s Experiences of Domestic Abuse: a report on Galop’s abuse advocacy service\(^1\) and the second is the recently published report Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse\(^2\). Both reports demonstrate that domestic abuse greatly impacts LGBT+ communities yet (key findings from each report are summarised in Box 1 and Box 2 overleaf). Despite this, LGBT+ survivors are often underrepresented in terms of policy and service provision. In particular, many LGBT+ survivors have difficulty finding appropriate and culturally competent\(^3\) support. They also identify that LGBT+ people experience intersecting oppressions, such as racism, ableism and homo/bi/transphobia in their experience of domestic abuse and also when accessing services. In particular, many LGBT+ survivors who are also black and minority ethnicity (BME), have a disability, or have any other Protected Characteristics under the Equality Act 2010\(^4\), have difficulty finding support that addresses the intersectional and concurrent barriers they face.

The intention is that this guidance will support the development and sustainability of LGBT+ service provision and so help ensure that the needs of LGBT+ survivors are consistently met. Some areas will require ‘new’ work, in others it will build on work that is already underway by LGBT+ and/or domestic abuse services.

In responding to this guidance, commissioners, providers and others (including policy makers and government) are encouraged to reflect on how they can work individually and collectively to better meet the needs of LGBT+ survivors within commissioning and procurement.

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3 ‘Cultural competence’ is the ability to provide [support to people] with diverse values, beliefs, and behaviours, and tailoring delivery to meet people’s social, cultural and linguistic needs (NHS England).
4 The Equality Act 2010 makes it unlawful to discriminate against someone because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation. These are called ‘Protected Characteristics’.
activity, as well as service provision. In particular, Galop hopes that this guidance can be used to facilitate a dialogue at a local, regional and national level about the bespoke and tailored ways to build, develop and sustain LGBT+ domestic abuse provision.

**BOX 1 SUMMARY OF KEY FINDINGS FROM RECOGNISE & RESPOND: STRENGTHENING ADVOCACY FOR LGBT+ SURVIVORS OF DOMESTIC ABUSE RELATING TO LGBT+ SURVIVORS (pages 16 and 17)**

**Prevalence:**
1. More than one in four gay men and lesbian women and more than one in three bisexual people report at least one form of domestic abuse since the age of 16.
2. Lesbian women report similar rates of domestic abuse to that of heterosexual women.
3. Bisexual women are twice as likely to disclose intimate partner violence compared to heterosexual women.
4. Gay and bisexual men might be twice as likely to experience domestic abuse compared to heterosexual men.
5. Prevalence rates of domestic abuse may be higher for transgender people than any other section of the population.

**Nature of abuse:**
1. LGBT+ survivors share similar forms of domestic abuse as their heterosexual cisgender peers and disclose abuse from both intimate partners and family members.
2. Experiences of abuse may include physical, sexual, emotional and financial abuse, forced marriage, so-called ‘honour’-based violence and other forms of violence and abuse that sit within the framework of gender-based violence.
3. LGBT+ people’s experiences of abuse are frequently linked to their sexual orientation and gender identity.
4. LGBT+ survivors are not a homogenous group. Experiences of abuse differ across and between the subgroups.

**Barriers in access to services:**
1. LGBT+ survivors face distinct systemic and personal barriers in accessing services, due to their sexual orientation and gender identity.
2. LGBT+ domestic abuse appears vastly underreported.
3. LGBT+ survivors are disproportionately underrepresented in voluntary and statutory services, including criminal justice services.
1. LGBT+ specialist domestic abuse services are largely unavailable within many local authority areas in England and Wales. By end of June 2019 there were six voluntary sector providers delivering LGBT+ specialist services based in Birmingham, Brighton & Hove, London and Manchester.

2. Independent Domestic Violence Advisors for LGBT+ survivors are hosted by four services, Galop, Birmingham LGBT, Independent Choices Greater Manchester and RISE.

3. There are limited emergency facilities for LGBT+ people and housing providers do not always recognise that they have a duty towards LGBT+ survivors. Gay, bisexual and trans men are particularly affected by this.

4. To meet the multiple and complex needs of LGBT+ survivors, LGBT+ specialist services provide a broad range of services and often work outside of their geographical remit and beyond their capacity.

5. LGBT+ specialist services often work on many intersecting social issues and frequently support public, private and voluntary sector bodies and inform policy agendas.

6. LGBT+ specialist services and programs may be delivered by LGBT+ organisations, domestic abuse services, or have been set up within a specific partnership, consortium or network.

7. Where integrated into a domestic abuse service, LGBT+ specialist programs can have positive impact on services as well as survivors.

8. Despite a demonstrated need for specialist services, funding and commissioning remain major challenges.

9. Wherever practically feasible, LGBT+ specialist services are encouraged to work in partnerships so as to reduce duplication and ensure resource efficiency.
A NOTE ON LANGUAGE

In this guidance, the term ‘lesbian, gay, bi and trans people’ (LGBT+) is used. However, it is important to recognise that LGBT+ people are not a homogenous group, or a single community, and each individual’s experiences and identities will vary.

This guidance also uses the term ‘domestic abuse’ and the UK Government’s definition of domestic violence and abuse. This describes domestic abuse as: ‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.’ The full definition is included in Appendix A.

While this guidance relates specifically to domestic abuse, the UK Government’s approach to domestic abuse (and a number of other types of abuse, including harassment, rape, sexual offences, forced marriage, so-called ‘honour-based’ violence, female genital mutilation, human trafficking for sexual exploitation and prostitution) is framed as ‘Violence against Women and Girls’ (VAWG). LGBT+ inclusive responses should not be regarded as incompatible with programs tackling gender-based violence and violence against women and girls, or indeed those working with men and boys. LGBT+ people’s experiences of domestic abuse are often rooted in patriarchy, gender inequality and deep-rooted social norms, attitudes and behaviours that discriminate and oppress women and girls across all communities and also impact on men and boys. Developing a greater understanding of the needs of LGBT+ survivors can invigorate and meaningfully inform the endeavour of striving to end all identity-based violence. As part of this work it is, however, important to understand what is the same and what may be different for LGBT+ survivors, including the dynamics and nature of abuse.

The term ‘survivor’ rather than ‘victim’ is used, whenever possible, to describe those who have lived through domestic abuse, as well as their journey to move from victim to survivor to reflect their resilience and strength.

The term ‘domestic abuse service’ refers to a variety of non-LGBT+ specific services across England and Wales, which provide a wide range of information, support and advocacy to survivors of domestic abuse including helplines, outreach, specialist children and young people services, drop-in support, floating support and refuge accommodation and other services. This term encompasses services that might be perceived as mainstream or generic domestic abuse services, as well as specialist women and men’s services.

The term ‘LGBT+ service’ refers to a range of LGBT+ services and community groups which provide a range of information, support and advocacy. This can include domestic abuse services, as well as other services.

In some places the guidance makes a generic reference to ‘providers’ when referring generically to any type of service provider.

A full list of definitions related to sexual orientation and gender identity terminology is included in Appendix B.

The aim of this guidance is to set out how to consider the needs of LGBT+ survivors at every stage of the commissioning cycle. Ultimately, this guidance is designed to be a catalyst for dialogue and action at a local, regional and national level about how best to meet the needs of LGBT+ communities and ensure access to appropriate and effective help and support.

FOR COMMISSIONERS:
This guidance has been developed to support commissioners at each stage of the commissioning cycle to:

- Address the gaps in current service provision, which may not routinely recognise and respond to LGBT+ survivors;
- Respond to the gaps in current commissioning practice, which may mean that the needs of LGBT+ survivors are not often considered during any stage of the commissioning cycle; and
- Support the commissioning and monitoring of services that are inclusive and responsive to the needs of LGBT+ survivors.

This guidance can also assist commissioners to meet their responsibilities under the Public Sector Equality Duty[^6]. This requires public bodies and others carrying out public functions to have due regard to the need to eliminate discrimination, to advance equality of opportunities and foster good relations. The duty applies to all nine areas of discrimination listed in the Equality Act 2010[^7].

FOR PROVIDERS:
This guidance recognises that a range of services have an important role to play in the commissioning cycle. This includes both LGBT+ services that are working with survivors of domestic abuse and domestic abuse services that are working with LGBT+ survivors. These services can help commissioners understand local needs, as well as provide advice and support about the shape of local, regional or national service provision. These services can also identify how they can work together in partnership to deliver services that meet the needs of LGBT+ survivors.


The guidance has been developed to support services at each stage of the commissioning cycle to:

- Identify ways to work in partnership with a range of providers and commissioners; and
- Develop and deliver inclusive provision for LGBT+ survivors, which meet the needs of their local and/or regional LGBT+ population.

In using this guidance, commissioners and providers should recognise that there is not a ‘one size fits all’ model for either the commissioning process and/or resulting service provision. Nor is there a ‘best’ model. Instead, in seeking to meet the needs of their LGBT+ communities, local areas may adopt a range of different solutions, depending on the level of need, partnership arrangements, available resources and other issues (such as whether there are existing services locally, as well as the level of regional cooperation). Some possible service delivery models are set out in Figure 1 below.

Regardless of which LGBT+ service delivery model is adopted, it is important to consider how any service fits into the wider local, national and regional context.

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**Figure 1: LGBT+ specific service delivery models**

There are a range of delivery models for LGBT+ domestic abuse specialist services, broadly categorised as the following:

- LGBT+ domestic abuse service based within an LGBT+ community organisation, or as a partnership of LGBT+ organisations;
- LGBT+ domestic abuse service based within a non-LGBT domestic abuse service; and
- LGBT+ domestic abuse service delivered by an LGBT+ organisation but as part of a wider domestic abuse/VAWG partnership.

For more information on specific examples of current delivery models, please see Galop’s recently published report *Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse*.

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regional or national coordinated response. This may include awareness raising and training to build capacity. It may also involve joint working between different services, as well as clearly defined referral and support pathways. In some areas, depending on the size of the local population, as well as the size and visibility of the local LGBT+ population, it may also require the development of a regional response.

