

# **The Full Report of Lambeth LGBT Matters**

**The needs and experiences of Lesbians,  
Gay men, Bisexual and Trans  
men and women in Lambeth**

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## Acknowledgements

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Our greatest debt is owed to the all those who responded to our survey and took part in focus groups and interviews (including those staff at Lambeth Council). Without their participation and support, this research would not have been possible.

Thanks also to the following people and organisations.

The Equalities and Diversity Unit at Lambeth Council for inviting and commissioning us to undertake such an ambitious project especially Carole Litchmore, Head of Equalities and Diversity for her support and Paula Williams, Special Projects Officer who liaised, coordinated and kept everyone informed and on track.

Thanks also to the Project Steering Group for their insightful and positive contributions. Members included: Graham Alldus, Lambert Allman, Tim Chambers, Amy Donovan, Chris D'Souza, Kenny Gibson, Rachael Hopkins, Chris Lee, Carole Litchmore, Alec Parsons, Mark Picksley, Khi Rafe, Julia Shelley, Gary Whiting, Evereth Willis and Paula Williams.

Thanks to the LADS outreach team at the Terrence Higgins Trust and the venues/organisations in South London who allowed them to distribute promotional materials at scene and other venues in South London. Also Kathie Jessup and Laurie Henderson at Sigma Research, Graham Alldus, LGBT Liaison Officer, Lambeth Police and Amy Donovan, Lambeth LGBT Anti-Hate Crime Coordinator who all carried out additional promotion and distribution of materials.

Thanks also to Julia Shelley of Age Concern Lambeth and Gareth Davies of NRG Group for young Lesbian, Gay and Bisexual people for helping us with recruitment

Thanks to members of the Lambeth LGBT Forum for advice assistance and support.

Finally, thanks to the following venues, organisations and groups who promoted the research either on their websites, through their membership/ mailing lists or by allowing us to distribute additional promotional material at their events or meetings: Black Lesbian UK (BLUK); Candybar; Clubwotever; Curves; Extratimebar; Evolution 02 Bar; First Out; Fried Green Tomatoes; G.A.Y; Gingerbeer; Girls go down; Glass Bar; GMFA; Kairos in Soho; London Friend; Lyrical Lounge; Pony Club; Posh-UK; Rude girls; Rumours; Scene-OUT; Southopia; SW5: Too2much; Transmission Club; Trannyshack; UK Blackout; Vespa Lounge; Wayout Club; and Wow bar.

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October, 2006

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Published by Sigma Research ©  
October 2006  
ISBN:1 872956 86 6

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# 1. Introduction

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This report presents the findings of a study of the experiences of Lesbians, Gay men, Bisexual and Trans men and women who live, work and socialise in Lambeth. The study was commissioned by The London Borough of Lambeth (LBL) and aims to provide the Council with the information it needs to improve its services and develop a coherent response to the needs of this population. This longer report contains the full findings of the research. That is, in addition to findings about LGBT people in Lambeth, we include detailed analyses of LBL's internal policies and procedures as well as an investigation of the experiences of Lambeth's LGBT employees. A shorter report with findings of interest to the wider public is available at our website. In this chapter, we introduce the study and give an overview of the policy and legislative environment within which Local Authority LGBT equality work takes place. We also comment on the activities of London's Local Authorities in respect of LGBT equality.

## 1.1 THE FALL AND RISE OF LGBT EQUALITY IN LOCAL GOVERNMENT

The extent and effectiveness of Local Authority response to social exclusion associated with being Lesbian, Gay, Bisexual or Trans (LGBT) has varied greatly over the past twenty-five years. In the 1980s a number of Local Authorities set up initiatives to address discrimination against Gay men and Lesbians. These ranged from the purely symbolic (poster campaigns or flying flags) to extensive policy and practice innovations (same sex tenancies, adopting and fostering initiatives etc.). However, without legislative underpinning and in the face of a largely hostile government, such interventions remained short-term. In particular, successive Local Government Bills in the late 1980's limited Local Authority response to LGBT need. The 1985 Local Government Act abolished the Greater London Council (GLC) along with all Metropolitan Councils. The GLC had been a major driver for increasing social justice and ending discrimination against Lesbians and Gay men in London. The Succeeding Local Government Act of 1988 contained a controversial anti-Gay amendment (Section 28). The amendment stated that a Local Authority "*shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality*" or "*promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship*". In essence, Section 28 prohibited councils from distributing any material that portrayed Gay relationships as anything other than abnormal. It also appeared to prohibit teachers and educational staff from discussing Gay issues with students for fear of losing state funding. These legislative attacks on LGBT civil rights fostered an atmosphere of hostility in which many Local Authorities were pilloried by the right wing and populist press as 'loony left'.

This legislation was ultimately effective in that by the late 1980s, LGBT need and concerns had been excised from developing policies and practices around social care, social exclusion and discrimination. Government responses to social problems associated with the LGBT population focussed increasingly on preventing and treating HIV among Gay men and, with a few notable exceptions, the broader LGBT rights agenda stalled.

The legislative environment within which public services operate has changed dramatically over the last decade and significant legislative and policy developments have begun to reinvigorate both the LGBT rights agenda and Local Authority responses. Legislation has both constrained Local Authorities to be more accountable and transparent in the delivery of services generally

and to safeguard against various discriminatory practices. In particular, legislation has ensured the extension of various rights to LGBT individuals.

The modernising of public services agenda has made local government more open to the demands and influence of minorities. Local Authorities are obliged to improve and modernise both their internal processes and their service delivery with a greater emphasis on consultation and citizen focus. The Best Value regime (Local Government Act 1999) requires Local Authorities to abide by the four principles of consultation, competition, challenge and comparison. In short, this means that any Local Authority which does not commit to continuous improvement of its services through monitoring, evaluation and ongoing consultation of its citizens automatically fails to be effective under Best Value. Specifically, Local Authorities must now consult with stakeholders and groups whose views have traditionally been under represented.

The Local Government Act 2000 requires Local Authorities to form Local Strategic Partnerships (LSPs) in order to produce Community Strategies. As with Best Value, Local Authorities are required to demonstrate how they have consulted with citizens (and especially equalities groups) in the development of their Community Strategy. The Community Strategy employs the concept of 'community well-being' which effectively means that Local Authorities are now empowered to make interventions to improve the quality of life of communities living in the area. LSPs are the main vehicle for delivering neighbourhood renewal. They are non-executive and non-statutory organisations who are cross-sector and cross-agency. They must fully engage with and include voluntary and community organisations who now have an unprecedented opportunity to influence social strategy and social development in the locality as well as having a say on the allocation of key resources (specifically neighbourhood renewal funds). Specifically, these organisations can increase their power and capacity by procuring funding through a range of well resourced community funds.

The requirements placed upon Local Authorities to consult with and include equalities groups such as LGBT populations have never been so great. The task therefore for both Local Authorities and the LGBT communities they serve is to articulate LGBT social need and social concern as well as to build capacity in order to influence policy and services.

## **1.2 THE LEGISLATIVE CLIMATE**

A range of legislative changes applying specifically to LGBT groups have placed even greater pressure on Local Authorities to attend to the needs and demands of this group. We can date the start of change to the legislative environment to 1999 when several reforms in legislation and policy took place. These include changes in immigration policy for same sex partners of UK citizens, a defeat for the Government in the European Court of Human Rights over Gay men and Lesbians serving in the armed forces, the enshrinement of equal opportunities in the establishment of the new Greater London Authority, the granting of tenancy succession rights for same sex partners and finally the lifting of the Children's Society ban on Lesbian and Gay fostering and adopting. The following year the European Court on Human Rights again ruled against the government thus necessitating the reform of UK sexual offences legislation.

The equalisation of the age of consent in 2001 (first carried in the commons in 1997 and subsequently defeated in the Lords) signalled a period where many of the reforms begun in the

late 1990s were enshrined in law. In 2002, equal rights were granted to same sex couples applying for adoption and 2003 brought a raft of further reforms. Arguably the most important of these was the repeal of Section 28. In addition, the Employment Equality (Sexual Orientation) Regulations became law in December 2003 thus making it illegal to discriminate against Lesbians, Gay men and Bisexuals in the workplace. 2003 also saw the announcement of the Government's plans to bring together the work of the equality commissions in a new body that will take responsibility for new laws on age, religion/ belief and sexual orientation and for the first time provide institutional support for human rights. After consultation, it was confirmed in the 2004 Queen's speech that the Government will establish the Commission for Equality and Human Rights (CEHR). 2004 also saw the passing of the Civil Partnership Act which gives same-sex couples the same rights and responsibilities as married heterosexual couples (with the first civil partnerships ceremonies performed in Lambeth in December 2005). 2005 was another important year for reform. The implementation of the Criminal Justice Act now empowers courts to impose tougher sentences for offences aggravated or motivated by the victim's sexual orientation. Likewise, the implementation of The Adoption and Children Act now enables same sex couples to apply to adopt a child jointly. Finally, the 2006 equality Act seeks to prohibit sexual orientation discrimination in the provision of goods, facilities and services and the execution of public functions.

Although not as dramatic, the legislative environment for Trans people has changed for the better too. Transgender people (defined as those who have undergone, plan to undergo or are undergoing gender re-assignment) now receive statutory protection against employment discrimination under the Sex Discrimination Act (1999 amendment). The provisions provide protection from discrimination in the fields of employment, discrimination in relation to barristers and advocates and in other fields in so far as they relate to the provision of vocational training. However, pre-operative transgender people are in a comparatively weaker legal position than post-operative transgender people. This is because, in considering what amounts to less favourable treatment, it does not follow that pre-operative transgender people are entitled immediately to be treated as members of the sex that they wish to be.

The status of transgender does not automatically entitle the employee to be treated as a person of their target or eventual gender with respect to toilet and other personal facilities. A judgment has to be made by an employer and a tribunal as to when say, a male-to-female (m-f) transgender person becomes a woman and is entitled to the same facilities as other women. This is said to depend 'on all the circumstances', including the stage reached in treatment, how the employee presents, and the views of other employees. There are 'genuine occupation requirements and exceptions' which mitigate against transgender people taking up certain job roles. For example, jobs which require intimate searches. However, the feasibility of such exceptions is increasingly contested and debated.

The Gender Recognition Act (2004) provides transgendered people with legal recognition in their acquired gender. Legal recognition is achieved when a gender recognition certificate is issued by a Gender Recognition Panel made up of at least one legally and one medically qualified member. The Gender Recognition Act does not require that the person has undergone gender reassignment treatment to qualify. Rather the Act recognises that a person's gender identity, and not surgery, is the defining factor.

Obtaining gender recognition is enormously significant. For example it allows the person to be recognised as their assigned gender in English and Welsh law for all purposes including the criminal law, entitlement to state benefits and occupational pension schemes. They are also entitled to be issued with a new birth certificate reflecting the changed gender and to marry someone of the opposite sex or enter into a civil partnership with someone of the same sex. In spite of this, there will be many people who are in transition and therefore do not yet qualify for a certificate. It is important therefore that employers and service providers ensure that their good practice encompasses more than simply legal compliance. Employers and service providers should strive to preserve the privacy and dignity of the transgender employee or service user.

As regards transvestitism, although there is nothing in the law to stop anyone dressing in clothes traditionally worn by members of the opposite sex, transvestites have been arrested for 'insulting behaviour' although convictions under this offence are rare. There is no specific employment legislation covering transvestites and Employment Appeal Tribunals have rejected appeals from (male) employees claiming unlawful sex discrimination when threatened with disciplinary proceedings for wearing what was conventionally regarded as female clothes to work.

### **1.3 CURRENT LOCAL AUTHORITY RESPONSES**

In spite of these changes, Local Authority activity around LGBT social care and discrimination need is fragmentary and underdeveloped. Local Authorities are struggling to keep up with the pace of legislative change and the new obligations placed on them. Outside of the strictly legislative sphere, LGBT groups are struggling to define the parameters of social need amongst LGBT populations and trying hard to articulate this need in a way that is accessible to pre-existing social exclusion discourses and hence funding. In short, there is a lot of catching up to do and we are experiencing a deficit of research and evidence based policy to inform Local Authority responses.

Of the 32 London Local Authorities, 16 have some kind of LGBT forum with whom they consult, 4 have a homophobic violence forum and another 2 have an LGBT staff forum. It would be misleading to assume that all of these fora are constituted by Local Authorities. In one case, the forum has been set up by community activists to lobby an inactive council. In other cases, the forum has been set up by LGBT community members and has only latterly received council funding. Moreover, the levels of consultation vary. For the majority of these forums, contact with the Council is *ad hoc* and not formalised. Homophobic violence fora are usually set up by local police in collaboration with the Local Authority and other stakeholders in response to concerns about community safety.

16 London Local Authorities have run some kind of LGBT consultation event (this is usually a one off meeting or series of focus groups) of which 9 have conducted structured needs assessments. These needs assessments were conducted between June 2002 and August 2004 (one study is still on-going). One study analysed homophobic violence exclusively. The methods used in all were self-complete questionnaires accompanied by either face-to-face interviews or focus groups. Sample sizes for surveys range from 35 to 225 and for



interviews from 7 to 11. Two studies also consider a Local Authority's capacity to meet the needs of LGBT groups with stakeholder interviews and document reviews.

Except when they covered homophobic or domestic violence, these reviews have tended to concentrate on LGBT perceptions of the Council and use of services rather than social care need or experiences of social exclusion. As they concentrate on Council services, findings tended to be around confidence in or use of services and recommendations tended to refer to service priorities. We can group the range of findings and recommendations under the following headings.

*Consultation and engagement:* Recommendations include calls for improved consultation with LGBT communities and populations by Local Authorities around services provided. Community forums are recommended as are periodic surveys or focus groups. In addition, supplementary consultation arrangements such as departmental service user forums and advice panels are recommended. Finally, some studies recommended the establishment of LGBT staff support/ consultation networks.

*Policy:* Recommendations include calls for the development of common aims around LGBT social inclusion and health and the need for clear LGBT policies and practices from statutory and voluntary providers.