Commissioners should work with local organisations to find the right way to provide [LGBT+ provision]. There is no one way to do it; No one size fits all for every area. Be creative and find your own local way to create this specialism. Domestic abuse services would be willing to host a specialist service within their service if someone would pay for training. Community-based services would appreciate working alongside a LGBT+ organisation to learn from each other.”

2nd tier national domestic abuse organisation

BOX 4 COMMISSIONING, PROCUREMENT AND GRANT MAKING

While this guidance provides general advice on approaches to commissioning and procurement to meet the needs of LGBT+ survivors, it does not constitute legal advice. Commissioners should ensure that they take advice from their own procurement and legal teams about legal requirements when developing a commissioning strategy or process.

This guidance has also been written with reference specifically to commissioning and procurement. However, there are other funding options available to commissioners in different circumstances. This can include grant making, which may be particularly appropriate when funding smaller organisations to implement projects, introduce new ways of working or develop their capacity in this area. This may include the development of ‘led by and for’ LGBT+ service provision. Many of the general principles in this guidance will also be relevant in this context.
FURTHER READING

The guidance has been developed to support commissioning practice in relation to LGBT+ domestic abuse. It is not intended as a comprehensive guide to commissioning more generally. For this purpose, there are a range of other resources available. This guidance has been developed based on these resources, makes reference to them throughout the text and can be used alongside them. These include:


9 A final version of the Domestic Abuse Statutory Guidance will be published following Royal Ascent of the Domestic Abuse Bill.
Other relevant resources include the *Violence Against Women and Girls Sector Shared Core Standards*. These standards were developed by Imkaan, Rape Crisis England & Wales, Respect, SafeLives and Women’s Aid England to promote the sustainability of specialist independent, local organisations within the VAWG sector.

**BOX 5 RESPONDING TO LGBT+ DOMESTIC ABUSE PERPETRATORS**

Although this guidance makes reference to work with perpetrators, its focus is provision for LGBT+ survivors. This reflects the scarcity of LGBT+ domestic abuse service provision, which Galop believes needs to be addressed as a priority. It also reflects the fact that there is very little provision nationally for LGBT+ domestic abuse perpetrators, with a limited evidence or practice base in relation to this area.

However, commissioners and providers should consider how they can develop responses to LGBT+ domestic abuse perpetrators. Many of the general principles in this guidance are transferable to the commissioning of LGBT+ domestic abuse perpetrator provision.

In developing any work in this area, commissioners and providers should refer to the ‘Respect Standard’. This is the nationally recognised quality assurance scheme for organisations working with perpetrators of domestic violence and abuse in the UK. The Respect Standard addresses management, intervention delivery, diversity and equality and multi-agency work. It also includes the Innovation Framework, which sets out how to ensure that new interventions are delivered safely, and the learning is captured and shared well.

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11 For more information, go to: www.respect.uk.net/pages/64-respect-standard [accessed 29 August 2020].
LGBT+ survivors want services that can address both their experience of domestic abuse and their needs as an LGBT+ person. To do this, and overcome barriers to help and support, providers must have culturally competent staff, procedures, training and policy in place. Yet, there are only a handful of LGBT+ services currently in operation that work with domestic abuse and which are led and delivered by LGBT+ people.

This reflects a number of issues, including the historically lower awareness of LGBT+ domestic abuse; the complexity in making a business case for investment in specialist LGBT+ services; and also the limited consideration by commissioners of the steps they can take to support the development of specialist LGBT+ domestic abuse services. It is of note that commissioners and service providers are aware of these challenges. A quarter of those responding to a recent Ministry of Housing, Communities and Local Government (MHCLG) consultation suggested that more needs to be done for isolated and/or marginalised victims, including LGBT+ survivors (as well as such as disabled survivors and those from BAME backgrounds)\textsuperscript{12}.

Specialist LGBT+ domestic abuse services can address survivors’ fear of not wanting to talk to other professionals due to potentially high levels of discrimination and homophobia.”

\textit{2nd tier national domestic abuse organisation}

If you commission a specialist domestic abuse service, with a skill set and wealth of knowledge already established, to deliver an LGBT+ service... they will build on their knowledge base and develop a better understanding of the needs of that community because they are constantly working with this [issue].”

\textit{2nd tier national domestic abuse organisation}
As a result, when LGBT+ domestic abuse provision is delivered, it is often delivered by a domestic abuse service. This provision can be of a high standard. Indeed, some domestic abuse services have developed or hosted LGBT+ domestic abuse projects, securing funding for dedicated posts or undertaking extensive work to ensure their organisation is inclusive (including staff training, reviewing their policies and procedures and building links with local LGBT+ services and communities). While this is positive, this provision has often been developed by LGBT+ identifying professionals who report feeling quite isolated and/or responsible for delivery and the continuation of the service.

However, in many areas, LGBT+ survivors only have access to domestic abuse services where little has been done to ensure their needs are being met and where they are virtually ‘invisible’. This can reflect a lack of specific provision. It can also reflect the absence of LGBT+ survivors in local strategies and action plans which may not identify (or prioritise) a response to their needs.

Even where the needs of LGBT+ survivors are identified, this can sometimes simply be as an ‘add-on’ rather than a more in-depth plan of action. Finally, while a VAWG approach is important, it can sometimes inadvertently prevent the consideration of LGBT+ provision. For example, a local area may develop proportionate provision for women and men but in doing so effectively create services for heterosexual women and men, respectively, without considering either what those services need to do to be accessible to LGBT+ survivors or whether there is a case for specific LGBT+ provision.

There are also structural barriers – within LGBT+ and domestic abuse services, statutory services, wider society and the LGBT+ communities themselves – to the acknowledgement or recognition that LGBT+ people can be affected by domestic abuse in intimate relationships and also from family members. This includes the impact of homo/bi/transphobia on survivors’ experiences of domestic abuse and their experiences of accessing services. Taken together, these issues can prevent the identification of signs and indicators of domestic abuse and also the provision of specific and appropriate support.

It is also important to acknowledge that the needs of survivors will differ as LGBT+ people are not a homogenous group. This means that while there may be some common experiences that all LGBT+ people face, there may also be important differences. The abuse disclosed by lesbians may be different to that of bisexual women. It may also be different to trans women. Equally, gay men’s experience of abuse may be different to that of bisexual men, as well as trans men, while those who identify as non-binary may also
have unique experiences. It is also important to recognise that even areas which have well established LGBT+ provision may still need to develop their responses to meet the needs of all LGBT+ people. For example, a Domestic Homicide Review (DHR) conducted in the London Borough of Hammersmith & Fulham made a range of recommendations to develop the local picture of need and service responses for trans survivors\textsuperscript{13}.

Additionally, when considering what appropriate support looks like, it is critical to consider intersections beyond sexual orientation and gender identity. This could include Protected Characteristics under the Equality Act 2010\textsuperscript{14}, as well as other issues like socioeconomic status or complex and additional needs (e.g. mental health, substance misuse and long-term health issues). Other factors, such as whether someone lives in a rural or urban area can also have an impact (e.g. whether there are local LGBT+ community groups or venues and whether these are accessible). These different aspects of someone’s identity or experience can intersect with their experiences of domestic abuse. As a result, LGBT+ survivors often present with a multitude of unique individual circumstances, may face specific barriers, and have different experiences of domestic abuse. An effective intervention will need to be able to address all these issues together.

**COMMISSIONING AND SERVICE PROVISION LANDSCAPE**

We recognise that work to ensure the development and sustainability of provision for LGBT+ survivors will take place within a challenging and changing commissioning landscape. Prominent concerns that are often cited by voluntary and community sector services in relation to commissioning are:

- Limited funding and/or the short-term nature of funding;
- A lack of survivor consultation;
- Lack of joined up commissioning, meaning budgets are often fragmented because commissioners do not pool budgets; and
- Ineffective or exclusionary commissioning processes which do not recognise the complex nature of domestic abuse, or commission in a way that excludes smaller (often specialist or ‘led by and for’) providers\textsuperscript{15}.

Additionally, there are also high levels of demand and limited resources, and domestic abuse provision varies from area to area in what is often known as a ‘post code lottery’. This reflects the different ways in which commissioning decisions are made, with different public bodies having different commissioning responsibilities and priorities.


\textsuperscript{14} As noted previously, these are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.

\textsuperscript{15} ‘Led by and for’ services are led by and for the community they service. For example, that could include an LGBT+ service led by and for LGBT+ people. Other examples include services led by and for BME women, or survivors with disabilities.
Looking to the future, on the 18 September 2019, the UK Government announced the appointment of the designate Domestic Abuse Commissioner[^16]. They are tasked with a range of responsibilities, including monitoring the provision of domestic abuse services in England and Wales. This is likely to have significant implications for the shape of future service provision, as will other proposed changes including the introduction of a statutory duty on local authorities for the delivery of support within domestic abuse safe accommodation services[^17].

In spite of these challenges and changes to the commissioning landscape, local areas must consider how best to meet the needs of LGBT+ survivors.

**BOX 6 MEETING THE NEEDS OF TRANS AND NON-BINARY SURVIVORS**

This guidance is premised on ensuring that all survivors should be able access help and support, including trans survivors and non-binary people, and that commissioners have a responsibility to ensure that these needs are met.

In meeting the needs of trans and non-binary survivors, commissioners should seek to ensure there is adequate local provision, as well as considering wider operational delivery and strategic responses. Local/regional discussions are needed to ensure that trans and non-binary people are included on all levels of a coordinated community response, in a way that respects and support needs of all survivors.

It is best practice to include both LGBT+ (domestic abuse) services and domestic abuse services in these discussions, ensuring there is time and space to develop trust and mutual understanding. This can enable the exploration of existing practice, identification of shared principles and aims, as well as an opportunity to recognise and understand different concerns. Ultimately, commissioners should seek to engage in an ongoing dialogue with LGBT+ services and domestic abuse services to co-produce solutions.


[^17]: This guidance will need to be reviewed and updated to reflect the introduction of statutory duties if the Domestic Abuse Bill is taken forward.
This guidance is structured around the commissioning cycle. Most existing guidance or best practice describes four stages in the process of commissioning:

- **Plan**
- **Do**
- **Review**
- **Analyze**

The following sections describe each stage of the commissioning cycle, before identifying a range of key issues and providing practical suggestions relating to the needs of LGBT+ survivors.

**There are ‘checklists’ for both commissioners and providers in Appendix D and Appendix E, respectively. These identify the key actions from each stage of the commissioning cycle.**

While this guidance will approach each of these stages as a stand-alone topic, it is important to remember that these stages can overlap. For example, the ‘Analyze’ stage will make extensive use of evidence and service data. But latter stages, particularly ‘Review’, will also need to draw on the same information.
The Home Office’s guide to commissioning VAWG services\(^{18}\) describes this stage as ‘the initial approach to commissioning’ and identifies the most important aspects as: mapping provision, mapping expenditure, opportunities for joint commissioning, pooled budgets and grant-based funding. The ‘Analyse’ stage is also reflected in the Welsh Government’s ‘Statutory Guidance’\(^{19}\).

**KEY ISSUES**

Perhaps the biggest challenge to commissioning relates to a lack of intelligence and data, which can limit the understanding of the needs of local LGBT+ survivors. This can be driven by a number of issues, in particular a lack of monitoring for sexual orientation or gender identity by both statutory services, and voluntary and community sector providers. As a result, there may only be limited data and evidence about:

- The size of the LGBT+ population;
- The needs of the LGBT+ population generally;
- The access to and use of services by LGBT+ communities, as well as outcomes; and
- The need in relation to domestic violence and abuse specifically.

However, commissioners should be able to build a picture of local need. The proportion of the UK population identifying as lesbian, gay or bisexual (LGB) has increased from 1.5% in 2012 to 2.0% in 2017, with the percentage of people identifying as lesbian, gay or bisexual (LGB) being similar for England (2.1%) and Wales (2.0%). However, there is considerable variation. For example:

- Males (2.3%) were more likely to identify as LGB than females (1.8%) in 2017;
- People aged 16 to 24 years were most likely to identify as LGB in 2017 (4.2%); and
- Regionally, people in London were most likely to identify as LGB (2.6%), with people in the North East and East of England the least likely (both 1.5%) (A similar regional breakdown was not provided for Wales)\(^{20}\).

The estimate for the trans population in the UK is 0.35% – 1%\(^{21}\).
While our knowledge base about domestic abuse in LGBT+ communities is relatively limited, there is broadly a consensus that the prevalence of domestic abuse among LGB people is at least as high as for heterosexual women. For trans people, research is even more limited, although some studies indicate prevalence may be higher. Recent data from SafeLives also suggests that LGBT+ survivors can have a range of complex needs.

For more information, Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse includes a summary of some of the main insights from research about the prevalence and nature of LGBT+ domestic abuse.

To build a picture of need, commissioners should identify the data that is available to them, as well as consider some of the challenges and solutions that may arise when building a picture of need in relation to LGBT+ communities. Box 7 (overpage, p20) provides a summary of some of the issues to consider when developing needs assessments, drawing on guidance issued by the Home Office.

A number of local areas have undertaken different needs assessments, some specifically into domestic abuse and others which considered the needs of different parts of the LGBT+ community or a thematic issue, such as community safety. These are described in Box 8. (p21)

A further challenge may be a limited picture of the landscape of the local LGBT+ sector (including LGBT+ services or community groups). An understanding of the wider context of local LGBT+ provision is important. While there are relatively few LGBT+ domestic abuse services nationally, there may be well-established LGBT+ services operating in a local or regional area, working in other sectors (such as services that work on community safety or hate crime, mental health or sexual health) or active community groups. In many towns and cities, there are university or college LGBT+ student and staff groups that can be helpful in identifying local groups/organisations. Without an understanding of the local LGBT+ sector, it will be difficult to know which services or groups to engage with during this stage of the commissioning cycle, including identifying what local capacity or infrastructure is available to help develop a picture of need or facilitate consultation.

Some areas may not have visible LGBT+ communities and may struggle to identify an ‘LGBT+ sector’. This may be particularly true in rural areas. In this case, consider:
The Home Office’s guide to commissioning VAWG services includes a ‘sample needs assessment’. This identifies data sources that can be used to build a picture of local need, including:

- Local plans and monitoring frameworks (examples include those produced by Safeguarding Adult and Children Boards, Health and Wellbeing Boards, as well as the local Joint Strategic Needs Assessment, Crime and Disorder Strategic Assessment or the local Police and Crime Plan);
- Data from mental health, drug and alcohol and other health services, as well as housing;
- Data from the criminal justice system, including the Police and Crown Prosecution Service;
- Data from specialist services (like domestic and sexual abuse services, the local Sexual Assault Referral Centre and the Multi Agency Risk Assessment Conference [MARAC]);
- Data from smaller specialist community-based/voluntary sector self-help groups/welfare organisations (e.g. BME, travellers, young people, older people, LGBT+, disability, refugees/asylum-seeking populations etc);
- Information from other sources, including Domestic Homicide Reviews or other types of reviews, as well as any Equality Impact Assessments;
- National helplines (including the National Domestic Violence Helpline – www.nationaldahelpline.org.uk, the LGBT+ Domestic Violence Helpline – www.galop.org.uk/domesticabuse/, and the Respect Men’s Advice Line – https://mensadviceline.org.uk); and

In some cases, these data sources will already have information on the local LGBT+ population and/or data about service use. As a minimum, it is important to understand:

- The size of the local LGBT+ population; and
- Service level data evidencing needs and outcomes (including the types of referral, levels of need, the services accessed and evidence of service use, together with outcomes and impact. This could also address evidence of unmet needs or barriers to help and support).

National resources are also available, including a resource produced by Galop and other resources that are held in the Online LGBT+ DV Resource Library:

- The library (www.galop.org.uk/lgbt-dv-library/) provides direct links to resources relevant for LGBT+ people, providers working with LGBT+ victims of domestic abuse and researchers interested in the topic. It includes UK-based resources, available online and published after 2000.
Contacting other areas and learning about approaches regionally or nationally. This could include those areas which have commissioned and/or are providing LGBT+ domestic abuse services (see Box 9 on p26 for information on mapping local services and groups);

- Widening your areas of collaboration and consultation to include services that may not be part of the LGBT+ sector, but who are routinely supporting and working with LGBT+ communities (e.g. services that work on community safety or hate crime, mental health or sexual health); and

- Approach national organisations for advice and support. Galop can provide advice on domestic abuse, as well as hate crime and sexual violence specifically. There are also other national organisations that produce a range of guidance or run different programmes that could be relevant, including Stonewall (www.stonewall.org.uk) and the LGBT Consortium (www.consortium.lgbt).

A final issue is the extent and nature of engagement with LGBT+ communities. While commissioners may undertake consultation in the run up to a commissioning process, or to support the development of the local strategy, this may not explicitly consider or include LGBT+ survivors. For example, if the consultation is being delivered by way of survey or focus groups, information about these
activities may be disseminated through existing local networks. While this may reach some LGBT+ survivors, if the accompanying information does not explicitly reference LGBT+ people, they may not feel the consultation is for them. Alternatively, in a focus group setting, LGBT+ survivors may not feel safe to disclose their experiences. In a survey undertaken during the development of this guidance, only 36% of commissioners who responded indicated that they routinely consulted with LGBT+ survivors.

Where consultation is undertaken, it needs to ensure it treats LGBT+ communities as a diverse group rather than as a single homogenous entity. As discussed above, this includes recognising the diversity of experience between lesbians and gay men, bisexual people, as well as trans and non-binary survivors. It is also critical that any consultation recognises that someone’s identity as a LGBT or non-binary person may only be one aspect of their identity and they may experience discrimination in other parts of their life. It is important to consider all of someone’s needs and experiences, including Protected Characteristics, and how LGBT+ survivors’ experiences may reflect an intersection of these.

“We have had boroughs saying they are doing fine for LGBT+ needs, they don’t need specialist providers, but we have people saying they don’t feel safe. Who are commissioners listening to?” LGBT+ service provider

“Regarding ‘hard to reach’ groups – those groups will say, “We are not hard to reach, we are here. Come and talk to us!” You need to go out to people. You cannot expect your service is inclusive. You have to go out to meet people on their own terms.” LGBT+ service provider
Mapping need: Collecting intelligence and data about the scale and nature of domestic violence and abuse experienced by LGBT+ communities

- Establish a commissioning task and finish group that includes domestic abuse and LGBT+ services. Work with this group to identify data (both sources for it, and any gaps) and to help shape the commissioning process.

- Review existing local needs assessments and strategies (such as a Strategic Assessment by Community Safety Partnerships or Joint Strategic Needs Assessments). Do these address LGBT+ domestic abuse and/or contain any information that may be relevant (e.g. do they provide any information on the size and needs of local LGBT+ communities, including their experience of violence and abuse)?

- Gather additional data: do local services (including statutory services, domestic abuse services and other voluntary and community sector providers) have any data about the number of LGBT+ survivors they work with, their needs and any outcomes? This could also include data from local partnership arrangements like the MARAC.

- Reach out to local LGBT+ services or community groups. They could have data about needs, as well as an understanding of local barriers to reporting. Where appropriate, consider wider regional or national practice.

- Ensure that LGBT+ communities are considered from the start and are specifically identified in any needs assessment. Identifying how the needs assessment will specifically consider LGBT+ communities is an opportunity to build-in inclusive practice from the start of the commissioning process (e.g. LGBT+ communities could be identified as a priority group within the assessment’s terms of reference).

- Collate and cross reference data from multiple sources, to try and establish levels of need, even amongst individuals who do not report to statutory agencies (e.g. LGBT+ services, domestic abuse services, rape crisis centres and other specialist provision, including ‘led by and for’ services working with BME, travellers, disability, refugees/asylum-seeking populations etc).
Mapping provision What current provision exists and what do pathways to help and support look like?