*Employment issues:* Recommendations include calls for improvements in equalities training as well as anti-homophobia training for police, agency staff and staff of Council funded services. In addition, one review calls for a confidential homophobic bullying reporting service for staff.

*Resource production:* Recommendations here include reviews of the provision of materials for LGBT communities in libraries, the development of local LGBT guides and the development of a LGBT resources guide for staff.

*Performance and monitoring:* Recommendations here include promotion and achievement of equalities as a core competency in staff appraisal, the provision of guidance for managers on developing appropriate service indicators (training workshops and skills development initiatives), key sexuality-related audits undertaken by service managers using a standard audit instrument, the identification and promotion of examples of good practice and improvements in monitoring for suppliers and contractors.

*Ownership:* Recommendations here include calls for increased ownership of LGBT initiatives with named LGBT champions within the Council (at member and/or lead officer level), sponsoring of LGBT events and increased visibility of Council initiatives (where they exist).

*Services:* Studies recommended a wide range of LGBT specific services or service competencies in a range of areas including legal advice, housing and homelessness services, older people's services, youth services, victim support services, mental health services,

learning difficulties and disabilities services and services for sex workers. Finally, there are repeated calls for a London or area based LGBT service / community centre.

#### **1.4 PROMOTING LGBT EQUALITY AT THE LONDON BOROUGH OF LAMBETH**

The London Borough of Lambeth (LBL) is the largest and possibly most diverse of inner London's boroughs. A third (34%) of the population of 260,000 are from ethnic minorities with approximately 132 languages spoken in the Borough. The north of the borough is bordered by the Thames and this area contains some of the capital's major tourist attractions and cultural centres (Lambeth Palace, The South Bank complex the Old Vic, the London Eye and Waterloo station). The central and southern parts of the borough are largely residential containing the main shopping districts, housing developments and green spaces. Although the borough has a wealth of cultural, sporting and commercial centres it is also one of the most multiply deprived boroughs in England with much of the deprivation concentrated in the two wards of Coldharbour and Vassal.

Lambeth has vibrant LGBT communities. Patterns of UK and international migration ensure that the LGBT population in London is far larger than elsewhere in the UK (and is higher in inner London boroughs compared to outer London). Using the 2001 Census data (Office for National Statistics 2006) alongside the second National Survey of Sexual Attitudes and Lifestyles (Johnson *et al.* 2001), we can estimate that Lambeth's adult LGBT resident population is approximately 18-20,000 adults. Among residents, 10.3% of men and 9.4% of women have probably ever been homosexually active though a smaller proportion will have a Gay, Lesbian or Bisexual identity (Johnson *et al.* 2001). This figure is for residents of the borough only, and does not include people who come to Lambeth to work or socialise.

Given the size of the LGBT population it is not surprising that Lambeth hosts a substantial and diverse social and commercial scene. There are six Gay saunas / gyms in the borough, 12 social support agencies offering services specifically to LGBT people and 17 Lesbian and / or Gay bars, clubs and cafes. There are also various public sites in Lambeth where men meet for anonymous sex (parks, commons and public toilets).

LBL are committed to countering racism, homophobia and discrimination and have identified the following areas around which they seek to foster greater equality and combat discrimination: race, gender, disability, age, sexual orientation and religion or belief. To this end, they have put numerous policies and mechanisms in place to ensure that equality and diversity are at the centre of the services they provide. These include setting up an Equalities Board chaired by the Chief Executive, the institution of Equality Leads and Policy Officers on a departmental level, requiring Equality Impact Assessments to be carried out on all new policy developments, setting up equality indicators, monitoring performance and disseminating best practice as well as instituting a zero tolerance policy towards discrimination among Council staff.

Lambeth Council's equalities record is steadily improving, particularly in respect of race and ethnicity. Many of these improvements came about through Lambeth Council's Race Action Plan which was drafted in response to the recommendations of a 2003 Race Scrutiny Commission

Report. As a result, there have been improvements in terms of staff training, management practices, service delivery and incident monitoring procedures.

Currently, Lambeth have few initiatives or services for LGBT populations. Moreover, the appropriateness of generic services for LGBT groups is not established. Lambeth's main response to LGBT need centres on homophobic hate crime. Lambeth Council fund an LGBT hate crime coordinator (part of a larger hate crime team based within a voluntary sector agency: Lambeth Crime Prevention Trust). In addition, the Council is highly active within the Safer Lambeth Partnership and has consulted with LGBT groups in the development of the most recent Community Safety Audit. The latest Community Safety strategy lists several aims and indicators around reducing LGBT hate crime and increasing reporting. The Council also supports the Lambeth LGBT Forum (a lobbying/consultative/social forum made up of local LGBT community members). In addition, homophobic hate crime was featured in an advertising campaign sponsored by the Council. Lambeth support some services for LGBT young people. The Council part-fund the NRG youth group and will soon provide key worker support for this group through the Positive Activities for Young People (PAYP) initiative. Substantial PAYP funding has been committed to a 'School's Out' pilot project (an intervention in the boroughs school to counter homophobia among young people) which has now unfortunately, stalled.

The Council has faced some criticism for its lack of activity around LGBT need and has commissioned this research to provide information needed to improve its response. The aim of this research is to assess the needs and experiences of LGBT people living and working in the borough. In addition, the Council were concerned to ensure that its LGBT staff are treated equally and with respect. Mindful of their duties to comply both with recent employment legislation and a number of reforms which increase the rights of sexual minorities, the Council recognised the need for a thorough assessment of its equality policies and practices for LGBT people.

The main vehicle through which Lambeth is likely to improve its response to LGBT social care need is its Equality and Diversity Strategy and the accompanying Action Plan (see section 6.2 for a detailed analysis of the strategy). The strategy sets 3 key objectives for delivering equalities. When applied to LGBT communities, these objectives commit Lambeth Council to the following:

- The delivery of services that are demonstrably acceptable and meet the needs of LGBT communities.
- The promotion of LGBT community growth and cohesion.
- Excellent management of and zero discrimination against LGBT Council staff.

These are very broad objectives. However, they are helpful in allowing us to think through the task of effectively promoting LGBT equalities. This research attempts to supply some of the information Lambeth Council needs in order to start to meet these objectives. That is, this report describes:

- The likely and demonstrated needs of LGBT people who live, work and socialise in Lambeth (through a literature review, a quantitative survey and qualitative focus groups/interviews).

- Lambeth’s capacity to assess and demonstrate service acceptability and appropriateness for LGBT people who live work and socialise in Lambeth (through document reviews and key stakeholder interviews).
- The nature of Lambeth’s diverse LGBT population and the forms of community cohesion that currently exist (through the quantitative survey, focus groups and key stakeholder interviews).
- The nature of discrimination experienced by Lambeth’s LGBT employees (through focus groups and key stakeholder interviews).

## 1.5 METHODOLOGY AND STRUCTURE

The research has been a complex exercise drawing on a wide range of data sources and encompassing a variety of perspectives, opinions and experiences. We used five main methods. A self complete **quantitative survey** was conducted on-line and in pen and paper form with 463 LGBT people who live, work or socialise in Lambeth. Eighty seven people took part in a total of 12 **focus groups**. These included groups of key stakeholders, LGBT residents of Lambeth and LGB employees of Lambeth Council. Thirty people took part in face-to-face **interviews**. These were mainly key stakeholder interviews, but include some interviews with Trans respondents. **Literature/ document reviews** were conducted of social research literature on LGBT need, Lambeth’s key policy documents and other relevant policy.

In the following chapters, we present the substantive findings of this study. Chapter 2 consists of a selective literature review of the social care and equalities needs of this group. Chapter 3 presents our quantitative findings on the needs and experiences of LGBT people who live work and socialise in Lambeth. Chapter 4 presents qualitative findings on the experiences of LGBT residents. Chapter 5 describes the experiences of LGBT employees of Lambeth Council. Chapter 6 describes a range of Lambeth’s policies and procedures in relation to promoting LGBT equality. Finally, chapter 7 outlines conclusions and recommendations arising from this research.

## 2. Selective LGBT literature review: aging, ethnicity and social class

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Although most equalities bodies in the UK now agree that 'something should be done' to address LGBT inequality and need, describing this need is difficult because of a lack of evidence. The Government does not collect appropriate data on the LGBT population and there is an inexcusable lack of interest from both statutory and charitable research funders in the needs and experiences of LGBT people (see Cant & Taket 2004). We therefore know little of the size and variety of the LGBT population.

### 2.1 LGBT POPULATION SIZE

Estimating the size of the LGBT population of an area is difficult in the absence of national data. Neither of the two National Surveys of Sexual Attitudes and Lifestyles have asked about sexual (or gender) identity. Nor has the UK Census, the British Household Panel Survey, the British Crime Survey or any other major random household survey.

The second *National Survey of Sexual Attitudes and Lifestyles* (Mercer *et al.* 2004) found that 3.9% of women and 5.5% of men aged 16 to 44 and living in London had a same gender sex partner in the last five years. The figures were lower in the rest of the UK for both women (2.4%) and men (2.1%), confirming that sexual minorities migrate to large cities, especially London. Within London, sexual minorities are concentrated in inner rather than outer London. Hickman *et al.* (1997) found that 8.6% of the male population of Inner London had a male sex partner in the last five years. This figure may apply to some areas of Central London but does not apply to the bulk of the UK.

The 2001 Census indicates that the total population of London was approximately 7,172,000. If we take a conservative estimate of the LGBT population as 5% then we are talking about a London LGBT population in the region of 358,500. That is considerably more than the total population of the London Borough of Lambeth (266,169) or the total population of Nottingham (266,988) and approaches the total population of Bristol (380,615) and Manchester (392,819). A population based upon socio-geographic boundaries is not identical to a population based upon socio-sexual boundaries but it would be hard to imagine these conurbations or sections of conurbations being neglected to the extent that they lacked any infrastructure, were deprived of all but the most occasional needs assessments and enjoyed so few targeted services.

### 2.2 LGBT NEEDS

LGBT people are integral to all social or demographic groups including those based on social class, age, education, faith, ethnicity, migrancy, nationality *etc.* The needs of LGBT people will vary depending on which other social groups they belong to. There are three ways in which we might examine this variation.

First, we might say that the greatest social need amongst LGBT people will reside with those who are members of **groups which are already disadvantaged**. For example, Lesbians will have

greater need than Gay men because in society, men are generally more powerful than women. Likewise Black Gay men will have greater need than White Gay men because BME groups are on the whole less powerful than the White population and Black men are particularly disadvantaged. Research appears to support this assumption. However, we need to be wary of concluding that all LGBT social need resides in those LGBT people who are members of other disadvantaged groups. For some individuals, developing a Gay or Lesbian identity or changing sex may present an opportunity to overcome pre-existing social inequality (see Keogh *et al.* 2004a).

Second, we might say that LGBT members of certain **social and cultural groups** (such as many faith groups) will have increased need because there will be increased antipathy towards LGBT people among that group. Like our previous example, we must be wary of concluding that this is invariably the case (see Keogh *et al.* 2004b). Rather, we should investigate how individuals manage their sexuality within seemingly hostile social environments and live happy and productive lives. Not to do so risks espousing a very reductive understanding of what being LGBT is and the unexpected ways in which communities sustain their LGBT members.

Third, we might say that at **critical life stages**, the needs of LGBT people are increased. Therefore, the transition from childhood to adulthood might be a point of critical need for LGBT people or from adult independence to older age and frailty. Moreover, LGBT people are likely to have unique critical stages of need. For example, the point of an HIV diagnosis or a period of greatest sexual activity might be a critical period of need for a Gay or Bisexual man. Likewise the period of gender change might be a critical period of need for a transgender person. Moreover, we must also attend to the social structures that LGBT people and communities put in place to help their own through such difficult times.

This complex and fluid picture of LGBT need is further influenced by how an individual understands their sexuality or gender, the social group that they occupy, and the resources that they can draw upon. These will change with time and with individual circumstances. For example a young White working class Lesbian living in the 1971 would have had very different understandings and choices than she has when she is an elder Lesbian living in 2006. A second generation high earning educated Bengali Gay man working outside of the family business will have choices and ways of managing social aspects of his sexuality not available to a first generation Bengali migrant working for his extended family.

So, investigating and describing LGBT need involves attending to the *specificity* of that need. That is, need has to be considered in relation to the broader social factors in an individual's life. The types of questions we should be asking are:

- In what way might a Gay identity provide a Black Caribbean young man with greater life opportunities and in what way might it exacerbate his lack of opportunities?
- What are the resources that older Lesbians can draw on to counter isolation?
- Is a Trans identity a liability to a migrant to the UK? In what way can we work with Trans migrants to turn it into an asset?
- In what way does the local education system perpetuate hatred of LGBT people in the local population?

In the remainder of this section, we present a review of research evidence on LGBT need as it relates to broader social aspects. We start with research on youth and then on aging (both key life stages). We move on to research on ethnicity and class (membership of disadvantaged groups). This review is nowhere near exhaustive, but gives some indication of how we might prioritise need.

### **2.3 YOUTH**

Research has shown that homophobic harassment and bullying at school results in increased absenteeism, substance use, suicidal ideation and sexual risk behaviours (Rivers 2000, Bontempo *et al.* 2002, Ryan *et al.* 2003). Moreover, teachers and others lack knowledge about LGBT youth issues (Little 2001, Rinezo *et al.* 2006). In the UK young LGB people are often alienated by sex and relationship education at school (Douglas *et al.* 2000, Blake 2003). They experience school environments as dominated by heterosexual gender norms that do not recognise non-typical sexual expression (Mac An Ghail 1994, Epstein *et al.* 1998, Warwick *et al.* 2001, Mullen 2001, Rivers 2001, Blake 2003, Rivers *et al.* 2003, Epstein *et al.* 2003, Keogh *et al.* 2004b).

Outside school, LGBT youth are found to suffer from significantly more bullying and sexual harassment than their heterosexual peers and report greater emotional distance from family and less peer support (Stonewall 1996, Galop 1998, Grossman *et al.* 1998, Williams *et al.* 2005). They show greater levels of maladaptive coping styles (Lock *et al.* 1999); suicidal behaviours (Cantor *et al.* 2000) and substance use than heterosexual peers (see Anhalt *et al.* 1998). Moreover, LGBT youth cope less well with adversity including homelessness and substance use (Noell *et al.* 2001).

Thus, the dominant institutions in the lives of young LGBT people (schools, youth services, media and medical services) perpetuate and reinforce societal stigma and prejudice rather than undermining it. In schools, strategies to address this inequality require recognition of the ways in which the actions of students and staff reflect the broader societal privileging of heterosexuality (heterosexism) and suppress diverse sexualities through intimidation, abuse and discrimination (Smith 2000, Forrest *et al.* 2003, Jennett 2004). School curricula and environments can provide an important opportunity to encourage non-prejudicial attitudes and healthy sexual decision-making (Sex Education Forum 1999, Blake *et al.* 2001, Office for Standards in Education 2002, Warwick *et al.* 2002). Changes in the school environment are likely to improve the sexual and mental health of all pupils (Social Exclusion Unit 1999, UNICEF 2001, Blake *et al.* 2001, Health Protection Agency 2003, Epstein *et al.* 2003) and improve the sexual and mental health of LGB people throughout their lifespan (Rivers 2001, Blake 2003, Douglas Scott *et al.* 2004).

### **2.4 AGING**

There is a growing literature on LGBT aging which falls into two types. One type of research constructs the experience of growing old and Gay as negative by comparing it to a heterosexual ideal of aging. Other research describes the experience in its own terms identifying positive as well as negative aspects of Gay and Lesbian aging. Research has identified the needs of older LGBT people as well as their responses. For example, adversity associated with coming out as a Lesbian or Gay can enable the person to deal with being older in an ageist society (Sharpe

1997). Older Lesbians and Gay men will have lived a greater proportion of their lives within a more punitive legal and social environment than exists today (facing criminalisation, familial and community rejection, employment discrimination and medical pathologisation). However, they will have developed social networks and personal strategies for coping with this adversity which may better enable them to face the unique challenges of aging.

Older Gay men and Lesbians have elevated need compared to heterosexuals. Research has shown that, compared to heterosexuals, older Lesbians, Gay men and Bisexuals are 2½ times more likely to live alone, twice as likely to age as a single person and 4½ times as likely to have no children to call upon in times of need. Moreover, 20% of older Lesbians, Gay men and Bisexuals indicate they have no one to call on in a time of crisis or difficulty, a rate up to ten times higher than the general older population (Cross 1999, quoted on Age Concern website). This need is exacerbated by pre-existing homophobia and discrimination. Turnbull (2002) posited that the three major issues faced by LGB people are the same as for heterosexuals: loneliness, isolation and financial hardship. However, these issues are mediated by other issues associated with sexuality. Negative aspects include inappropriate services, lack of social and legal rights, invisibility and societal homophobia. Positive aspects include stronger social support networks, a stronger sub-culture, greater role flexibility and greater personal resilience.

Other research has shown that older LGBT people have strengths to deal with adversity and unique social experiences of ageing. For example, the skills and confidence that many LGBT people have developed in dealing with a largely hostile social environment can be employed to deal both with ageism and the social or financial adversity that may accompany it (Kimmel 1978, Sharp 1997). Moreover, greater domestic and gender role flexibility can be beneficial for Gay and Bisexual men. They are more likely to be self sufficient and less likely to be socially isolated than older heterosexual men (Berger 1982, Quam *et al* 1992, Heaphy *et al* 2004). One study found that self-reliance mediated by interdependence with other women was key survival strategy among older Lesbians (Comerford *et al.* 2004). Moreover, older Lesbians are more likely to be used to financial independence, having been less reliant on a (male) partner as breadwinner (Heaphy *et al.* 2004). Strong LGBT social networks were identified as key to enhanced quality of life for older LGBT people (Raphael *et al.* 1980, Friend 1980, Quam *et al.* 1992, Comerford *et al.* 2004). Belonging to a supportive 'de-traditionalised' sub-culture was also key (Heaphy *et al.* 2004).

There is a paucity of information on the experience of aging as a Trans person. This is likely to change as more post-operative transgender people age. Relevant issues are likely to include transgender geriatric health, aging and cross-sex therapy, appropriateness of services, transphobia, the impact of gender reassignment on pensions and long-term financial security.

Finally, there is evidence of homophobia within residential services. Hubbard and Rossington (1995) found significant homophobia on the part of care providers in the UK while Johnson *et al.* (2005) found significant fear, and experiences of homophobia among Gay and Lesbian care home residents. Moreover, fear of homophobia was influenced by the age, income, gender and education level of respondents. This and other UK studies identified an enthusiasm among respondents for Gay-specific residential services (Lucco 1987, Kehoe 1989). Other studies highlight homophobia as a barrier to non-residential or clinical services. These studies call for



better training and sensitivity among service and clinical staff and the development of best practice standards and guidelines (Brotman *et al.* 2003, Burbank *et al.* 2005, Wilkie 2005).

## **2.5 ETHNICITY: THE CASE OF BLACK CARRIBEAN LGBT PEOPLE**

The interactions between sexual orientation, gender dysphoria and ethnic minority membership are likely to be complex and it is inadvisable to generalise about the likely experience of LGBT people who are part of BME communities. We can however posit that the extent to which membership of an ethnic minority group impacts the identity and need of an LGBT person is likely to depend on the following factors: the pre-existing social and cultural capital of that ethnic minority group; the extent to which that group suffers discrimination and inequality; the attitudes and values of that ethnic minority community; and the personal circumstances of the individual.

For the purpose of this review, we restrict our analysis to Black Caribbean LGBT people. This is because they are a predominant ethnic minority group within Lambeth and there is a more complete literature on social and health inequalities pertaining to this group.

Health and social inequalities among Black Caribbean people in the UK are well documented with several studies identifying poor health across multiple generations, less effective communication between doctors and Black Caribbean patients, no attention to Black Caribbean cultural concerns regarding the uses of medicine and consequent lower adherence to a range of treatments (see Morgan 1995). Other studies show disparities in diagnostic and treatment practices with Black Caribbean people more likely to be diagnosed with serious mental health problems. The elevated incidence of conditions such as schizophrenia is attributed to a combination of factors including socioeconomic disadvantage, social adversity and racism in health and criminal justice settings (Louden 1995, McLean *et al.* 2003).

Other studies show increased levels of reported employment discrimination and harassment amongst Black Caribbeans (Cooper 2002, Karlsen & Nazroo 2002). Wright *et al.* (1998) point to the role of cultural and interpersonal factors in Black boys' underachievement at school citing the role of damaging hyper-masculinity reflected in the high numbers of school exclusions. That is, the experiences of Black boys are heavily mediated through their ethnic and gendered identities which are pathologised within school systems.

As a response to such inequalities, several policy initiatives have been implemented by central government over the last several years (Department of Health 1999, 2002, 2003; Department of Health and Neighbourhood Renewal Unit 2002). However researchers and commentators have expressed concerns that calls for increased participation at a policy level without interventions to remove the barriers to that participation will only result in further social exclusion (Campbell *et al.* 2002).

The literature on health and social inequality among Black Caribbean LGBT people is more patchy. For Gay and Bisexual men it concentrates almost exclusively on HIV morbidity and prevention need. Although the evidence on health and HIV morbidity among ethnic minority Gay men is inconclusive (that is homosexually active men from certain ethnic minorities are at heightened risk of HIV infection although there is no clear pattern to this), it is clear that ethnic minority

membership does influence the extent and nature of HIV health and social care need. Black Caribbean men are significantly more likely to test positive for HIV than men in other ethnic groups and are at increased HIV prevention need (see Keogh *et al.* 2004a). Other studies have shown that Black Caribbean men are more likely to experience sexual health morbidity, in its narrowest sense of clinical symptoms (Winter *et al.* 2000, Hughes *et al.* 2001, Fenton 2001). Another report (Fenton *et al.* 1999) concluded that Black Caribbean men have difficulty articulating their sexual health needs and describing the role of their sexuality within their broader lives. However more recent research highlights the capacity for Black Caribbean Gay men to thrive within certain Black urban LGB community networks (Keogh *et al.* 2004a).

There is little research on Black Caribbean Lesbians and Bisexual women. We know from American research that Black Lesbians and Bisexual women have higher rates of obesity (Yancey *et al.* 2003) and smoking (Sanchez *et al.* 2005) than other ethnic groups. In addition, there has been research into the experiences of mixed race Lesbians which highlights a range of personal problems associated with gender and racial oppression (Bing 2004).

Two UK community studies found that Black LGBT people experience significant homophobic crime. 57% of Black and Asian young people had experienced physical abuse compared to 47% of respondents overall (Galop 1998) and 45% of Black respondents had experienced homophobic violence compared to 32% of respondents overall (Stonewall 1996). Finally, Black and Asian LGB people in London suffer specific forms of homophobia from their own communities and racism within LGBT communities and in LGBT scene venues (Galop 2001). Moreover, many LGBT organisations and venues were alienating for this group. The report calls for a range of social and structural interventions as well as service innovations.

There is clearly a need for more integrated research into the needs and experiences of Black Caribbean LGBT people. However, the research available indicates that Black LGBT people are likely to suffer from the same social and health inequalities and discrimination as their heterosexual counterparts. This discrimination is exacerbated by negative and discriminatory attitudes from the broader Black Caribbean community. Moreover, there are specific health and social care needs for Black LGBT people which are most likely caused by these distinct and pernicious forms of discrimination. Finally, Black LGBT people suffer significant homophobic violence and abuse. However, other research describes Black Gay (and possibly Lesbian and Trans) social structures within which individuals thrive. That is, there are ways of being Black and LGBT which are positive and life enhancing.

## **2.6 SOCIAL CLASS**

It is difficult to define social class. We might describe it as a state of belonging to a community; as a cultural identity or as a socio-economic status. Social class is undoubtedly a composite of all three but the relationship between social and cultural identity, community and socio-economic status is complex. It is possible to be wealthy and well educated and still define yourself as working class. Likewise, one can be poor and maintain a middle or upper class identity. Despite such complexity, class remains an important social force playing a major role in defining the self as well as being the root of all kinds of social differences.

Discourses on health inequalities in the UK commonly focus on class (Blaxter 1997, Van de Mheen *et al.* 1998, Wilkinson 1999, Coburn 2000, Cattell 2001, Scambler *et al.* 2001, Bailis *et al.* 2001). This focus was largely initiated by the Black Report (Department of Health and Social Security 1980) which presented a range of explanations for the relationship between health and socio-economic status and called for improvements in educational and health promotion policy and strategies to combat poverty. It also advocated increased funding for research into areas of health most pertinent to working class people (such as smoking, disability, work-related hazards and alcohol consumption, see Macintyre 1997). The Black Report continues to inform changing health policy (Acheson 1998, Department of Health and Neighbourhood Renewal Unit 2002).

The majority of research on class, health inequality and sexual or gender minorities concentrates on HIV among Gay and Bisexual men while research on working class Lesbians or Bisexual women is smaller-scale and more ethnographic.

It has often been assumed that Gay identity is associated with upward class mobility. In 2002, just under half of respondents to the annual *Gay Men's Sex Survey* reported that when they were growing-up their parents were working class with approximately a quarter describing their parent's class as lower-middle class (Hickson *et al.* 2003). However, there was little evidence to suggest that taking on a Gay identity necessarily resulted in an upward change in class identity. More than half of all men reported that their current social class was the same as their parents when they were growing up. Among the men who said their parents were working class, half said they were currently working class. A third now perceived themselves as lower middle class.

These findings also tell us much about the demographics of working class Gay men. Men in their 20s were most likely to report not knowing or being unsure of their parents' social class, perhaps reflecting a lessening of class consciousness. Being working class increased with age and peaked among men in their 40s. This indicates that working class identity (as with all class identity) is likely to be more salient among older men. Black men were most likely to describe themselves as working class yet, were also most likely to be unsure of, or not know, their current social class. This may be because many Black men have parents who were originally from countries with less rigid or different class systems than England. Men whose parents were working class had lower educational qualifications than those whose parents were middle or upper class. Moreover, men with low education were most likely to report that they currently identified as working class and least likely to report perceiving themselves as middle or upper class (Hickson *et al.* 2003).

Research suggests that class may be associated with HIV risk and morbidity amongst homosexually active men (Hope *et al.* 1998, Bochow 1998, Weatherburn *et al.* 1999). Successive annual *Gay Men's Sex Surveys* (see Keogh *et al.* 2004b) show that men with less formal education (usually leaving school at the age of 16) have a higher prevalence of diagnosed HIV infection than men educated to A-level or above. Moreover, men in this group engage in increased risk taking and show elevated levels of HIV prevention need on most indicators (Weatherburn *et al.* 1999). We might assume that elevated morbidity and need among working class men is caused by a less accepting attitude from their families and communities (when compared to other class groups). However, this is not necessarily the case. Hickson *et al.* (2003) found that working class men were less likely to encounter discrimination about their sexual practice from family / community but more likely to encounter discrimination when using public and commercial services and from workmates. Thus although family and community might be

supportive, the broader world (including the broader Gay community and commercial scene) may not be so accepting of working class Gay men. Moreover, the family and locality based nature of working class social structures mean that working class Gay men are less amenable to health promotion and social care interventions than their middle class counterparts. As a result of all these findings, we have called for health promotion and social care interventions which promote working class community structures while grappling with pre-existing social inequality caused by class differences among the population of Gay men (see Keogh *et al.* 2004b).