- **Map local domestic abuse provision:** Identify if and how statutory services, domestic abuse services and other voluntary and community sector providers work with LGBT+ survivors, including any specific provision for these communities (see Box 9, p26).

- **Map local LGBT+ service provision:** Identify if there is any specific provision locally for LGBT+ communities. This should include any specific domestic abuse provision ‘led by and for’ LGBT+ services, but also other provision (e.g. services that work on community safety or hate crime, mental health or sexual health). Survivors may access these services for support around health, well-being, welfare, legal, financial, immigration/asylum and/or housing issues even where it is not specifically identified as domestic abuse. These services may also provide a way to access a range of services for survivors. Understanding the nature and extent of the local LGBT+ sector will enable the identification of current pathways for help and support for LGBT+ survivors, and the range of services currently available.

- **Map regional or national LGBT+ domestic abuse provision:** Identify whether local LGBT+ survivors are accessing these services and build a picture of the number of LGBT+ survivors (including needs and any outcomes).

- **Recognise the value of small, specialist and local domestic abuse services (including organisations ‘led by and for’ LGBT+ and other survivors e.g. BME communities).** They may have a closer connection to local communities, be aware of best practice evidence of what works and have a unique perspective on local needs and challenges.

- **Identify any gaps in provision or barriers to help and support, including specific issues for LGBT+ survivors** (e.g. the availability of appropriate housing, refuge or dispersed accommodation and their real or perceived fears around the risk of homo/bi/transphobia). As noted previously, this should also include identifying intersections with other Protected Characteristics.

- **When undertaking a mapping exercise, consider more than service provision alone:** Assess early intervention and prevention activities, responses to perpetrators, as well as awareness raising and training activities.
Mapping spending
Who spends what and for how long?

- **Identify how services are funded locally:** This might include identifying who funds domestic abuse services (including LGBT+ domestic abuse services) or other LGBT+ services (e.g. working community safety or hate crime, mental health or sexual health). Identify where this funding comes from (including contracts or grants from statutory funders, as well as charitable trusts and foundations) and the length of funding.

- **Identify gaps in funding sources:** Are there any commissioners locally or regionally who are not funding domestic abuse and/or LGBT+ services that could be (e.g. Police and Crime Commissioners, Clinical Commissioning Groups or other health bodies, different departments in the local authority etc).

- **Identify if there are any risks to funding:** This could include risks associated with short-term funding or funding that is coming to an end.

- **Bring potential funders together to map spend and discuss needs and gaps.**

- **Identify opportunities to pool or align funding:** Pooled budgets can be used to bring together different funding streams to support a coordinated community response to domestic abuse.

Consultation and engagement
How do you engage with LGBT+ communities?

- **Make proactive attempts to reach out to LGBT+ communities:** This should include developing specific advertising, as well as targeted consultation opportunities. Best practice would be to seek LGBT+/domestic abuse specialist advice and sector-led support to undertake this consultation.

- **Approach local, regional and out-of-area LGBT+ services or community groups:** They may also be able to assist with any consultation, including acting as a ‘gatekeeper’ or helping to design or deliver the consultation. If drawing on support from local LGBT+ services or community groups, it is important to recognise that this will have a real cost in terms of time. Best practice would include offering compensation for their commitment of expertise, time and other resources. This means providing funding for expert consultancy.

- **Consultation events should be led by staff who have the appropriate skills, knowledge and experience:** Better, richer-
quality data can be obtained when the individuals/organisations commissioned to undertake these exercises are specialist organisations with direct experience of domestic abuse and LGBT+ service user engagement.

- When undertaking consultation and engagement events, consider the needs of participants (e.g. childcare, interpreting), hold activities in appropriate venues (e.g. safe, accessible and community-based locations) and also ensure that help and support can be offered, if required.

**BOX 9 MAPPING LOCAL SERVICES AND GROUPS**

Mapping local services and groups is an important way to build a picture of local provision and pathways, but also to identify any gaps in provision.

- Identify other services that may not be part of the LGBT+ sector, but who are routinely supporting and working with LGBT+ communities locally; and
- Approach national bodies for advice – Galop maintain a directory of LGBT+ domestic abuse services nationally (please contact the LGBT+ Domestic Abuse Helpline for more information: [www.galop.org.uk/domesticabuse/](http://www.galop.org.uk/domesticabuse/)) and the LGBT Consortium (the national specialist infrastructure and membership organisation) maintains a directory of LGBT+ organisations and groups ([www.lgbtconsortium.org.uk/directory](http://www.lgbtconsortium.org.uk/directory)).

- Ensure your service regularly engages with LGBT+ communities to understand their experience of your service and has a robust monitoring process in place (i.e. routinely collects data on the service users’ sexual orientation and gender identity).
- Regularly speak to commissioners about the LGBT+ people experiencing domestic abuse (recognising diversity among LGBT+ people, as well as Protected Characteristics and intersecting needs) and highlight any information or data collected by your service, other services or relevant national research or reports.
- Advocate for consultation by commissioners specifically with LGBT+ survivors. If appropriate, offer to facilitate this process and request to be compensated for your time and expertise.
During the mapping and needs assessment process, demonstrate any added value that your service brings to local/regional service delivery, through complementary grant and charitable funding, as well as local knowledge, assessment of survivor needs and best practice evidence of what works (including specific examples of how your service supports LGBT+ survivors).

Participate in the local task and finish commissioning groups and contribute to the mapping of services and funding. Use that as an opportunity to provide information on existing LGBT+ provision, as well as the gaps and issues that you have identified locally and any evidence about unmet need. Depending on your service and experience, this may be as a domestic abuse or LGBT+ specialist. If you are not able to represent LGBT+ services, work to identify an LGBT+ sector representative to work alongside you.

Advocate for specific provision for LGBT+ survivors. Work with commissioners to identify the best LGBT+ service delivery model for your area (see Figure 1, p9).

“I would like [commissioners] to engage wider that just the domestic violence sector. Just because you are an expert with domestic violence, don’t assume you can just bolt on another group of people to add the expertise.” Domestic abuse service provider

“Commissioners need to go out in the community and hear too.” 2nd tier domestic abuse organisation

“Look at what’s happening... Do some work around, research around, the sector. See whose doing what.” LGBT+ service provider

“LGBT (domestic abuse) must be part of the commissioning cycle, including consultation to counter the hidden nature of DA in this community (the other closet). Community hasn’t galvanized around this issue like they have around AIDS/HIV or equal marriage, for example.” LGBT+ service provider
The Home Office’s guide to commissioning VAWG services identifies the most important aspects of this next stage as: developing a strategy, conducting an Equality Impact Assessment and designing a service specification. The ‘Plan’ stage is also reflected in the Welsh Government’s Statutory Guidance.

**KEY ISSUES**

Commissioners should consider how to design flexible, coherent pathways of support to meet the multiple needs of LGBT+ survivors. Depending on the resources available, this should offer a needs and risk-led approach to prevention, early intervention, and crisis response including support for all family members (including children) and interventions to hold perpetrators accountable. Ideally, commissioners should work with local providers to co-produce a service model.

It is also important to be mindful that commissioning can disadvantage smaller organisations, particularly ‘led by and for’ services (provided by LGBT+ people, as well as other groups like BME communities). For example, if commissioning timelines are short, this may make it hard for small organisations to participate as they will be unlikely to have dedicated capacity to support bid writing or may not have the time to develop partnership arrangements. Another example may be where commissioners include generic requirements in a service specification about meeting the needs of specific communities, or if they do not recognise that smaller organisations often have an impact beyond the value of the contract (for example, by delivering a range of other services and/or because they have developed strong links in the local area).

However, commissioners can take steps to ensure that a range of possible providers can participate in any procurement process. These may include: recognising the time and resources required to participate; being specific about the requirements to meet the needs of specific communities (and consulting on these during the development of the service specification); as well as taking account of Social and Added Value. This will be addressed throughout this guidance and further advice on procurement, including how to make it inclusive, can be found in the documents listed in further reading on p11-12.
Commissioners should also recognise that there are **challenges in starting a service or intervention**. It takes time to develop, pilot, evaluate and roll out an offer. This is particularly relevant if the service being developed is ‘new’. Short-term funding is unlikely to be sufficient to overcome these challenges and set up an unrealistic expectation. For communities where there is underreporting, or barriers to accessing support, it is important to ensure there is sufficient time for providers to establish themselves and build trust. As a result, commissioners should seek to ensure a realistic duration for funding, regardless of the LGBT+ service delivery model (see **Figure 1**, p9) being developed.

**Strategy**

In any given area, the local domestic abuse strategy (and wider VAWG strategy) should outline how the local partnership will work to ensure that those who identify as LGBT+ are able to access culturally competent services that are able to meet their needs. This can help inform the priorities to be delivered through a commissioning strategy. However, LGBT+ communities are often either not mentioned in strategies and action plans, or are referenced in superficial, tokenistic ways. In a survey undertaken during the development of this guidance, only 57% of commissioners who responded reported that LGBT+ domestic abuse was explicitly addressed in the local domestic abuse/VAWG strategy. If LGBT+ survivors are not identified in the local strategy, there is a risk the needs of LGBT+ survivors will not be fully considered during the commissioning process.

**Equality Impact Assessment**

As indicated in the Home Office’s guide to commissioning VAWG services, ‘**Equality Impact Assessments should not be seen as a separate exercise in the commissioning cycle. They should be built in as an essential part of a continuous process. Assessing for equality impact is [a key] aspect of delivering service improvement.**’ An Equality Impact Assessment should be undertaken as part of every commissioning process. It should draw on the data and intelligence identified during the ‘Analyse’ stage. When done in a considered way, rather than being a tick box exercise, Equality Impact Assessments can help identify how groups like LGBT+ survivors experience domestic abuse, as well as the impact of intersecting forms of inequality and discrimination. Equality Impact Assessments are also a tool that should have a direct impact on commissioning processes because, having identified what might help or hinder an LGBT+ survivor accessing help and support, an Equality Impact Assessment should set out possible mitigations. This could include identifying what
might help or hinder an LGBT+ survivor accessing help and support and then using this information to inform the design of the service specification.

Unfortunately, Equality Impact Assessments are not consistently conducted as part of commissioning processes. In a survey undertaken during the development of this guidance, only 67% of commissioners had conducted one. This is an issue for any commissioning process, as it means that it will be harder to identify the specific issues affecting different communities locally. In the case of LGBT+ survivors, this means that they may not be identified as a priority group.

Service Specification Design

Commissioners are likely to have different degrees of knowledge and expertise about the dynamics of domestic abuse generally, as well as the challenges facing LGBT+ survivors (and the experience of other groups, like BME people, travellers, young people, older people, disabled people, refugees/asylum-seeking populations etc). During the design of a service specification it is important that commissioners identify gaps in their own knowledge and take steps to address this.

A way of doing this is to draw on national service standards (see Box 10 below) when designing a service specification. These same standards can also be used as assessment criteria in tender specifications and bidding processes and provide a minimum standard framework for any organisation delivering a domestic abuse service.

**BOX 10 SERVICE STANDARDS AND ACCREDITATION**

In addition to the Violence Against Women and Girls Sector Shared Core Standards\(^{34}\), there are a number of service standards that have been developed for domestic abuse services. SafeLives\(^{35}\), Women’s Aid (in England\(^{36}\) or Wales\(^{37}\)) and Respect\(^{38}\) Imkaan\(^{39}\) have developed both Accredited Quality Standards (IAQS), as well as Minimum Safe Practice Standards for small BME community projects.

Within these standards, LGBT+ provision tends to be captured as part of standards measuring rights and access, or more broadly, under the Public Sector Equality Duty.

Commissioners need to consider what, if any, additional actions may be required to address LGBT+ needs within a service specification, regardless of the LGBT+ service delivery model being commissioned (see Figure 1, p9).

Additionally, it is important to recognise that smaller domestic abuse and LGBT+ organisations may need time to develop their service and capacity to meet service standards and/or accreditation. This may be particularly important for a ‘led by and for’ service. Commissioners can support this by ensuring there is time allocated to develop and roll out a service or intervention. Ideally, commissioners should also work with services to identify ways of meeting the cost, time and capacity required to achieve these standards.

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\(^{34}\) For more information, go to: www.womensaid.org.uk/what-we-do/i-commission-work-survivors/violence-women-girls-sector-shared-core-standards/ [accessed 29 August 2020].


\(^{36}\) For more information on the Women’s Aid England National Quality Standards, go to: www.womensaid.org.uk/what-we-do/national-quality-standards/ [accessed 29 August 2020].

\(^{37}\) For more information on Welsh Women’s Aid National Quality Service Standards, go to: www.welshwomensaid.org.uk/what-we-do/our-members/standards/ [accessed 29 August 2020].

\(^{38}\) For more information on the Respect Male Victims’ Standard, go to: www.respect.uk.net/pages/65-respect-male-victims-standard [accessed 29 August 2020].

\(^{39}\) For more information, go to: www.imkaan.org.uk/services [accessed 29 August 2020].
Involving domestic abuse and LGBT+ services in the co-design/co-production of service specifications

As indicated in Section 5 (Analyse), commissioners should recognise the expertise in the specialist sector and work with domestic abuse and LGBT+ services in the co-design and co-production of service specifications. This could be in the form of workshops and ongoing stakeholder consultation to seek guidance on delivery principles and to develop an understanding of what is realistic and appropriate in terms of delivery.

Some of the issues to consider include:

- Recognising that while it is important to develop LGBT+ provision, developing a ‘gender-neutral’ approach is not appropriate. For example, a service specification should reflect the gendered nature of domestic abuse and recognise that the importance of gender-informed commissioning, including the provision of women only spaces where the conditions are met for single-sex spaces exceptions under the Equality Act.

- Being specific about requirements in terms of provision for lesbian women and trans women in single-sex spaces, as well as other activities (e.g. specialist training for staff or targeted outreach to engage with local communities). The specification should also address specific requirements in terms of provision for gay and bisexual men, trans men and non-binary people.

- As with any survivors, LGBT+ survivors are not a homogenous group. This means that abuse disclosed by lesbians may be different to that of bisexual and trans women. Equally, gay men’s experiences may be different to that of bisexual or trans males. Understanding these differences within the LGBT+ community will enable commissioners to become clearer on how the service being commissioned fits into the pre-existing landscape (sometimes known as ‘the market’) of LGBT+ and domestic abuse services. In practice, this means service specifications should recognise that how survivors’ experiences, risks and needs may be shaped by their different identities.

At this stage of the commissioning process, decisions should be made on the length of funding to be provided. It is advisable to avoid short-term contracts. Longer-term funding allows time for specialist services/interventions to have a meaningful impact, including awareness raising, service development, recruitment and training, planning, supervision and evaluation. To build an accurate understanding of local needs, a 3 to 5-year investment is recommended.
I think commissioners are getting better, but they are still looking at innovation. It’s not just about innovation, it’s about basic services... Commissioners should avoid demanding new things – ‘innovation’ with bells and whistles – and instead fund pre-existing core, specialist services, which is what service-users want.”

2nd tier domestic abuse organisation

**PRACTICE TIPS: COMMISSIONERS:**

Local strategies, including commissioning-specific strategies, should identify actions that can be taken in response to LGBT+ domestic abuse within a coordinated community response

- Consult with LGBT+ survivors when developing strategies and action plans, and specifically reference their needs throughout.
- Ensure LGBT+ survivors are recognised in any commissioning strategy.
- Challenge structural and cultural barriers that lead to the under-reporting of LGBT+ domestic abuse (e.g. by encouraging all providers to conduct routine monitoring of sexual orientation and gender identity).
- Create opportunities to feed back so the partnership and commissioners can understand local needs, including gaps and emerging risks in relation to LGBT+ survivors, and take action to respond to this including through the commissioning of services.

Co-create and resource the following activities in partnership with LGBT+ and domestic abuse services as part of your coordinated community response:

- After mapping local services, facilitate conversations between LGBT+ services and domestic abuse services to develop training and referral pathways.
- Ensure that the local training strategy includes key messages around LGBT+ domestic abuse as well as intermediate and advance training specifically on this issue.
- Create a network of champions who can access additional training on LGBT+ domestic abuse.
- Ensure that LGBT+ domestic abuse is addressed as part of the
local communication strategy and resources.

- Create a directory of LGBT+ provision at a local, regional and national level.
- Develop and resource an LGBT+ service user reference group.
- Identify an LGBT+ champion within local/regional forums.
- Include LGBT+ domestic abuse within local/regional events/conference.

**Equality Impact Assessment:**

- Work with your equalities lead to complete an Equality Impact Assessment which reflects information gathered during the ‘Analyse’ stage of the commissioning cycle, especially service user consultation with LGBT+ survivors. If this has not already been undertaken, conduct targeted consultation to use alongside data from providers, demographic information, external research and national and local datasets. This will ensure LGBT+ voices are included in any commissioning processes from the outset.
- Be transparent about this part of the process, building it into your commissioning plan and referencing the outcomes of the Equality Impact Assessment in your service specification.

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We completed an [Equality Impact Assessment] in relation to our strategy and commissioning plans in 2018. Low reporting of DA from LGBT+ communities was identified as an issue to be addressed by seeking consultation and better engagement with LGBT+ communities in order to better understand barriers to seeking support. Our newly commissioned service has a dedicated LGBT+ IDVA role and we are working with a local LGBT+ organisation thanks to MHCLG funding to build better links with communities, understand barriers and train local staff in LGBT+ awareness.” Local Authority Commissioner

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It was identified in our Equality Impact Assessment that the future commissioning of domestic abuse services should also focus more on specific hard to reach groups. This included male victims of domestic abuse and LGBT+. This is reflected in the recent domestic abuse service review. There has been a successful bid for sub-regional funding.” Local Authority Commissioner
Service Specification Design:

- Reflect on your skills and knowledge and actively seek out training opportunities on the subject(s) where you have less knowledge or confidence.
- Contact commissioners in other areas (see Box 8, p21) that have LGBT+ domestic abuse provision.
- Build relationships with LGBT+ and domestic abuse organisations to co-produce and design the specification, deciding jointly which LGBT+ service delivery model (see Figure 1, p9) would work best for the local area.
- If the local LGBT+ service delivery model means a service will be asked to provide an LGBT+ offer as part of its broader domestic abuse work, include LGBT+ domestic abuse support as a core requirement within a specification. This could include identifying the specific activities that the successful bidder should provide.
- Consider the length of time for the contract and reflect what is realistic in terms of delivery with respect to the scope of the service specification.
- Recognise that LGBT+ survivors are not a homogenous group and reference the intersecting needs of survivors and acknowledge that domestic abuse does not happen in an ‘identity vacuum’.
- Consider if capacity building, awareness raising and training around LGBT+ needs will be funded and included in the service specification.

“There are a lot of frontline providers out there who want to be good at this, but just don’t know how.”

LGBT+ service provider
Regardless of the LGBT+ service delivery model being commissioned (see Figure 1, p9), an inclusive specification should reference the following principles:

- Recognise there could be a competence and confidence gap within services and consider how staff access appropriate training and ongoing support to work with LGBT+ survivors. This should include access to training on LGBT+ domestic abuse, but the needs of LGBT+ survivors should also be embedded throughout the local training programme.

- Recognise the importance of regular reviews of a provider response to LGBT+ survivors, from governance through to policy and procedures. There are a range of tools that can be used to assess the extent to which an organisation is currently LGBT+ inclusive and identify actions for improvement (e.g. Galop has produced a resource to help services be more trans inclusive; www.galop.org.uk/shining-the-light-resource/).

- Reference the VAWG Sector Shared Core Standards (see Box 10, p30) and accreditation framework(s) in the development of the specification and ask that organisations work to meet these or commit to do so within a specified timeframe.