Working class and less well educated women are generally more dependent on a male partner's income, have reduced earning capacity and a greater reliance on part-time work than middle class or higher educated women. Therefore, a working class Lesbian or Bisexual woman is likely to risk greater poverty and social care need than her heterosexual counterpart. Some researchers suggest that class is influential in a range of health and social care outcomes for Lesbians and Bisexual women ranging from health (Bradford *et al.* 1994, O Hanlan *et al.* 2004), health seeking behaviours (Cochran *et al.* 2001, Saulnier 2002), smoking and alcohol use (Hughes *et al.* 1997, Gruskin *et al.* 2001), access to insemination services (Baetens *et al.* 2001) and ability to be 'out' at work (Ellis *et al.* 1995). However, methodological and sampling difficulties make it difficult for researchers to provide empirical or comparative data to show such differences (McDermott 2004).

A more ethnographic tradition suggests that working class Lesbians and Bisexual women will inhabit distinctive social networks, and form different family structures to middle class Lesbians (Taylor 2004). Moreover, the ways in which working class Lesbians articulate a political identity will also differ (Taylor 2005).

## **2.7 TRANS POPULATIONS AND NEEDS**

There is a comparatively small social science and service oriented literature on Trans issues. Research is hampered by definitional issues. Although the Gender Recognition Act now enables transgender people in the UK to obtain a new birth certificate indicating their new gender, the situation in terms of how people choose to identify (regardless of their legal status) remains complex. The Trans population will now include those who seek to live permanently in their new gender, using hormone and / or surgical therapies (transgender people) cross-dressers (transvestites). Moreover, some will wish to identify as their new gender completely while others will retain a Trans identity. Additionally, Trans people may identify as heterosexual, Lesbian, Gay or Bisexual, and this may change as a result of hormone therapy.

Much of the research around Trans people concentrates on psychological and social correlates of gender dysphoria, clinical aspects of treatment and clinical/psychological support services around the process of gender reassignment. There is a much smaller literature around the social care needs of Trans people and the way in which being Trans can lead to social exclusion. What research there is in this area tends to examine the experiences of male-to-female (m-f) transgender people more than female-to-male (f-m) (but see Hansbury 2005, Kenagy *et al.* 2005). This is a real difficulty as the experience of being Trans is likely to be mediated by the relative power accorded to different genders. Thus, a woman who wants to become a man may have less relative social and economic capital than her male counterpart. Likewise the stigma attached to a man taking on the social role of woman is likely to be very different than vice

versa. Notwithstanding this, there have been studies which have attempted to consider these differences giving us an understanding of the lives of Trans people in terms of political activism (Broad 2002), social structures (Monro 2000) and difference / Queer Theory (Halberstam 2005, Hines 2006).

With a few exceptions, the research we reviewed tended to concentrate on psychological aspects of Trans experience (emanating from health rather than social or legal disciplines). It is therefore more individualist and deterministic than social and concentrates on psychological morbidity or health risks rather than social care need or structural determinants of health and well-being.

A study of mostly ethnic minority m-f Trans youth (Garofalo *et al.* 2006) found common life stressors which included incarceration, homelessness, sex work, forced sex, unemployment and reduced access to health care. Moreover, Trans people appear to be at greater risk for substance abuse than Lesbians, Gay men or Bisexuals (Hughes *et al.* 2002). They also had high rates of suicidal ideation and suicide attempts (Kenagy 2005) which have been attributed to sexual conflict, shame and isolation, the need for secrecy and a search for affirmation (Bockting *et al.* 2005, Kenagy 2002). Moreover, in a sample of attenders of community sexual health programmes in San Francisco, Trans people were shown to engage in higher rates of sexual practices which carried a greater risk for STIs and HIV than comparable groups of homosexually active men or heterosexual women (Nemeto *et al.* 1999). Such risk behaviours were likely to be associated with an increased dependence on sex work for m-f transgender people which goes hand in hand with adverse economic conditions and lack of community support services. Moreover, the dynamics of these risks changed depending on whether the person was m-f or f-m (Kenagy *et al.* 2005).

Social service needs were found to differ by gender. Kenagy *et al.* (2005) found that although the need for job training, legal services, housing and welfare benefits was not affected by gender, m-f respondents had significantly greater need for parenting skills, family planning information and child care services than f-m respondents. These differences remained when controlled for other demographic variables. Finally, one study (DeSutter 2001) investigated the need for gamete banking for transgender people before they start hormonal and surgical reassignment treatment (particularly important for transgender people diagnosed and treated at an early age).

Trans people experience pervasive aggression and violence. One quantitative study reports that approximately half the sample of 182 transgender respondents had been forced to have sex against their will and over half had experienced violence in their homes (Kenagy 2005). Other researchers found that experience of violence was associated with economic adversity and joblessness (Lombardi *et al.* 2001)

One US study showed that Trans people have found themselves discriminated against in health and social service settings because of their Trans status (see Kenagy 2005) while a Canadian qualitative report found that Trans people experienced discrimination in primary care settings, acute care settings, hospital A&E, community drugs / alcohol support services and women's and young peoples homelessness services (Nameste 1995). One audit found that GPs are more involved with the care of Trans people than any other (non-surgical) group (Baecker *et al.* 2001, Wilson *et al.* 1999). However, recent comparative studies of satisfaction with psychological

services between transgender and general clinic population show that Trans clients are no less satisfied compared to other clients (Bockting *et al.* 2004).

One UK survey of Trans employees (Whittle 2001) found that in spite of employment discrimination legislation, many were still subjected to verbal abuse and even physical violence at work as well as discrimination in recruitment, promotion, remuneration and benefits. Moreover, the majority of their employers were failing to institute gender in their anti-discrimination policies, provide staff with information support or training around gender identity or inform staff that discrimination based on Trans status would not be tolerated. The same study found that it was common for those commencing transition to be forced out of their jobs because employers would make no allowance for their new gender status.

Much of this research recommend interventions to increase the community involvement of Trans people. These might include peer education, support, training and community-based and patient-centred services provided within a social model of health (Baecker *et al.* 2001). Others recommend more visible affirmation of Trans identity by employers and statutory / voluntary organisations and better enforcement of Trans employment and human rights legislation (Whittle 1999). Moreover, although legislative changes are welcomed some authors feel more must be done to tackle social inequality, pervasive stigma and support gender diversity in order to promote a better ideal of citizenship and social participation for Trans people (Monro 2003).

Clearly, there are great gaps in our knowledge about Trans needs and experiences. For example, we found no research examining the affects of gender dysphoria on the support and education of young people or the affects of gender reassignment on an individuals social and work life (their capacity to maintain employment and social support throughout their transformation). We could find no empirical studies of psycho-social aspects of aging as a Trans person.

## **2.8 THE EFFECTS OF INEQUALITY**

In this chapter, we have emphasised social difference and social inequality within an LGBT population which is often treated as homogenous and united by similar needs and concerns. The effects of inequality show themselves in the epidemiology of disease and health morbidity among the LGBT population. For example, the effects of HIV are worse among Gay and Bisexual men and m—f transgendered women than either the rest of the UK population and the rest of the LGBT population. Moreover, among this group, those who are poorer, less well educated, from certain ethnic minorities and at key life stages are far worse affected than others.

Likewise, there is increased mental health morbidity and substance use problems among the LGBT population. Such morbidity blights the lives of many LGBT people making them less physically healthy, less resourceful, less productive and less happy. Again, in general, LGBT people with less social capital and from certain groups suffer greater mental health morbidity and greater pathology as a result of substance use.

Finally homophobic violence is endemic in London and possibly at its worst in Lambeth. In the extreme, homophobic violence and abuse impoverishes quality of life and leads to increased suicide and suicidal ideation among certain groups of LGBT people.

Health inequality, increased morbidity and mortality, substance use and homophobic violence are the most evident effects of social inequality among LGBT people. They are the pressing issues for legislators, policy makers and service providers. Rightly, Local Authorities must design services which deal with those suffering from these ill effects. Social care services must not exacerbate these effects by replicating societal homophobia. That is, all social services must be responsive to the needs of LGBT people suffering physical and mental ill health. Likewise, Local Authorities must play a leading role in community safety partnerships dealing with homophobic violence and abuse in a range of settings (from the street to public housing settings) as well as instituting or funding a range of support services for the victims of homophobic violence.

However, the responsibility of Local Authorities now extends to creating the social conditions for minority populations to thrive. This necessitates going further to address the causes of social inequality and increased need among the LGBT population. These causes are more complex. This is why this literature review has concentrated on the determinants of inequality (such as minority group membership, homophobia and social adversity, structural inequality, life stage *etc.*) rather than the effects of increased need/inequality. We have chosen to prioritise the transition from childhood to adulthood and the transition from adulthood to old age as key areas because examining these areas highlights services that need reform (education being possibly the most important, but also youth services, social support services for LGBT elders, domiciliary care services and sheltered housing services). We highlight LGBT people from ethnic and cultural minorities as well as working class LGBT people because doing so highlights the need for work with certain communities to support and capitalise on the presence of their LGBT members. Moreover, we can demonstrate the diversity of the LGBT population and the many different ways of being LGBT in Lambeth today.

By doing this, we hope we have demonstrated that LGBT inequality does not exist in a vacuum. It is caused by other social inequalities (such as those pertaining to race) and the actions and words of other communities and groups (such as homophobic faith, cultural or political groups). Furthermore, LGBT need and inequality fluctuates between groups of LGBT people (those belonging to ethnic minorities, those with less money or education) and at different life stages (those at school, those who are entering older age *etc.*). Therefore LGBT inequality and social care need is caused by (among other things) schools who do not explicitly teach children that homo/transphobia is wrong and who do not value LGBT children; parents who teach their children that homosexuality and gender non-conformity are wrong; community and faith leaders who do not celebrate the lives of their LGBT members; employers who do not treat their LGBT employees equally and laws, policies and services which discriminate against LGBT people. Local Authorities and all bodies who aim to promote LGBT equality and reduce LGBT social need must grapple with these causes as well as dealing with the effects.

### **3. Lambeth LGBT Matters Survey**

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#### **3.1 METHODS, RECRUITMENT & EXCLUSIONS**

The *Lambeth LGBT Matters* quantitative survey was available for completion online at a specific website <[www.lambethLGBTmatters.com](http://www.lambethLGBTmatters.com)>. The questionnaire was prepared and hosted using an online internet survey instrument <[www.demographix.com](http://www.demographix.com)>. The design of the web-survey allowed data to be captured and viewed as soon as the respondent pressed 'submit' at the end of the survey. The web version was available for completion online for fourteen weeks from 17<sup>th</sup> October to 31<sup>st</sup> January 2006. Overall, we received 499 online responses.

The online survey was substantially promoted via banner advertising on three major commercial internet service providers ([www.gay.com](http://www.gay.com); [www.gaydar.co.uk](http://www.gaydar.co.uk); and [www.gaydargirls.co.uk](http://www.gaydargirls.co.uk)) and was promoted free on another ten LGBT community web-sites.

The survey was also promoted via the distribution of 250 posters (A4); 2,500 postcards (A6) and 3,500 credit-card sized recruitment cards (A8). These were distributed by mail to a range of Lambeth LGBT community and commercial organisations and face-to-face via outreach workers and paid recruiters. The LADS @ Terrence Higgins Trust outreach team undertook survey recruitment via outreach to men's and mixed LGB venues in South London. They also specifically targeted venues that over-served Black and minority ethnic LGBT populations. Sigma Research recruitment teams concentrated on women-only and Trans bars and venues across London. They made 24 visits to 18 different venues in total.

The survey was also promoted via a feature in *Lambeth Life* and a press release from London Borough of Lambeth resulted in some Gay press coverage. In addition to promoting the online version all advertising materials also stressed that the "A paper version of the survey is also available from Sigma Research". Fourteen paper versions of the questionnaire were requested by email or telephone and 9 were returned completed.

As an inducement to participate in the survey we offered a prize draw for two iPods. 275 people entered their name and contact details at the end of the questionnaire and were entered in the draw. The winners were drawn in February 2006 and presented with their prizes soon after.

##### **3.1.1 Exclusions**

To qualify for the survey respondents needed to identify as Lesbian, Gay, Bisexual or Trans **and** have lived, worked, studied or socialised in Lambeth in the last year.

We received 508 questionnaires (499 online and 9 paper returns). Six returns were excluded for technical reasons: 2 were duplicate records which had been submitted twice online; 2 were repeat respondents (who indicated at the end of their survey they had already completed it); and 2 answered fewer than five questions.

A further 32 questionnaires revealed no evidence of living, working, studying or socialising in Lambeth (10 ignored all questions on residence and 22 who said 'no' to all four questions). Finally 7 questionnaires were excluded on the basis that they were completed by (non-Trans) heterosexuals (3 males and 4 females).



This leaves a sample of 463 LGBT people who lived, worked, studied or socialised in Lambeth in the last year. Of these 463 valid responses 9 completed a paper copy of the questionnaire and 454 completed it on-line. Of those that completed the survey online 5% (n=24) had been invited to do so by someone who had already completed the survey (ie. had been snowballed).

All of the respondents identified as Lesbian, Gay, Bisexual or Trans:

24 identified as Trans

439 did not, of whom

430 identified as Lesbian, Gay or Bisexual

9 did not, of whom

all 9 were members of sexual minorities (see *sexual identity* below).

All 463 respondents had lived, worked, studied or socialised in Lambeth in the last year:

297 had lived in Lambeth in the last year

166 had not, of which

65 worked in Lambeth

101 did not, of which

2 studied in Lambeth

99 did not, of which

all 99 socialised in Lambeth.

Among the 65 who did not live in Lambeth but had worked there in the last year, 57 currently worked in the borough. The average (median) length of time those currently working in Lambeth had done so was 34 months (range 1 to 240 months, mean 55.3 months, standard deviation 56.4).

Among the 99 people who did not live, work or study in the borough, 12% came to the borough *most days*, 32% came *about once a week*, 31% came *about once a month* and 24% came *less often*.

## **3.2 SAMPLE DESCRIPTION**

There is no denominator study of the LGBT population who live, work, study and socialise in Lambeth, against which the current sample can be compared. This means that *it is not possible* to say whether or not this sample of people is representative of the population it is drawn from.