- Recognise the importance of services ‘led by and for’ the LGBT+ communities.

- Be clear on the expectation of the commissioned service to engage in awareness-raising activities in relation to LGBT+ domestic abuse, as well as work with local partners as part of the coordinated community response locally.

- Acknowledge the importance of Social and Added Value. Local and regional specialists provide expert support, which is non-statutory, ‘community’-informed and ideally located to facilitate personal and systemic change. They also bring added financial value into the area, which should be highlighted in the specification.

- Acknowledge intersectional experiences (i.e. where LGBT+ survivors may also be from BME communities, or disabled people etc., or have experience of other issues like complex needs). Having considered this in the ‘Plan’ stage, the tender process developed in the ‘Do’ stage should include questions for potential providers to show how they demonstrate their understanding of these issues and will respond in practice.

- Consider how the service will work with local partners as part of the coordinated community response locally and how it will access LGBT+ survivors in the community:
  - How it will raise awareness of the service?
  - How will they use inclusive language and imagery to ‘create a service that looks like other/all people can come to it’?
  - How representative will members of staff, board, volunteers be of the LGBT+ population locally?
  - How will managers support staff working with LGBT+ survivors and how will they challenge homo/bi/transphobia?

- Include specific outcomes that matter to LGBT+ survivors, which should be informed by consultation.

- Be realistic about the size of caseloads and the length of time needed for support. Many LGBT+ survivors may include additional levels of need, or professionals will need to take additional steps to provide support in the absence of other services. Thus, cases may be open longer, so numbers of cases per annum will need to be agreed.
Strategy
- Advocate for the inclusion of LGBT+ survivors in local strategies and action plans.
- Identify how you will work as part of the wider coordinated community response (e.g. in relation to consultation and engagement with LGBT+ communities) and what your service can advocate for (e.g. representing the voice of LGBT+ survivors on strategic and operational forums and through training, campaigning and awareness raising).
- Work to develop and maintain an open and respectful dialogue across the domestic abuse and LGBT+ sectors to promote referral pathways, joint working and identify opportunities for capacity building.

Equality Impact Assessment
- Ask about the Equality Impact Assessment process. If necessary, challenge commissioners if they have not or do not intend to complete one.
- Share LGBT+ related data and service user feedback to be included in the Equality Impact Assessment.
- Encourage service user consultation across a range of groups, including LGBT+ survivors, to ensure that diverse voices are being heard and their experiences are understood and taken into consideration throughout the commissioning process.

Service Specification Design
- Participate in consultation activities as part of co-production and co-design of the specification and advocate for the use of the VAWG Sector Shared Core Standards and accreditation framework(s) (see Box 10, p30).
- Request transparent feedback on all stages of the commissioning process. Provide a conduit for service user consultation and suggest carrying this out, with appropriate compensation for your time and effort.
- Demonstrate your understanding of local needs and the intersections and complexity of specialist LGBT+ domestic cases through data, case studies and service user feedback, as part of the consultation process.
Begin/continue conversations with the LGBT+ sector (including any ‘led by and for’ LGBT+ service provision) and domestic abuse services in your area to promote an increased understanding of the lived reality of survivors and their needs, to improve collaborative working and referral pathways and to explore opportunities for joint working, lobbying and funding applications.

Contact services in other areas who have successfully been commissioned for advice.

Looking ahead to the ‘Do’ stage, query the planned representation and expertise of commissioning and tender evaluation panels (e.g. will there be domestic abuse and/or LGBT+ specialist knowledge and service user representation)?

“...It’s about choice as well. Quite often LGBT people don’t believe generic services are accessible to them. Having to come out at every service makes it difficult for people to get the service they need." LGBT+ service provider

“...It is very hard to get over to commissioners that they need to increase the contract price to widen access to survivors with additional vulnerabilities that can often have more intensive support needs than ‘standard’ (if such a thing exists) survivors. So, the challenge is to provide commissioners with appropriate evidence of how widening up services to be more inclusive will actually reduce costs to the public purse over time.”

2nd tier national domestic abuse organisation
The Home Office’s guide to commissioning VAWG services identifies the most important aspects of this next stage (often referred to as the ‘implementation phase’) as: engaging in market development, co-production, capacity building and commissioning for market diversity. The ‘Do’ stage is also reflected in the Welsh Government’s Statutory Guidance.

**KEY ISSUES**

Commissioners can consider a variety of ways to engage with, encourage participation from and support involvement by the domestic abuse and/or LGBT+ sector at this stage of the commissioning cycle. Ideally, the co-production and consultation which began in earlier stages will continue into this part of the commissioning cycle.

Commissioners should recognise that the domestic abuse and LGBT+ sectors include a range of providers – large and small – that operate with varying degrees of resources. Co-production is an opportunity to recognise and work with a range of providers. It is also an opportunity for collaboration which will require commissioners to make a commitment (where possible) to sustain or develop smaller, often ‘led by and for’, providers.

**Soft market testing or pre-market engagement is essential** to ensure providers are aware of commissioning intentions and determine interest. Soft market testing or pre-market engagement can also be a source of feedback about the proposed specification, helping ensure that it is deliverable once commissioned. Through events and transparent communication, commissioners can provide clarity about their intention and ensure that providers understand the procurement processes. In consultation with providers, commissioners can also build capacity across the sectors. This could be reflected in the specification design (as discussed in the previous ‘Plan’ stage), but also by creating a commissioning environment that encourages collaboration (e.g. facilitating workshops and conversations between potential providers).

Commissioners should avoid unrealistic and unsustainable timescales for the tender process. A short turn-around timescale for tender responses (under 6 weeks) disadvantages smaller,
specialist providers who may not have the same resources as larger organisations. A short timescale also means that providers will not have the opportunity to explore possible collaborations (from partnerships through to consortiums) which can help bring together a range of providers to address multiple and complex issues.

To combat a lack of knowledge about LGBT+ and/or domestic abuse on tender evaluation panels, commissioners should invite sector representatives to assist with this part of the process. While it is not possible to include potential bidders on an evaluation panel, commissioners could look regionally or nationally for this expertise. It would be appropriate to consider whether experts should be paid for their time in this context.

Commissioners should include evaluation questions that address specific issues, seeking information from providers about their expertise in relation to domestic abuse specifically or more generally around approaches to meet diverse needs (including LGBT+ survivors). This can be communicated clearly in tender documents and at market events, setting out for example the findings from the Equality Impact Assessment and the resulting priorities that have been identified.

Commissioners should consider a preferential weighting for the quality of service delivery over price, especially for specialist services in an already underfunded sector.

**PRACTICE TIPS FOR COMMISSIONERS:**

- Transparency is important, in addition to being clear about the commissioning strategy and evaluation criteria from the start of the process.
- Timescale of tender process should be realistic, to allow time for a range of providers to take part and (potentially) discussions about collaboration to happen.
- Run provider briefings and ‘Meet the Buyer’ events and ensure
you invite a range of organisations, being sure to specifically include LGBT+ specialists.

- Consider investing in support from an independent organisation (like the Imkaan and Women’s Aid Sustainability Partnership[^42]) to develop the capacity building and skills of local providers (e.g. consortium building and bid-writing workshops).
- Facilitate and invest in conversations between providers, as well as between the domestic abuse and LGBT+ sectors (e.g. after mapping services, and with reference to the Equality Impact Assessment, facilitate conversations to discuss partnership working and joint bids).
- Recognise the need for capacity building during the tendering process. This includes recognising that developing LGBT+ provision will take time, and that there may be different approaches to delivery (see Figure 1, p9).
- Refer to national quality standards (see Box 10, p30) when assessing tenders around domestic abuse to be confident about quality, including ensuring that providers are either accredited or working towards those standards within an agreed timescale.
- Implement a 70/30 or 80/20 Quality/Price split in the tender.
- Ensure LGBT+ and domestic abuse expertise is included on tender evaluation panels. Include service users on evaluation panels and in marking the tenders.
- When evaluating tenders, recognise that it is not possible to ‘bolt on’ responses to LGBT+ survivors; providers should demonstrate how they will integrate and deliver LGBT+ services in their bid.
- Evaluate how providers are ensuring the specific needs of LGBT+ survivors are being recognised (e.g. explicitly ask how the provider monitors for and records in relation to sexual orientation and gender identity, as well as how they use this information) and met (e.g. ensuring that risk and assessment tools, as well as other resources, are appropriate for use with LGBT+ services). Providers should also have robust pathways in place to ensure links to other services so they can meet the needs of LGBT+ survivors. This may be particularly important if there is limited provision locally.

[^42]: For more information, go to: [www.womensaid.org.uk/what-we-do/sustainability-partnership/][accessed 29 August 2020].

Commissioners can incentivise really great ways of collaborating locally. It doesn’t have to be mergers and acquisitions. They can incentivise but not force collaboration and partnership.”

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[^42]: For more information, go to: [www.womensaid.org.uk/what-we-do/sustainability-partnership/][accessed 29 August 2020].
The sector has its challenges, but austerity and cuts haven’t helped. We have seen a lot around a competitive culture in the sector. There are times when organisations aren’t brought together and [this] encourages them to compete against each other.” Domestic abuse service

**PRACTICE TIPS PROVIDERS:**

- Attend provider briefings and ‘Meet the Buyer’ events and request that commissioners invest in capacity building as part of the process (i.e. to help consortium building, bid writing, monitoring and data recording, and referral pathways).

- Ask commissioners for information on the Equality Impact Assessment, as well as the gaps and issues that have been identified.

- Seek clarity about the evaluation process, including how bids will be evaluated. If the evaluation process does not consider issues like Social or Added Value, quality standards or specific questions relating to how providers will meet the needs of diverse communities (including LGBT+ survivors) advocate for their inclusion at pre-market engagement events.