### **3.2.1 Gender identity**

Gender was explored with four questions:

- *Are you...? male / female / intersex*
- *Is that the sex you were born into? no / yes*
- *Are you a Trans person (transsexual / transgender)? no / yes*  
*[If yes] You said you are a Trans person. How do you describe yourself?*

326 (70%) respondents identified as male, 133 (29%) as female and 4 (1%) as intersex. Nineteen (4% of all) indicated that their current sex was not the sex they were born into (5 males, 12 females and 2 intersex people).

Gender identity				Are you a Trans person?	
				No	Yes
Are you...	Male	Was that the sex you were born into?	Yes	313	8
			No	3	2
	Female	Was that the sex you were born into?	Yes	121	--
			No	--	12
	Intersex	Was that the sex you were born into?	Yes	2	--
			No	--	2

24 respondents (5% of all respondents) identified as Trans (10 males, 12 females and 2 intersex people). One did not describe themselves further. The other 23 gave further detail, including:

- a switch • a parliamentarian • Femail • Female • Female or Transexual Female
- Female trapped in a male body • FTM or Transman • pre-op, probably pre-diagnosis Transwoman • m~f Transexual wanting surgery • Male-to-female • Male-to-female Transsexual - Full time pre-operative • pre-op M-F Transexual • pre-op Transexual • Shemale • Trans-man, male • Transgendered (2 respondents) • Transgendered Transvestite • Transsexual (3 respondents) • Transvestite • TS •

Another 3 males indicated they were not born male but did not identify as Trans and 2 intersex people who were born into that sex and did not identify as Trans.

**3.2.2 Sexual identity**

Respondents were asked *What term best describes your sexual identity?* They were offered the five options in the table below.

Sexual identity by gender		All	By gender identity	
			Male	Female
Sexual identity	Lesbian	21% (97)	--	73% (97)
	Gay	68% (313)	93% (302)	8% (11)
	Bisexual	8% (37)	6% (18)	14% (18)
	Heterosexual	1% (4)	1% (2)	2% (2)
	Other	3% (12)	1% (4)	4% (5)
<b>Total</b>		<b>100% (463)</b>	<b>100% (326)</b>	<b>100% (133)</b>

Of the 24 Trans people, 4 identified as heterosexual. The remaining Trans respondents identified as Lesbian (n=7); Gay (n=1); Bisexual (n=9) and other (n=3).

The *other* sexual identities which suggested sexual minority status included:

- Asexual
- Do not need to define my sexuality although I am involved in a same sex relationship
- Don't like to pigeon hole
- Homosexual
- I don't like to be pigeon-holed
- I don't use any term as I don't feel labelling people helps, I am in a relationship with a person of the same sex but feel that is irrelevant to who I am
- Intersex
- trisexual
- Pansexual, though I often also define nowadays as Lesbian
- pass
- Queer, Homosexual
- Queer
- Sister.

### 3.2.3 Area of residence

Overall 276 respondents (60% of the total) currently lived in Lambeth (206 males, 70 females). A further 21 (5% of total) had lived in Lambeth in the preceding year but did not do so at the time of the survey (13 males, 7 females, 1 intersex). Another third (n=166, 36% of total) had not lived in Lambeth in the preceding year (107 males, 56 females, 3 intersex).

#### *Lambeth residents*

The average (median) length of time people had lived in Lambeth was five years. The average length of residence was the same for males and females and there was no difference in neighbourhood of residence for males and females. However, length of residence in Lambeth significantly varied by neighbourhood of residence as shown in the table, which also shows the proportion of Lambeth resident respondents in each neighbourhood.

Length of residence in Lambeth by current neighbourhood	No.	% of Lambeth residents	Length of residence in Lambeth (in months)			
			median	range	mean	standard deviation
Brixton	108	39%	81.5	1-372	111.7	96.5
Clapham & Stockwell	63	23%	30.0	1-312	77.8	92.4
North Lambeth	58	21%	43.0	1-360	73.6	80.2
Norwood	17	6%	98.0	4-576	153.5	168.0
Streatham	28	11%	103.0	1-420	113.5	99.8
<b>Total</b>	<b>275</b>	<b>100%</b>	<b>60.0</b>	<b>1-576</b>	<b>98.6</b>	<b>100.2</b>

As a group, respondents living in Clapham & Stockwell or in North Lambeth had spent a shorter time living in Lambeth than had those living in Norwood or Streatham.

#### *Non-Lambeth residents*

Of the 186 non-Lambeth residents, 82% lived in Greater London. Among non-Lambeth residents, the most common areas of residence were the neighbouring boroughs of Southwark (n=36, or 20% of non-Lambeth residents) and Wandsworth (n=15, or 8%). The remaining respondents lived in a total of 46 other Local Authorities.

### 3.2.4 Age

Male respondents were, on average, older than female respondents.

Age of respondents by gender (N=463)	No. Of respondents	Age (years)			
		median	range	mean	standard deviation
Male	326	36.0	14-79	35.7	8.8
Female	133	32.0	18-56	33.1	9.4
<b>Total</b>	<b>463</b>	<b>35.0</b>	<b>14-79</b>	<b>35.0</b>	<b>9.1</b>

### 3.2.5 Ethnic group

Respondents were asked *What is your ethnic group?* They were offered the 16 categories from the ethnic group question in the 2001 UK Census. This has been collapsed to five groups in the table below with mixed Asian-White background going with Asian and mixed Black-White background going with Black. Other mixed backgrounds have been placed in the *all others* group.

Ethnic group by gender (N=461, missing 2)	All	By gender identity	
		Male	Female
White British	70% (323)	72% (233)	66% (87)
White other	20% (93)	22% (71)	17% (22)
Asian	2% (8)	1% (3)	4% (5)
Black	5% (25)	3% (11)	11% (14)
All others	3% (12)	2% (7)	3% (4)
<b>Total</b>	<b>100% (461)</b>	<b>100% (325)</b>	<b>100% (132)</b>

The Black and Asian respondents were significantly more likely to be female than were the White respondents. There was no ethnic group difference between the respondents who currently lived in Lambeth and those who did not.

### 3.2.6 Education

Respondents were asked what their highest educational qualification was and were allocated to one of three groups: 13% had no qualifications, GCSE, 'O-levels' or equivalent or (usually having left school at 16 years); 20% had post-16 qualifications, but not a university degree; and 67% had a university degree. There was no difference in educational qualifications by gender identity, currently living in Lambeth or not or identifying as Trans.

### 3.2.7 Country of Birth

More than a fifth (22%) were born outside the UK. Country of birth did not vary by living in Lambeth, or between Trans and other respondents. It varied by gender: all respondents born in Wales or Northern Ireland were male, with females more likely to have been born in England.

Country of birth by gender (N=455, missing 8)	All	By gender identity	
		Male	Female
England	69% (312)	64% (204)	79% (104)
Wales	3% (15)	5% (15)	--
Scotland	5% (24)	6% (20)	3% (4)
Northern Ireland	2% (10)	3% (10)	--
Elsewhere	21% (94)	22% (71)	18% (23)
<b>Total</b>	<b>100% (455)</b>	<b>100% (320)</b>	<b>100% (131)</b>

The 94 respondents who were born outside the UK were born in 33 different countries: 39% were born in Europe, 21% in Oceania, 19% in North America, 9% in Africa, 8% in Asia and 4% in South America. The most common countries of birth were Australia (16 respondents), USA (8), Germany (7), Canada (6) and Republic of Ireland (6). Overall, 9% (n=39) had been living in the UK for less than 5 years and 3% (n=15) had been living in the UK for less than 2 years.

### 3.2.8 Religion

Respondents were asked *What religion do you currently practice?* They were offered eight religions as well as *I do not currently practice a religion* and *other*.

Religion currently practised (N=461, missing 2)		% (number)
I do not currently practice a religion		77% (356)
Christianity		16% (73)
Buddhism		3% (13)
Paganism		2% (8)
Spiritualism		1% (3)
Judaism		<1% (2)
Hinduism		<1% (1)
Islam		<1% (1)
Rastafarianism		<1% (1)
Dual religion practised	Buddhism + Paganism	<1% (1)
	Buddhism + Christianity	<1% (1)
<b>Total</b>		<b>100% (461)</b>

Overall, 23% of respondents indicated that they currently followed a religion. Currently practising a religion did not differ by gender or between Trans and other respondents, but was less common among White (21%, 88/414) than non-White respondents (38%, 17/45).

### 3.2.9 Disability

Overall, 15% of respondents (71/460) indicated they had a long-term illness, health problem or disability which limited their daily activities or the work they could do. This did not vary by living in Lambeth or not, being Trans or not or ethnicity. It did vary by gender, with more men (17%, 56/268) having a disability or health problem than women (10%, 13/133). Overall 5% (25/461) of respondents were registered disabled.

Overall, 14% of all respondents (65/460) were living with diagnosed HIV infection. Having HIV did not vary by Trans status, residence or ethnicity, but did vary by gender. All but one of the people living with diagnosed HIV were men, which meant 20% (64/324) of male respondents were living with diagnosed HIV compared with 1% (1/132) of female respondents.

### 3.2.10 Care responsibilities

Overall, 4% (16/462) indicated they had responsibility for the care of a child and 2% (11/462) indicated they had responsibility for the care of an adult dependent. One person said they had both responsibilities, giving a total of 7% (26/462) who had any care responsibilities. Females were more likely to have responsibility for child care (3%, 12/133) than were males (1%, 4/326). Females were also more likely to have responsibility for the care of an adult dependent (2%, 7/133) than were males (1%, 4/11).

### 3.2.11 Making a living

Respondents were asked to indicate their current working status.

Working status by gender (N=462, missing 1)			All	By gender	
				Males	Females
Paid employee	Full-time (30+ hrs/wk)		71% (330)	74% (239)	68% (91)
	Part-time (8-29 hrs/wk)		5% (24)	4% (13)	8% (11)
Self-employed			7% (31)	7% (21)	6% (8)
Not working	In education	Full-time higher	5% (23)	3% (8)	11% (14)
		In school	2% (7)	2% (5)	2% (2)
	Unemployed (seeking work)		4% (18)	5% (15)	2% (2)
	Not working (not seeking work)		4% (16)	4% (13)	2% (3)
	Retired		1% (6)	2% (6)	--
Other			2% (7)	2% (5)	2% (2)
<b>Total</b>			<b>100% (462)</b>	<b>100% (325)</b>	<b>100% (133)</b>

There was a significant difference in the working status of males and females, with females being more likely to be part-time employees or in full-time higher education, and less likely to be

unemployed or retired. Compared to other respondents, Trans people were more likely to be self-employed (6% vs 17%). Seven respondents (all male) indicated they were not currently allowed to work in the UK.

Respondents were also asked *How well are you managing financially?* And offered five answers. Of all respondents 30% (138/462) said 'living comfortably', 38% (174/462) said 'doing alright', 22% (103/462) said 'just about getting by', 8% (37/462) said 'finding it quite difficult' and 2% (10/462) said 'finding it very difficult'. Answers did not significantly vary by living in Lambeth or not, Trans status, ethnicity, age or gender.

### 3.2.12 Current housing

Respondents were asked *What type of housing are you living in now?* Responses did not differ by living in Lambeth or not, Trans status or ethnicity.

Type of housing by gender (N=463)	All	By gender	
		Males	Females
Owner occupier	44% (205)	46% (151)	40% (53)
Rented privately	38% (176)	37% (119)	42% (56)
Rented from the council	9% (42)	9% (29)	8% (11)
Housing Association	6% (27)	6% (21)	5% (6)
Staying with friends/partner	1% (5)	1% (4)	1% (1)
University halls	1% (3)	--	2% (3)
At parents	1% (3)	--	2% (3)
Hostel	<1% (1)	<1% (1)	--
Employers accommodation	<1% (1)	<1% (1)	--
<b>Total</b>	<b>100% (463)</b>	<b>100% (326)</b>	<b>100% (133)</b>

Responses differed by gender with females were more likely to live in University accommodation or to live with parents, than were males. Females were also more likely to rent privately, while males were more likely to be owner occupiers. Two respondents considered themselves homeless, of which one was registered homeless.

### 3.2.13 Household

Respondents were asked *who do you live with?* And offered six options plus space for specifying *other* people.

Household living arrangements (N=460, missing 3)		All	By gender	
			Male	Female
I live by myself		32% (147)	35% (113)	24% (32)
Partner	only	29% (135)	32% (102)	25% (33)
	& friends	2% (11)	3% (8)	2% (3)
	& children	2% (7)	--	5% (7)
	& other family	<1% (1)	<1% (1)	--
Friends/flatmates		29% (133)	28% (91)	31% (41)
Children only		1% (6)	1% (2)	3% (4)
Other family members	only	4% (19)	2% (7)	9% (12)
	& friends/flatmates	<1% (1)	--	1% (1)
<b>Total</b>		<b>100% (460)</b>	<b>100% (324)</b>	<b>100% (133)</b>

Men were more likely to live alone or with a partner than were the women, while compared to the men the women were more likely to live with children or other family members (often with parents).

### 3.3 PROBLEMS EXPERIENCED - POTENTIAL NEED FOR COUNCIL SERVICES

Respondents were asked about twelve areas of life where the Council might play a role in meeting their needs.

For each of the twelve areas, they were asked:

- *In the last year, have you had any problems with...?*
- [if yes] *Do you think your sexual or Trans identity was relevant to the problems?*
- [if yes] *In what way was your sexual or Trans identity relevant to the problems?*

The following table shows the proportion of all respondents who indicated they had a problem in an area, and for those who did, whether they thought their sexual or Trans identity was relevant to that problem.