- To assist with market readiness and to improve your response in this area, conduct an organisational review into your policies, procedures, staffing and governance around the intersection of LGBT+ domestic abuse. Contact national organisations such as Galop, SafeLives, Imkaan and Women’s Aid in England or Wales for advice on internal best practice.
The Home Office’s guide to commissioning VAWG services describes this stage as ‘reviewing the impact of services, which should be part of a continuous cycle of measuring outcomes for service users. It includes an outline of service standards and the commonality between them.’ It goes on to note, ‘It is good practice to review and reflect on all aspects of service provision, but a good indicator of successful outcomes is measuring the service user journey.’ The ‘Review’ stage is also reflected in the Welsh Government’s Statutory Guidance.

KEY ISSUES

There are three key issues in relation to this stage of the cycle. The first relates to the quality of service provision, including whether a service is operating effectively, and the outcomes being achieved. As noted previously there are a range of different service standards, including the VAWG Sector Shared Core Standards and different accreditation frameworks by Imkaan, SafeLives, Women’s Aid England, Welsh Women’s Aid and Respect (see Box 10, p30). These standards provide a useful tool to commissioners and are particularly important when it comes to developing a service specification as described in the ‘Plan’ stage. However, they can also be used to review a service during the commissioning cycle.

This guidance will not address this issue in any depth, as the existing commissioning guidance identified under further reading on p11-12 does so extensively. However, there are some key principles that can inform how commissioners and providers can work together to ensure robust but proportionate performance monitoring. These are set out addressed below and summarised in Box 13 (p44).

If the provider is not specifically an LGBT+ domestic abuse service, it will also be important to ensure that the performance monitoring process specifically considers provision for LGBT+ survivors.

Depending on the LGBT+ service delivery model adopted locally (see Figure 1, p9), this may mean monitoring how well a specialist domestic abuse service is providing a service to LGBT+ survivors. This will require commissioners to use any available data to monitor whether the service is meeting the needs of LGBT+ service users, including comparing this against the local population estimates that
were developed in the ‘Analyse’ stage. Another approach could be to use monitoring data to explore any differences between LGBT+ service users and the whole service or other service user cohorts.

If reporting from LGBT+ survivors is low, or if their needs and the outcomes being achieved are different from other survivors, then commissioners should seek to identify why this may be and the steps that they, the provider or the wider partnership will take to address this.

Commissioners should also draw on the original specification and tender document to hold providers to account for any commitments they made. That might include steps that the provider said it would take and ensuring that these are implemented (e.g. such as looking at developing an engagement strategy, building links with LGBT+ services and community groups locally, training staff or identifying funding for an LGBT+ specialist worker).

If an LGBT+ service is providing the domestic abuse intervention, the same considerations apply. However, commissioners may need to adjust their approach. This could include adjusting expectations to reflect the experience and size of the service.

The wider partnership response, as indicated in the strategy and action plan (see the ‘Plan’ stage) should also be reviewed to see what additional steps could be taken by all partners to raise awareness of domestic abuse in this community and the help and support available.

Monitoring is also essential to build the evidence base, as well as being a way (if done well) to affirm that a service recognises and is welcoming to LGBT+ survivors.

The final key issue relates to the commissioning strategy, specifically the ongoing sustainability and development of local domestic abuse service provision. Commissioners need to ensure that providers can play an active part in the commissioning cycle.

If LGBT+ specific support has been provided by a smaller LGBT+ provider working with a larger domestic abuse specialist service, there is also an opportunity to consider longer-term development of an LGBT+ sector. As an example, in a first commissioning cycle, a domestic abuse provider may be commissioned to develop a shared post with an LGBT+ specialist service. This may be the first step to developing provision that is ‘led by and for’ and, in a subsequent commissioning cycle, this function may be led by or transferred into the LGBT+ service.

To help encourage these kinds of opportunities, commissioners should consider:

- Providing support to a service provider to develop capability and capacity. For example, working with providers to develop
what the Home Office’s VAWG Commissioning Document calls a ‘robust, workable and proportionate approach that will deliver useful data without absorbing too much resource or interfering with service provision is essential.’

- Offering longer-term funding, where possible.
- Encouraging partnership working.
- Identifying opportunities to develop regional commissioning in response to unmet need.

**BOX 13 THE PERFORMANCE MONITORING PROCESS**

- Based on a clear service specification, commissioners and services should agree on the information that will be provided to enable monitoring and evaluation. The information required and the frequency of reporting should reflect the size and importance of the contract or grant. This may include:

  - Output and outcome data (e.g. number of service users, and disaggregated data reporting on demographics, needs, service user and outcomes).
  - Other reporting addressing areas like staff training, safeguarding and serious incidents.
  - Case studies or feedback from service users and other stakeholders.

- Develop a way to receive and review this information (e.g. through a quarterly reporting and monitoring meeting cycle).

- Establish a mechanism to identify what is and is not working, as well as emerging risks and issues:

  - This can feed into the ongoing development of the service (e.g. agreeing changes to the LGBT+ service delivery locally).
  - Informing the broader commissioning strategy (e.g. identifying an unmet need and seeking further funding to address this as a stand-alone issue).

- Feed this information into the next iteration of the commissioning cycle and market development (e.g. a domestic abuse service may provide a specific LGBT+ domestic abuse service in the first commissioning cycle, but in next cycle may seek a partnership arrangement with an LGBT+ service).
Providers should be able to evidence that they:

- Collect, monitor, analyse and use data from service users about sexual orientation and gender identity. Services should have consistent policy and practice in relation to the monitoring of gender identity and sexual orientation and use this data to inform service delivery.

- Use this information (either internally or to advocate institutionally) to develop provision to meet the needs of LGBT+ survivors.

- Take steps to ensure that LGBT+ survivors can easily find the support that is available for them and are comfortable seeking help. Providers should be able to identify where and how to promote a service, as well as using language and imagery that is LGBT+ inclusive. Examples include ensuring that LGBT+ people are included in campaigning or awareness-raising materials, but also developing additional targeted publicity and engagement activities.

- Request that services evidence how they are specifically meeting the needs of LGBT+ survivors.

- Reflect different service standards, including the VAWG Sector Shared Core Standards and different accreditation frameworks by Imkaan, SafeLives, Women’s Aid England, Welsh Women’s Aid and Respect.

- Evidence why funding is being spent in a particular way, including making a case for investment and development time. This might include additional staff training, or a longer mobilisation period for the LGBT+ specific service in order to build referral pathways and confidence in the service offering. This will ensure that staff will possess the right skills and expertise to work with LGBT+ survivors.

- Have a clear delivery plan and have identified relevant risks and mitigating actions. Reflecting the previous issues around quality and value, a provider that sets out to develop and deliver an LGBT+ service within a year period is likely to fail. Commissioners should be realistic about expectations.

- Have clear performance indicators that will drive activity. For example, in Year 1 of a project the focus may be on development and outreach, with this moving into direct delivery in Years 2 and 3.

45 The structure of this table has been developed based on the key themes identified in relation to performance evaluation in the Welsh Government’s Statutory Guidance for the Commissioning of VAWDASV Services in Wales (p.27).
PRACTICE TIPS PROVIDERS:

- Ensure performance monitoring includes sexual orientation and gender identity.

- Recognise the importance of ongoing performance monitoring and consultation. This could be through using satisfaction forms for feedback when a case is closing, regularly asking about needs such as wellbeing, safety and housing, and monitoring self-reflective progress and achievement of goals and objectives.

- Use this information to reflect on what is working well. Celebrate your successes.

- Use this information to identify what is not working, as well as emerging risks and issues. Identify what actions your service could take, as well the support required from commissioners or the wider partnership.

- Talk to LGBT+ survivors directly about their experiences, including those help-seeking across a range of services, so their voices (alongside those from other minority communities) are at the heart of service delivery and design; regular consultation is important as survivor's needs change over time. Survivor consultation can also help demonstrate to commissioners how the service is operating in practice and identify any barriers to service provision.

[Talking about monitoring for sexual orientation and gender identity]

So at least a picture develops, so you can see how many women you are working with, and if you are not meeting that target, you have to set an action plan to try and improve that.” Domestic abuse service

When you are monitoring and evaluating a service, actually look at what they are doing for LGBT survivors. Make this a mandatory part of monitoring and evaluation. And in order to do this, commissioners need to know what good LBGT services look like.”

LGBT+ specialist worker in a domestic abuse provider
The UK Government definition of domestic violence and abuse (as outlined in the Policy Papers associated with Ending Violence against Women and Girls: Strategy 2016 to 2020) is:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological,
- physical,
- sexual,
- financial,
- emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.’

The current Government definition also includes so called ‘honour’-based violence, female genital mutilation (FGM) and forced marriage, and makes clear that victims are not confined to one gender or ethnic group.

This is the current definition of domestic violence and abuse. A statutory definition of domestic abuse will be included in the final version of the Domestic Abuse Statutory Guidance following Royal Ascent of the Domestic Abuse Bill.
**APPENDIX B**

**DEFINITIONS OF SEXUAL ORIENTATION AND GENDER IDENTITY TERMINOLOGY**

**Bi or Bisexual** is an umbrella term used to describe an emotional, romantic and/or sexual orientation towards more than one gender.

**Biphobia** is the fear or dislike of someone who identifies as bi based on prejudice or negative attitudes, beliefs or views about bi people. Biphobic bullying may be targeted at people who are, or who are perceived to be, bi.

**Cisgender or cis** is someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

**Gay** refers to a man who has an emotional, romantic and/or sexual orientation towards men. Also a generic term for lesbian and gay sexuality – some women define themselves as gay rather than lesbian.

**Gender identity** is a person’s innate sense of their own gender, whether male, female or something else, which may or may not correspond to the sex assigned at birth.

**Homophobia** is the fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

**Intersex** is a term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people may identify as male, female or non-binary.

**Lesbian** refers to a woman who has an emotional, romantic and/or sexual orientation towards women.

**LGBT+** is the acronym for lesbian, gay, bi and trans people.

**Non-binary** is an umbrella term for people whose gender identity doesn’t sit comfortably with ‘man’ or ‘woman’. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely.

**Queer** is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGBT community (racism, ableism etc). Although some LGBT people view the word as a slur, it was reclaimed in the late 80s by the queer community who have embraced it.