<b>In the last year, have you had any problems with...</b>	<b>% All respondents</b>	<b>% sexual or Trans identity relevant to the problem</b>	<b>Overall % with a problem relevant to LGBT identity</b>	
... mental and emotional health	41% (189/461)	54% (102/188)	22%	
... alcohol or drug use	20% (91/463)	53% (48/91)	10%	
... noisy or abusive neighbours	33% (153/460)	24% (36/153)	8%	
... working conditions or employment rights	14% (66/463)	45% (29/65)	6%	
... debt or paying bills	33% (151/462)	9% (13/149)	3%	
... housing conditions	16% (74/462)	10% (7/74)	2%	
... getting around (mobility)	12% (53/462)	15% (8/53)	2%	
... personal and practical care (looking after yourself, cleaning, shopping etc.)	8% (35/461)	29% (10/35)	2%	
... school or college	All respondents	4% (16/460)	69% (11/16)	2%
	Of those in education or with child care responsibilities	26% (12/46)	67% (8/12)	--
... training, improving qualifications or getting further education	8% (36/462)	17% (6/36)	1%	
... childcare	All respondents	2% (9/459)	11% (1/9)	<1%
	Of those with childcare responsibilities	56% (9/16)	11% (1/9)	--
... establishing your right to live or work in the UK	1% (5/460)	60% (3/5)	<1%	

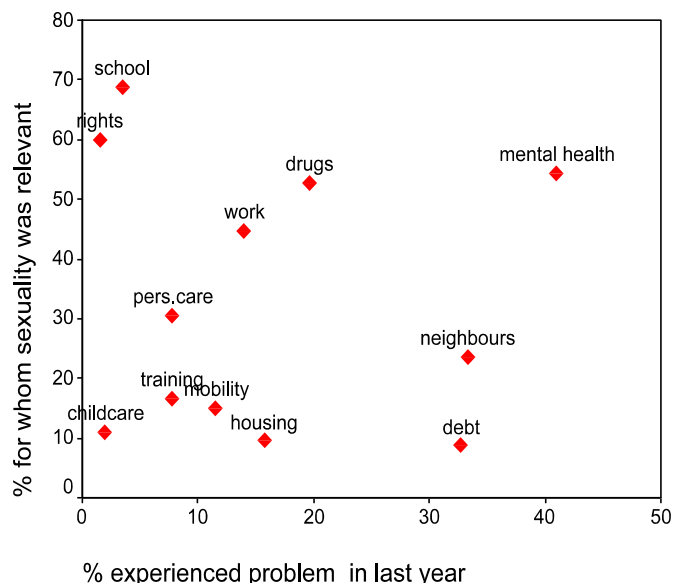
Two areas, mental health and drug use, stand out as being common problems relevant to sexuality, and another two areas, neighbours and working conditions present a second tier. Services in these areas tailored and targeted at the LGBT community may alleviate the greatest amount of social care need.

The figure below plots the needs areas by the proportion of all respondents who experienced problems in that area in the last year along the bottom, and the proportion of those experiencing the problem who felt their sexuality was relevant to the problem up the side.

The areas fall all over the graph, representing problems that are common (to the right) and less common (to the left), and problems in which sexuality often features as relevant (at the top) and those in which it features less frequently (at the bottom).

Dividing the areas by those above and below the average (mean) on both measures gives four groups of problems.

Below each of the problem areas is considered separately and the ways in which respondents felt their sexual or Trans identity was relevant to their problems is described.



**Figure: Plot of commonness of problems and whether sexuality was relevant to problems**

Statistical associations were examined between experience of the problem, and feeling identity to be relevant to the problem, and living in Lambeth, gender, age, ethnicity and Trans status.

### **3.3.1 Less common problems in which sexuality was less often relevant**

#### **Housing conditions**

Problems with housing conditions (experienced by 16% in the last year) were felt to be relevant to sexuality by 10% of those experiencing them. The problems described by six respondents overlapped closely with problems with neighbours (see below) in that they included difficulty finding acceptable social environment (eg. Trans-friendly building or neighbours, Gay flat-share) as well as experience of homophobic housing officers in Lambeth Council services.

#### **Getting around (mobility)**

Of the 12% of respondents who had a problem with getting around in the last year, 15% (8/15) felt their sexual or Trans identity was relevant. All eight described feeling unsafe on public transport because of previous hostility from both staff and other passengers. Problems with mobility were significantly more common among Trans respondents (29%, 7/24) than others (11%, 46/438).

#### **Personal and practical care (looking after yourself, cleaning, shopping, etc.)**

Overall, 8% of respondents had a problem in this area in the last year and 29% of those felt their sexuality or Trans identity was relevant. These problems included Trans identity leading to concern for body hair, being barred from using 'wrong' toilets, ignorance of Lesbian and Trans issues among health care staff and homosexual sex leading to HIV leading to fatigue. Trans persons were more likely to have experienced problems in this area (25%, 6/24) than others (7%, 30/437).

### **Childcare**

Although childcare problems were uncommon in the sample overall, among those with childcare responsibilities over half (56%) had problems with childcare. However, only one respondent thought their sexual or gender identity was relevant to the problem, and described difficulty in finding a non-discriminatory child-minder who was able to include positive representation of same-sex couples during play.

### **Training, improving qualifications or getting further education**

Overall 8% had a problem with training or further education and 17% of those thought their sexuality was relevant. Six people described sexuality related problems with training and further education which involved mental health problems or mobility problems (see below) impacting on ability to get to college or to study, and the refusal of Job Centre to accept respondents onto gender specific training courses.

## **3.3.2 Less common problems in which sexuality was often relevant**

### **Working conditions and employment rights**

One-in-seven respondents (14%) described problems at work and almost half of those felt their sexuality was relevant to the problem. Twenty eight respondents described sexuality, Trans related problems in the workplace. As with schools and colleges, these were overwhelmingly due to co-worker and employer attitudes to sexuality and gender diversity. Problems fell into four categories: feeling isolated and unsupported, assumptions of heterosexuality and casual stereotyping; covert blocking from appointments, opportunities, promotion and constructive dismissal; openly offensive graffiti, verbal abuse and physical assault from managers and co-workers; and sexuality-related depression resulting in job loss. Experiencing problems at work was more common for Trans respondents (33%, 8/24) than for others (13%, 57/439).

### **School and college**

Although in the sample overall problems with school or college were relatively uncommon, among those with childcare responsibilities or who were in education, over a quarter (26%) had experienced recent problems. In the *majority* of these problems, respondents felt their sexuality was relevant suggesting both that LGBT people very disproportionately experience problems at school or college and that attitudes towards gender and sexuality among the student and staff body was the main cause of problems.

The problems encountered in school or college where sexuality or Trans status was relevant were very similar to those encountered in the workplace. Respondents indicated: they felt isolated and needed to stay 'in the closet'; they experienced harassment from teachers and other students, both for own and parents' sexuality; they had been prohibited from using or expelled for using 'wrong' toilet facilities; and that their institution did not have a Trans acceptance policy. Among those who encountered schools and colleges, experiencing problems was more common for Trans respondents (75%, 3/4) than others (21%, 9/42). Problems at school or college were especially common among the under 25s (17%, 9/52).

### **Right to residence**

Five respondents (1% of the total sample) had experienced problems with their right to remain or to work in the UK and three of them felt their sexuality was relevant to the problem.

### **3.3.3 Common problems in which sexuality was less often relevant**

#### **Noisy or abusive neighbours**

Problems with neighbours was the second most common problem after mental health and emotional problems with a third (33%) experiencing problems in the last year. Sexuality and Trans status was felt to be relevant by a quarter experiencing problems. Thirty four respondents described problems, and these were fairly uniform, consisting of homophobic verbal abuse and threats of violence to respondent and family, loud and repeated playing of songs with homophobic lyrics and criminal damage and fouling. Respondents often explicitly mentioned young adults as offenders. We found no evidence that respondents living in Lambeth were more or less likely to have a problem with neighbours than were those living outside Lambeth, or any differences by gender, Trans status or ethnicity. However, respondents aged 40 and over were more likely to experience problems with neighbours (44%, 54/124) than the 25-39 year olds (29%, 83/283) or the under 25s (30%, 16/53). The oldest group were also most likely to feel their sexuality was relevant if they did have a problem with neighbours (35% vs. 18% vs. 13%, for the three age bands respectively).

#### **Debt and paying bills**

Debt was a common problem (33% in last year) in which sexuality was not often relevant (9% felt it to be so). Debt is a problem many people experience irrespective of their sexuality. However twelve respondents described problems with debt that they felt were related to their sexuality. These problems were closely tied to employment issues for some and for others the necessary costs of living as a Trans person (two wardrobes and taxis) or the cost of enjoying London's Gay scene. As with employment, Trans people were more likely to have a problem with debt or paying bills (54%, 13/24) than others (32%, 138/438) and among people experiencing debt Trans persons were much more likely to think their Trans identity or sexuality to be relevant (46%, 6/13) than were others (5%, 7/136).

### **3.3.4 Common problems in which sexuality was often relevant**

#### **Mental and emotional health**

Difficulties with mental and emotional health were the most common problems reported in the last year (41% of all respondents). Moreover, a high proportion of respondents felt their sexuality or Trans identity was relevant to the problem (54%). This meant mental and emotional health stood out from all other areas as being the greatest source of sexuality related suffering.

Eighty five respondents described the ways in which their sexual minority status was relevant to their mental health problems. These included: confusion over identity and striving for self-understanding; a lack of self-acceptance and lack of acceptance by others, especially by family; isolation; the stress of gender expectations; the stress of being HIV positive, both being ill and being infectious; negotiating parenthood as an LGBT person; lack of support from heterosexist services when negative life-events occurred; lack of acceptance and support from religious organisations; being disregarded for being LGB or T; rejection by other Gay people for not fitting in (too old, Bisexual, disabled); fear of exposure and ridicule and experience of all the other problems described here; and simply the grinding, unrelenting pain of living every day in a heterosexist world.

Trans respondents were more likely to have a problem with mental and emotional health (67%, 16/24) than others (40%, 173/437) and if they did have a problem were more likely to think their sexual or Trans identity was relevant to the problem (81%, 13/16) than others (52%, 89/172).

### **Alcohol and drug use**

The fourth most commonly experienced of all problems was with alcohol and drug use (20% in the last year). Sexuality or Trans identity was felt to be relevant to over half (53%) of those experiencing this problem. This meant, after, mental and emotional health (to which it is closely related) drug and alcohol use was the source of the largest amount of sexuality related problems in the sample.

Thirty seven respondents described alcohol and drug problems where they felt sexuality was relevant and these descriptions were fairly uniform. Respondents described being in a social network where alcohol and drug use was very common; where access, acceptance and peer pressure to use were high. It was also pointed out that drug use in LGBT communities was sustained later in life than in the general population. The second major way in which sexuality was relevant to drug and alcohol problems was where drugs were used to escape from the unhappiness, anxiety or depression respondents suffered as a consequence of the heterosexist culture.

We found no evidence that drug and alcohol problems were more or less common according to gender, ethnicity, Trans status or Local Authority of residence (living in Lambeth or not).

## **3.4 EXPERIENCE OF DISCRIMINATION**

### **3.4.1 Discrimination from the general population**

Respondents were asked *In the last year, have you experienced discrimination because of your sexual or Trans identity in relation to...?* and presented with a list of 18 contexts.

By far the most common source of discrimination for LGBT people were strangers in public, with almost half (46%) of all respondents having suffered discrimination in this context in the last year.

The only other settings where more than 10% of all respondents had experienced discrimination in the last year were *Using bars and restaurants* (14% of all); *using public transport and taxis* (13% of all); and *from workmates and colleagues* (12% of all).

Context of discrimination experienced (N=463)	No.	%	% by Gender		Trans (n=24)
			males (n=326)	females (n=133)	
Strangers in public	211	46%	45% (145)	47% (133)	46% (11)
Using bars or restaurants	63	14%	11% (36)	<b>19%* (25)</b>	<b>33% # (8)</b>
Using public transport and taxis	62	13%	14% (46)	11% (14)	<b>33% # (8)</b>
Workmates & colleagues	54	12%	10% (31)	<b>17%* (23)</b>	4% (1)
Dealing with tradespeople and business services	37	8%	7% (24)	9% (12)	8% (2)
Other family relationships	36	8%	4% (4)	<b>16%* (21)</b>	4% (0)
Friendships	35	7%	6% (18)	<b>12%* (16)</b>	17% (4)
Shopping	30	7%	5% (15)	9% (12)	<b>38% # (9)</b>
Dealing with health professionals	30	7%	3% (11)	<b>13%* (17)</b>	17% (4)
Housing & living conditions	20	4%	3% (11)	6% (8)	13% (3)
Access to information about health and social services	13	3%	1% (4)	<b>6%* (8)</b>	<b>13% # (3)</b>
Skills, training and job opportunities	10	2%	2% (5)	2% (2)	<b>17% # (4)</b>
Earnings and benefits	9	2%	1% (4)	2% (3)	8% (2)
Using relationship guidance services	7	2%	0% (0)	<b>5%* (7)</b>	4% (1)
Immigration or partner immigration	7	2%	2% (5)	2% (2)	4% (1)
Using mental health services	4	1%	1% (3)	0% (0)	4% (1)
Looking after children	4	1%	<1% (1)	2% (3)	0% (0)
Using alcohol & drug treatment services	1	<1%	<1% (1)	0% (0)	4% (1)

[\* indicates significantly (p<.05) higher among females than males]

[ # indicates significantly (p<.05) higher among Trans people than non-Trans people]

Compared to males, females were more likely to have experienced discrimination in seven of the settings asked about:

- using bars or restaurants;
- access to information about health and social services;
- dealing with health professionals;
- using relationship guidance services;
- family relationships (other than children);
- friendships; and
- workmates and colleagues.

Compared to others, Trans persons were more likely to have experienced discrimination in:

- using bars or restaurants;
- using public transport and taxis;
- shopping;
- access to information about health and social services;
- skills, training and job opportunities.

### **3.4.1 Discrimination from other LGBT people**

Respondents were asked, *In the last year have you experienced discrimination from other Lesbians, Gay, Bisexual or Trans people, groups or organisations in relation to your...?*

They were then presented with a list of nine characteristics.

For each of these characteristics the following table shows the overall proportion of the sample who said they had experienced discrimination from LGBT people because of that characteristic, then the proportion of different groups related to that characteristic who indicated they felt they had been discriminated against.

For example, the first row shows that 8% of the sample overall had experienced discrimination because of their age, but that this figure was 13% among people under 25 years of age; 4% among people who were aged between 25 and 39 years; and 16% among the 125 people aged 40 years or more.

The sub-group that most commonly experienced discrimination from the LGBT community was Asian people, among whom 50% (of 8 people) experienced discrimination on the basis of their ethnicity. The second was HIV positive people, among whom 29% (of 65 people) experienced discrimination on the basis of their HIV status.

Experience of discrimination from LGBT people based on various characteristics (N=463)		% experiencing discrimination by that characteristic				
age (*)	8% (37)	<b>under 25 (n=53)</b>	<b>25-39 yrs (n=285)</b>	<b>40+ yrs (n=125)</b>		
		13%	4%	16%		
gender (ns)	4% (19)	<b>female (n=133)</b>	<b>male (n=326)</b>			
		6%	3%			
sexual identity (ns)	5% (24)	<b>Lesbian (n=97)</b>	<b>Gay (n=313)</b>	<b>Bisexual (n=37)</b>	<b>Heterosexual (n=4)</b>	<b>Other (n=12)</b>
		4%	5%	14%	0%	8%
education / income (ns)	2% (9)	<b>low (n=60)</b>	<b>medium (n=93)</b>	<b>high (n=309)</b>		
		0%	2%	2%		
HIV status (*)	4% (19)	<b>not tested positive (n=397)</b>	<b>tested positive (n=65)</b>			
		0%	29%			
disability (*)	1% (6)	<b>not (n=436)</b>	<b>disabled (n=25)</b>			
		1%	12%			
faith / religion (*)	2% (9)	<b>Buddhism (n=15)</b>	<b>Christianity (n=74)</b>	<b>Judaism (n=3)</b>	<b>Paganism (n=8)</b>	
		0%	8%	0%	25%	
race (*)	4% (20)	<b>White British (n=323)</b>	<b>White other (n=93)</b>	<b>Asian (n=8)</b>	<b>Black (n=25)</b>	<b>Other (n=16)</b>
		1%	4%	50%	20%	25%
Trans identity (*)	1% (4)	<b>not Trans person (n=439)</b>	<b>Trans person (n=24)</b>			
		0%	17%			

[\* indicates significant (p<.05) difference across the groups]

### 3.5 PHYSICAL ASSAULT AND VERBAL ABUSE

Respondents were asked:

- *In the last year, have you been verbally abused because of your sexual or Trans identity? AND*
- *In the last year, have you been physically attacked or assaulted because of your sexual or Trans identity?*



Overall, 7% (31/426) had been physically attacked and 49% (223/459) had been verbally abused. Those who had suffered assault or abuse in the last year were asked *The last time this happened, where did it occur?* and were offered the options outlined in the table below.

<b>The last time this happened, where did it occur?</b>	<b>Verbal abuse % (number)</b>	<b>Physical attack % (number)</b>
WHOLE SAMPLE, all locations	49% (223/459)	7% (31/426)
In the street	67% (150)	45% (14)
On public transport	12% (26)	10% (3)
At your home	5% (10)	10% (3)
At your place of work/college/school	4% (8)	7% (2)
In a straight pub or club	4% (9)	3% (1)
In a park / common or heath	3% (6)	10% (3)
In a Council run recreation centre or library	2% (4)	--
In a shop / restaurant	2% (4)	--
In an LGBT scene venue	<1% (1)	7% (2)
In a taxi / minicab	<1% (1)	--
At someone else's home	--	7% (2)
On holiday abroad	--	3% (1)
<i>Other</i>	2% (4)	--

Among those that had suffered verbal abuse, two thirds (67%) had done so in the street and a further 12% had done so on public transport. In no other listed site had more than 5% of those suffering verbal abuse, experienced it. In the street was also by far the most common site for those experiencing physical assault (45% of those who had experienced physical assault). The next most common sites for physical assault were on public transport; in a park / common or heath; and at home (all at 10% of those who had been physically assaulted).

Those who had ever suffered attack or abuse were asked:

- *The last time this happened, did you report it to the police?*
- *if so, Did you tell the police it was a homophobic or transphobic attack?*
- *if so, How well do you think they responded?*

Reporting hate crime to the Police and the response	Reported to the police?	Told police it was homo- or transphobic	How well did police respond % (number)				
			Very well	Quite well	Neither	Quite poorly	Very poorly
Physical attack	55% (17/31)	77% (13/17)	54% (7)	31% (4)	8% (1)	8% (1)	--
Verbal abuse	7% (16/223)	88% (14/16)	43% (6)	29% (4)	7% (1)	7% (1)	14% (2)

Only 7% of people who had suffered verbal abuse had reported it to the police, though the majority of these (88%) had reported that the verbal abuse was homophobic or transphobic in nature. Just over half (55%) of those that had suffered physical assault had reported it to the police and three quarters (77%) of these reported the attack as homophobic or transphobic. Satisfaction with the police response was common where reporting had occurred, with 85% stating that they responded well when physical assault was reported as homophobic or transphobic in nature (compared to 72% feeling they received a good response for reporting verbal abuse).

These who had not reported the latest incident to the police, or who had not told the police it was a homophobic or transphobic incident were asked *Why didn't you report the incident to the police as a homophobic or transphobic incident?* They were offered the options outlined in the table below.

Reasons for not reporting hate-crimes as homophobic or transphobic among people suffering physical attack or verbal abuse	Verbal abuse (n=208)	Physical assault (n=18)
I did not think the Police would take me seriously	26% (53)	39% (7)
I did not think there was anything the Police could do	47% (97)	39% (7)
The Police are homophobic / transphobic	7% (14)	11% (2)
I am not out / was not out at the time	2% (5)	0% (0)
I did not feel it was serious enough to bother with	62% (128)	17% (3)
Other reason	6% (13)	--

The majority of those that had not reported verbal abuse, had felt that the incident was *not serious enough to bother with* (62%) and/ or that there was nothing the police could do (47%). A quarter (26%) did not think the police would take them seriously. The latter two reasons were the most common reasons for not reporting physical assault to the police.

*Other* reasons people had not reported incidents to the police included: fear of reprisal / repercussions; Not thinking about reporting it; Complaint made to another authority (school /

manager); Other life stressors / sickness; abuse occurs too frequently to report every incident; the abuse was by the police; and the queue in the Police station was too long.

### 3.5.1 Domestic abuse

Respondents were asked *Have you ever suffered physical, sexual or mental abuse or violence from anyone in your home?* If the answer was 'yes', they were asked who the abuse was from, how recently it occurred, what it consisted of, if help was sought, and whether the abuse was reported to the police. Overall, 23% of respondents said they had ever suffered domestic abuse.

Experience of domestic abuse (n=460)	All	by gender	
		Males (n=324)	Females (n=133)
Any domestic abuse	23% (106)	18% (59)	34% (45)
from a partner	14% (64)	13% (42)	17% (22)
from parents	7% (33)	5% (16)	13% (17)
from siblings	2% (10)	1% (4)	5% (6)
from flatmates	2% (9)	2% (6)	2% (2)
from other family members	2% (9)	1% (3)	4% (5)

Other family members who had abused respondents in their homes included: daughters, sons and grandparents.

Females were significantly more likely to have experienced any kind of domestic abuse than males. This difference was due to differences in abuse by parents; siblings; and other family members rather than by partners (which was not significantly different across genders).

There was no difference in ever experiencing any domestic abuse by Trans status, being HIV positive or ethnicity. However, HIV positive people were more likely than people not positive to have experienced abuse from a partner (23% or 15/65, vs. 12% or 49/394).

Recency of domestic abuse among people who had experienced domestic abuse (N= 106, missing 2)	All	by gender	
		Males (n=59)	Females (n=44)
in the last week	4% (4)	3% (2)	5% (2)
in the last month	3% (3)	3% (2)	2% (1)
in the last year	10% (10)	9% (5)	11% (5)
in the last 5 years	30% (31)	34% (20)	25% (11)
more than 5 years ago	54% (56)	51% (30)	57% (25)

Overall, 16% of those who had experienced domestic abuse had done so in the last year. This is 4% of all respondents. There was no significant difference between men and women in the recency of their experience of domestic abuse.

What did the abuse consist of, among people who had experienced domestic abuse (N=102, missing 2)	All	by gender	
		Males (n=58)	Females (n=44)
physically attacked or hit	70% (73)	72% (42)	68% (30)
regularly insulted, put down or belittled	66% (69)	60% (35)	73% (32)
physically injured, including bruising	50% (52)	45% (26)	57% (25)
Isolated from friends and/or family	36% (37)	38% (22)	32% (14)
Monitored or checked-up on all the time	32% (33)	35% (20)	27% (12)
sexually abuse / forced to have sex	25% (26)	16% (9)	34% (15)
Ever in fear of your life	18% (19)	19% (11)	16% (7)
physically injured, needing medical attention	16% (17)	14% (8)	21% (9)
Other types of abuse	14% (14)	12% (7)	16% (7)

The prevalence of the different types of domestic abuse were very similar for males and females. However, females were significantly more likely to have ever experienced domestic sexual abuse than were males. Other types of abuse included: Financial threats and control; constant swearing; prevented from seeking psychological help; racial abuse; required to pretend heterosexuality.

### 3.6 COMMUNITY SAFETY, VIOLENCE AND CRIME

All respondents were asked how long they had been living in their local area. More females (7%, 9) had lived in their local area since birth than males (1%, 2/324). Compared to older respondents, those under 25 were more likely to either have moved to the area in the last 12 months, or to have lived there since birth.

How long have you been living in your local area? (N=456, missing 7)	% (n)
under 12 months	20% (92)
1 to 2 years	13% (61)
2 to 5 years	25% (116)
5 to 10 years	19% (87)
more than 10 years	20% (89)
since birth	2% (11)

All respondents were also asked how satisfied they were with their local area as a place to live. We found no evidence that satisfaction with local area varied by gender, ethnicity, Trans status or age.

<b><i>How satisfied you are with your local area as a place to live? (N=462, missing 1)</i></b>	<b><i>% (n)</i></b>
Very satisfied	15% (70)
Fairly satisfied	54% (247)
Neither satisfied nor dissatisfied	13% (59)
Fairly satisfied	15% (71)
Very dissatisfied	3% (15)

All respondents were also asked *In public spaces in Lambeth in the last year, have you avoided same-sex affection because of fear of the consequences?* Overall, 67% (308/462) indicated yes, and 12% (54/462) indicated the question was not applicable. This is 76% (308/108) of those who had wanted to express same-sex affection in public. Those who said 'yes' were asked *What were you afraid of happening?* Responses were extremely uniform. If they demonstrated same-sex affection in public respondents were afraid of: stares, sneers, pointing, comments, name calling and being shouted at, aggression, verbal abuse and threats, physical violence, being slapped, kicked, attacked, bashed, beaten, killed. They feared responses from the public, passers-by, local youths, men, women, Blacks, Whites; being stalked and of having their property defaced or vandalised.

Respondents were asked *In the last year, has fear of homophobia or transphobia led you to avoiding any of the following in Lambeth...*

Men were more likely than women to avoid using public transport. Trans persons were more likely than others to avoid: going out at certain times of day/ night; going to work, college or school and using public transport.

Activities avoided due to homophobia or transphobia	All	by gender		Trans persons (n=24)
		Males	Females	
Leaving your home (only those living in Lambeth)	5% (14/297)	4% (8/219)	8% (6/77)	20% (2/10)
Going out at certain times of day/ night	16% (72/463)	15% (48/326)	16% (21/133)	<b>33% #</b> <b>(8/24)</b>
Going to certain areas, streets, parks, etc.	29% (135/463)	31% (101/326)	24% (32/133)	29% (7/24)
Going to work, college or school	1% (5/463)	1% (2/326)	2% (2/133)	<b>8% #</b> <b>(2/24)</b>
Using public transport	8% (39/463)	<b>10%*</b> <b>(32/326)</b>	3% (4/133)	<b>25% #</b> <b>(6/24)</b>
Using the Lesbian / Gay / Bisexual / Trans scene	8% (36/463)	7% (22/326)	9% (12/133)	8% (2/24)
Attending social groups or visiting friends	2% (10/463)	2% (7/326)	1% (1/133)	0% (0/24)
Accessing Council services (only those living in Lambeth)	3% (10/463)	3% (6/219)	5% (4/77)	0% (0/24)

[\* indicates significantly (p<.05) higher among males than females]

[ # indicates significantly (p<.05) higher among Trans people than non-Trans people]

### 3.6.1 Local Police

All respondents were asked to agree or disagree with two statements about the Police, irrespective of where they lived. More respondents had an opinion about being treated fairly if they were victims than if they were suspects in a crime. For both statements three times as many respondents agreed as disagreed.

Perceptions of fair treatment by Police (N=460, missing 3)	% (number)				
	Strongly agree	Agree	Neither	Disagree	Strongly disagree
If I was a victim of a crime I am confident the police would deal with it seriously.	10% (48)	45% (209)	26% (119)	14% (64)	4% (20)
If I was suspected of a crime I would trust the police to deal with me fairly.	7% (32)	41% (190)	34% (154)	15% (68)	4% (16)

Compared to males, females were less likely to be confident that they would be treated fairly if they were **victims** of crime (47% vs. 60% agreed) **or** if they were **suspected** of a crime (40% vs. 52% agreed). Compared to others, Trans people were less likely to be confident that they would be treated fairly if they were **victims** of crime (25% vs. 58%) **or** if they were **suspected** of a crime (29% vs. 49%).

Non-white respondents were less confident than white respondents that they would be treated fairly if they were **suspected** of a crime (27% vs. 51%). Responses did not vary by living in Lambeth or by age.

### 3.7 COMMUNITY INVOLVEMENT

Respondents who had lived in Lambeth in the last year were asked *Please tell us about your involvement in the following public associations. In the last year have you...?* and were provided with the list in the following table, which also shows the proportion of respondents having done each activity in the last year.