**Sexual orientation** is a person’s emotional, romantic and/or sexual attraction to another person.

**Trans** is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, two-spirit, bi-gender, trans man, trans woman, trans masculine and trans feminine.

**Transphobia** is the fear or dislike of someone based on the fact they are trans, including the denial of/refusal to accept their gender identity.

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47 Sexual orientation and gender identity terms included in this report reflect the definitions provided by Stonewall ([www.stonewall.org.uk/help-advice/glossary-terms](http://www.stonewall.org.uk/help-advice/glossary-terms)) [accessed 23 February 2020], which have been accepted and used by Galop across its services and programs.
This guidance has been developed on behalf of Galop by two independent consultants who worked with Galop staff and engaged with a range of practitioners and experts working in the domestic abuse, ending violence against women and girls (VAWG) and LGBT+ sectors.

A number of activities took place between April and July 2019 to inform this guidance, which had the following aims:

- Address the fact that current commissioning guidance/provision does not routinely recognise and respond to LGBT+ survivors and perpetrators;
- Support the commissioning and monitoring of services that are inclusive and responsive to LGBT+ victims/survivors;
- Support the commissioning and monitoring of services that are inclusive and responsive to LGBT+ perpetrators;
- Assist the voluntary and community sector to design, develop and delivery services that inclusive to LGBT+ people; and
- Assist the wider strategic and policy agenda.

Data has been collected from a number of sources:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Research tool</th>
<th>Purpose</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desktop review – Domestic abuse and VAWG</td>
<td>Research, public policy and evidence, as well as lessons from previous funding and best practice models. Mapping work that has been undertaken (including the national commissioning framework and local commissioning models).</td>
<td>Map relevant documents. Understand the landscape of available policy and practice guidance in relation to service standards and commissioning.</td>
<td>Review of 29 items published in the UK. These included research, policy and practice guidance. The target audiences were professionals and organisations involved in delivering services and/or policymakers.</td>
</tr>
<tr>
<td>Desktop review – LGBT+ domestic abuse</td>
<td>Research, public policy and evidence, as well as lessons from previous funding and best practice models. Mapping work that has been undertaken (including the national commissioning framework and local commissioning models).</td>
<td>Map relevant documents. Understand the landscape of available policy and practice guidance in relation to LGBT+ domestic abuse.</td>
<td>Review of 40 items, mostly published in the UK with some items from the United States of America and Australia. These included research, policy and practice guidance. The target audiences were professionals and organisations involved in delivering services and/or policymakers.</td>
</tr>
</tbody>
</table>
Activity | Research tool | Purpose | Sample
--- | --- | --- | ---
Input from stakeholder groups, including: (a) LGBT+ community organisations/providers; (b) domestic abuse community organisations/providers; (c) national domestic abuse or LGBT+ 2nd tier organisations; and (d) commissioners and funders | Short online survey with self-selecting participants from the stakeholder groups. Interviews with participants drawn from the stakeholder groups (either self-selecting from survey or invited to participate). | Seeking to identify key issues and challenges, as well as best practice examples. Seeking to identify key issues and challenges, as well as best practice examples. | 48 responses from across England and Wales, including 4 LGBT+ services, 28 domestic abuse services, 12 commissioners and one 2nd tier organisation, and 3 ‘other’/non-identified organisations. 22 interviews from across England and Wales, including 4 LGBT+ services, 5 domestic abuse services, 4 commissioners and nine 2nd tier organisations (8 domestic abuse and 1 LGBT+). |

ETHICAL ISSUES
When working with participants, the consultants ensured:
- Appropriate information was provided to all participants (including the research aims and how issues such as confidentiality, use of findings and the right of withdrawal would be handled).
- Explicit and informed consent was gained for all participants (including consent for both the survey and the interviews).
- Information was provided regarding the guidance, including where to access further information, and about support services, where appropriate.

LIMITATIONS
Using a mixed methodology has a number of strengths, as it allows for the inclusion of different perspectives in the research and enables the triangulation of findings. However, there are a number of limitations, which are summarised below.

<table>
<thead>
<tr>
<th>Method</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desktop review</td>
<td>While the desktop review sought to capture the research, policy and practice guidance that was available, it was not a systematic review.</td>
</tr>
<tr>
<td>Input from stakeholder groups – online survey</td>
<td>While the survey was disseminated via Galop’s own and other organisation’s email distribution list and social media, participants were self-selecting (i.e. it was a convenience sample).</td>
</tr>
<tr>
<td>Input from stakeholder groups – interviews</td>
<td>Interview participants were not necessarily representative because they had either self-selected from the survey or were invited to participate as they were known contacts (i.e. it was a convenience sample).</td>
</tr>
</tbody>
</table>
## ANALYSE

1) Gather intelligence and data about the scale and nature of domestic violence and abuse experienced by LGBT+ communities, drawing on local, regional and national sources.

2) Map the landscape of domestic abuse provision in your local area, including any LGBT+ service provision (this should include mapping spending).

3) Map the landscape of LGBT+ provision in your local area (such as services that work on community safety or hate crime, mental health or sexual health).

4) Review the extent and nature of engagement with LGBT+ communities.

## PLAN

5) Recognise LGBT+ survivors in the local strategy and action plan, as well as in Equality Impact Assessments conducted to support the commissioning strategy.

6) Work with local providers to co-produce a service model that offers flexible, coherent pathways of support to meet the multiple needs of LGBT+ survivors.

7) Recognise that commissioning practices can disadvantage smaller, specialist providers. Take steps to recognise the time and resources required to participate in the tendering process, as well as actively taking account of Social and Added Value.

8) Reference the VAWG Sector Shared Core Standards and relevant accreditation framework(s) in the development of the specification. Be clear that organisations should meet these or commit to do so within a specified timeframe. Within this context, include clear requirements in relation to LGBT+ survivors.

9) Recognise that there are challenges in starting a service or intervention. Be realistic about time to develop, pilot and evaluate a service and the duration of funding required to do so.
**DO**

10) Recognise that the domestic abuse and LGBT+ sectors include a range of providers – large and small – that operate with varying degrees of resources. Encourage collaboration and make a commitment (where possible) to sustain or develop smaller, often ‘led by and for’, providers.

11) Be clear about the commissioning strategy and evaluation criteria from the start of the process and be transparent, engaging with providers through market testing or pre-market engagement.

12) Avoid utilising unrealistic and unsustainable timescales for tender process.

13) Recognise the importance of specialist knowledge LGBT+ and/or domestic abuse on tender evaluation panels and consider preferential weighting for the quality of service delivery over price, especially for specialist services in an already underfunded sector.

**REVIEW**

14) Use the VAWG Sector Shared Core Standards, relevant accreditation framework(s) and any requirements in relation to LGBT+ survivors, as the basis for reviewing service provision.

15) Ensure that survivor voices influence service development and delivery by using case studies and feedback from service users.

16) Co-develop a performance monitoring framework with the service provider(s), which identifies what information will be provided to enable monitoring and evaluation. Establish a mechanism to identify what is and is not working, as well as emerging risks and issues.

17) Evaluate the broader commissioning strategy, involving providers in the commissioning cycle and longer-term development of LGBT+ service provision.

18) Recognise that there are challenges in starting LGBT+ provision and that it takes time to develop, pilot, evaluate and embed a service.
# PLAN

5) Advocate for the inclusion of LGBT+ survivors in local strategies and action plans.

6) Ask about the Equality Impact Assessment process. If necessary, challenge commissioners if they have not or do not intend to complete one.

7) Participate in consultation activities as part of co-production and co-design of the specification and advocate for the use of the VAWG Sector Shared Core Standards and accreditation framework(s).

8) Begin/continue conversations with the LGBT+ sector (including any ‘led by and for’ LGBT+ service provision) and domestic abuse services in your area.

9) Looking ahead to the ‘Do’ stage, query the planned representation and expertise on commissioning and tender evaluation panels (e.g. will there be domestic abuse and/or LGBT+ specialist knowledge and service user representation?)

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# PROVIDER CHECKLIST

## ANALYSE

1) Ensure your service regularly engages with LGBT+ communities to understand their experience of your service, as well as monitors for service users’ sexual orientation and gender identity. Similarly, advocate for consultation by commissioners specifically with LGBT+ survivors.

2) Demonstrate any added value that your service brings to local/regional service delivery, through complementary grant and charitable funding, as well as local knowledge, assessment of survivor needs and best practice evidence of what works.

3) Participate in the local task and finish commissioning groups and contribute to the mapping of services and funding. Depending on your service and experience, this may be as a domestic abuse or LGBT+ specialist. If you are not able to represent LGBT+ services, work to identify an LGBT+ sector representative to work alongside you.

4) Advocate for specific provision for LGBT+ survivors. Work with commissioners to identify the best LGBT+ service delivery model for your area.
| DO | 10) Attend provider briefings and ‘Meet the Buyer’ events and request that commissioners invest in capacity building as part of the process (i.e. to help consortium building, bid-writing, monitoring, and data recording and referral pathways). |
| 11) Ask commissioners for information on the Equality Impact Assessment, as well as the gaps and issues that have been identified. |
| 12) Seek clarity about the evaluation process, including how bids will be evaluated (e.g. does the evaluation process consider issues like Social or Added Value, sector-led quality standards and/or specific questions relating to how providers will meet the needs of diverse communities?) |
| 13) To assist with market readiness and improving your response in this area, conduct an organisational review into your policies, procedures, staffing and governance around the intersection of LGBT+ inclusivity and domestic abuse. |

| REVIEW | 14) Ensure performance monitoring includes sexual orientation and gender identity. |
| 15) Participate in robust and ongoing performance monitoring and LGBT+ consultation. |
| 16) Use this information to reflect on what is working well. Celebrate your successes, but also identify what is not working, as well as emerging risks and issues. |
| 17) Talk to LGBT+ survivors directly about their experiences, including those help-seeking across a range of services, so their voices (alongside those from other minority communities) are at the heart of service delivery and design. |