Involvement in voluntary associations among respondents that lived in Lambeth within the last year (N=248, missing 49)	All	by age group		
		under 25 (n=26)	25-39 (n=152)	40+ (n=70)
Donated money to a charity, social or political organisation or cause	82% (204)	84% (22)	79% (120)	89% (62)
Signed a petition	67% (167)	69% (18)	68% (103)	66% (46)
Volunteered for a charitable, social or political organisation or cause	37% (91)	27% (7)	34% (52)	46% (32)
Attended a political demonstration or march	36% (89)	31% (8)	37% (56)	36% (25)
Taken part in a Lambeth Council consultation exercise	20% (50)	0% (0)	20% (30)	29% (20)
Attended an LGBT forum or public meeting	19% (48)	19% (5)	19% (29)	20% (14)
Spoken to your Lambeth councillor about an issue of concern to you or others	16% (40)	4% (1)	13% (19)	29% (20)
Been actively involved in a trades union	14% (34)	4% (1)	12% (18)	21% (15)
Given ongoing support or help to an unwell / vulnerable / elderly neighbour	11% (28)	4% (1)	7% (10)	24% (17)
Attended a Lambeth Town Centre area scrutiny committee meeting	7% (17)	0% (0)	7% (11)	9% (6)
Attended a meeting in relation to your housing	7% (17)	8% (2)	13% (19)	21% (15)
Attended a service user or patient forum	7% (17)	0% (0)	5% (8)	13% (9)
Stood for election or served as a student representative	2% (6)	19% (5)	1% (1)	0% (0)
Sat on a school board of governors	2% (5)	0% (0)	3% (5)	0% (0)
Attended a parent-teacher association meeting	2% (4)	8% (2)	1% (1)	1% (1)

Some activities were significantly **more common among the older** age group: giving ongoing support or help to a neighbour; involvement in a trades union; attending a service user or patients' forum; taking part in a Lambeth Council consultation exercise; and speaking to a Lambeth Councillor about an issue.

Some activities were significantly **more common among the younger** age group: attending a parent-teacher association meeting, and standing for election or serving as a student representative.

Females were significantly more likely than males to have: attended a political demonstration or march (49% vs. 31%); attended an LGBT forum of public meeting (29% vs. 16%); and taken part in a Lambeth Council consultation exercise (31% vs. 17%). In line with females being more likely to be students than males (see above), they were also more likely to have stood for election or served as a student representative (6% vs. 1%).

Non-White respondents were more likely than White respondents to have attended an LGBT Forum meeting (38% vs. 17%). None of the activities significantly varied by education.

Separately, respondents who had lived in Lambeth in the last year were asked *In the last year have you taken part in any consultation, responded to a survey or attended a meeting about local issues?* Overall, 63% (107/296) said they had. Having done so did not vary by gender, Trans status or education. It was higher among Asian respondents than other ethnic groups (83% vs. 35%) and among the older age groups (17% for under 25s; 35% for 25-39 year olds; 46% for over 40s).

Respondents who had lived in Lambeth in the last year were also asked *Did you vote in your last Lambeth local authority election (May 2002)?* Overall 57% (167/295) said they had. [Compare: the overall turnout for English local authority elections in 2002 was 33% (The Electoral Commission (2002) *Public opinion and the 2002 local elections*)]

### **3.8 OPINIONS OF LAMBETH COUNCIL**

Respondents who had lived in Lambeth in the last year (N=297) were asked to agree or disagree with eight statements about Lambeth Council and its services. All the statements were positive.

The table below shows the proportions of those responding giving each answer and the ratio of disagreement to agreement. Disagree-agree ratios ignore people who indicated 'neither' and divide the number of people disagreeing by the number of people agreeing. Figures above 1 show statements where more people disagreed than agreed; figures below 1 show statements where more people agreed than disagreed.



Council among those that lived there in the last year (N=297)	% of valid responses					Ratio of disagree to agree
	Strongly agree	Agree	Neither	Disagree	Strongly disagree	
Lambeth Council is efficient and well run.	1% (2)	10% (28)	53% (156)	26% (75)	11% (33)	3.67
Lambeth Council provides good value for money for the Council Tax I pay.	1% (2)	14% (42)	31% (90)	35% (101)	20% (58)	3.61
Lambeth Council involves LGBT people when making decisions.	1% (4)	11% (32)	52% (152)	26% (76)	11% (31)	2.94
Lambeth Council does enough for people like me.	1% (3)	14% (40)	46% (134)	30% (88)	10% (28)	2.70
Lambeth Council is making the local area a better place for LGBT people to live.	1% (4)	15% (45)	48% (140)	24% (70)	12% (35)	2.13
Lambeth Council involves residents when making decisions.	4% (13)	22% (66)	43% (126)	23% (67)	8% (23)	1.14
Lambeth Council is making the local area a better place for people to live.	1% (4)	38% (111)	32% (92)	20% (59)	9% (26)	0.74
Lambeth Council is doing a good job.	1% (3)	28% (83)	51% (151)	14% (40)	6% (18)	0.68

Few people strongly agreed with any statement, and for all statements more strongly disagreed than strongly agreed. There was more disagreement than agreement for six out of the eight statements. The weight of disagreement was highest with regard to Council efficiency and value for money, where 3.6 people disagreed for every one who agreed. However, more people agreed that Lambeth Council is doing a good job than disagreed.

The weight of disagreement was higher for the LGBT specific statements than for the generic ones. While more people *agreed* than *disagreed* that *Lambeth Council is making the local area a better place for people to live*, twice as many *disagreed* than *agreed* that this was the case for the LGBT community. We found no evidence for differences of opinion across the age range, by ethnicity, gender, or Trans status.

### 3.9 USE OF SERVICES IN LAMBETH

Respondents who had lived in Lambeth in the last year (N=297) were asked *In the last year have you approached or used any of the following services or agencies?* They were presented with a list of 20 services and agencies, 18 of which were Lambeth based. The two additional 'services' (shaded in the table) were LGBT services outside Lambeth and LGBT telephone helplines or information lines. These were added to ensure we could report the overall proportion of the sample that had accessed any LGBT specific services. The following table shows the number of people who had approached or used each service, and the proportion of all respondents they represent.

<b>Local services used in the last year by respondents living in Lambeth (N=297)</b>	<b>No.</b>	<b>%</b>
Lambeth Police	82	28%
Your local housing office	41	14%
Housing or Council Tax Benefit office	26	9%
An LGBT organisation or group outside Lambeth	20	7%
An LGBT organisation or group in Lambeth	17	6%
Lambeth Registry Office	15	5%
An LGBT telephone helpline	11	4%
Adult Social Services	11	4%
Lambeth Crime Prevention Trust	8	3%
Lambeth Police Community Safety Unit	8	3%
Lambeth Victim Support Service	6	2%
Lambeth Citizens Advice Bureau (CAB)	6	2%
Waterloo Action Centre	4	1%
Lambeth Fostering & Adoption Services	4	1%
Lambeth Law Centre	3	1%
Childcare Services	3	1%
Clapham Community Project	3	1%
Brixton Advice Centre	2	1%
Children & Families Social Services	1	<1%
Community Legal Services Direct	0	--
Centre 70	0	--

More than a quarter (28%) of all respondents had accessed Lambeth Police in the last year, more than double the proportion that had accessed any other service.

14% of all respondents had used a Lambeth Council local housing office in the last year. Of these 41 respondents, 30 had spoken to a Local Housing Officer, 6 had spoken to a Local Area Housing Manager and 1 to Lambeth's Mediation Service. A further 9% had used Lambeth Housing or Council Tax Benefit office.

Among all the respondents that lived in Lambeth 14% accessed some form of LGBT organisation, including 7% who contacted organisations outside Lambeth, 6% who accessed an organisation in Lambeth and 4% who accessed LGBT telephone support (respondents may have done more than one of these three things). The range of Lambeth LGBT organisations accessed included the

Lambeth LGBT Forum (5 respondents); Terrence Higgins Trust (5); UK Coalition of People Living with HIV and AIDS (4); GMFA (2); NRG youth group (2); and Pimpernel (an older Gay men's group, now disbanded).

The only other service used by 5% or more of all respondents was Lambeth Registry Office. Of the 15 respondents that had used it in the last year, 1 was registering a birth, 3 were requesting birth certificates, 4 were having Civil Partnership ceremonies, 6 were enquiring about Civil Partnerships, and 1 was having a Citizenship ceremony.

### **3.9.1 Need for, and ease of, disclosure in services in Lambeth**

Respondents who had lived in Lambeth in the last year (N=297) and had used any of the Lambeth services above were asked: *How important was it to you that the [service staff] knew about your sexual or Trans identity?* and *Did you feel that you could easily tell them about your sexual or Trans identity?* While the number of responses in the services in the lower part of the table are very small, the data follows a consistent pattern.

Relevance of identity, disclosure and response in service use (N=297)	How important that they knew you were LGBT?			% could easily tell them you were LGBT
	Not	Quite	Very	
Lambeth Police (n=82)	67% (53)	15% (12)	18% (14)	67% (53/79)
Lambeth local housing offices (n=41)	72% (28)	10% (4)	18% (7)	38% (15/40)
Housing or Council Tax benefit office (n=26)	76% (19)	16% (4)	8% (2)	52% (13/25)
Lambeth Registry Office (n=15)	60% (9)	7% (1)	33% (5)	79% (11/15)
Adult Social Services (n=11)	0% (0)	33% (1)	67% (2)	67% (2/3)
Lambeth Crime Prevention Trust (n=8)	25% (2)	25% (2)	50% (4)	75% (6/8)
Lambeth Police Community Safety Unit (n=8)	38% (3)	12% (1)	50% (4)	88% (7/8)
Lambeth Victim Support Service (n=6)	33% (2)	17% (1)	50% (3)	100% (5/5)
Lambeth Citizens Advice Bureau (n=6)	80% (4)	20% (1)	0% (0)	60% (3/5)
Waterloo Action Centre (n=4)	75% (3)	25% (1)	0% (0)	100% (4)
Lambeth Fostering & Adoption Service (n=4)	50% (2)	0% (0)	50% (2)	50% (2/4)

The majority of respondents who had used most services in the last year did not think it was important that the provider knew their LGBT identity. Among users of Lambeth Police; Lambeth Council local housing offices; Waterloo Action Centre; Lambeth Housing or Council Tax Benefit office; and Lambeth Citizens Advice Bureau between 67% and 80% or all users did not feel it was important that the staff knew their sexual or Trans identity.

Only in the services where personal circumstances were liable to have a more direct bearing on the service desired did the majority of users feel disclosure of sexual or Trans identity was very important. Among users of Lambeth Fostering & Adoption Service; Lambeth Victim Support Service; Lambeth Crime Prevention Trust; and Lambeth Council Adult Social Services between 50% and 67% of users thought disclosure was very important.

It is also worth noting that in most services, most users felt that they could easily have told the service provider about their sexual or Trans identity. In only 4 of the services, did less than two thirds of users feel that they could easily have disclosed their sexual or Trans identity. These were Lambeth local housing offices (with 38% saying they could easily have disclosed); Lambeth Fostering & Adoption Service (50%); Housing or Council Tax benefit office (52%) and Lambeth Citizens Advice Bureau (60%).

### **3.9.2 Actual disclosure and responses from services in Lambeth**

Respondents who had lived in Lambeth in the last year (N=297) and had used any of the Lambeth services above were also asked: *Did you tell anyone [on the service staff] about your sexual or Trans identity?* and *How well do you think they responded to you telling them?* Again the number of responses are very small but the data follows a consistent pattern.

Relevance of identity, disclosure and response in service use (N=297)	% told them they were LGBT	How well do you think they responded? (% , No. among those that disclosed)				
		Very well	Quite well	Neither	Quite poorly	Very poorly
Lambeth Police (n=82)	28% (22/79)	41% (9)	32% (7)	9% (2)	14% (3)	5% (1)
Lambeth local housing offices (n=41)	28% (11/40)	0% (0)	27% (3)	46% (5)	18% (2)	9% (1)
Housing or Council Tax benefit offices (n=26)	12% (3/25)	67% (2)	33% (1)	0% (0)	0% (0)	0% (0)
Lambeth Registry Office (n=15)	43% (6/14)	50% (3)	33% (2)	17% (1)	0% (0)	0% (0)
Adult Social Services (n=11)	67% (2/3)	50% (1)	50% (1)	0% (0)	0% (0)	0% (0)
Lambeth Crime Prevention Trust (n=8)	75% (6/8)	60% (3)	20% (1)	20% (1)	0% (0)	0% (0)
Lambeth Police Community Safety Unit (n=8)	50% (4/4)	50% (2)	50% (2)	0% (0)	0% (0)	0% (0)
Lambeth Victim Support Service (n=6)	83% (5/6)	60% (3)	40% (2)	0% (0)	0% (0)	0% (0)

The majority of respondents had not disclosed their sexuality or Trans status when they used Lambeth Registry Office (43% had); Lambeth Police (28%); Lambeth local housing offices (28%); and Lambeth Housing or Council Tax Benefit offices (12% had).

However, in the services where personal circumstances were liable to have a more direct bearing on the service desired the majority had disclosed. Among users of Lambeth Victim Support Service; Lambeth Crime Prevention Trust; Lambeth Council Adult Social Services and Lambeth Police Community Safety Unit between 50% and 83% of users disclosed their sexual or Trans identity. When disclosure had occurred the majority reported that services responded *well*. Only among users of Lambeth local housing offices and Lambeth Police did any user who had disclosed report that the service provider responded *poorly*.

### 3.9.3 Other services in Lambeth

Respondents who had lived in Lambeth in the last year (N=297) were asked about two further areas of service (sports and recreation centres and libraries). If they had used such services in Lambeth in the last year, they were also asked if they had experienced homo- or transphobic incidents while using them. These two services were more commonly used than all those outlined above: 41% of all respondents had used Lambeth sports and recreational facilities and 36% had used Lambeth libraries.

Use sports facilities and libraries in Lambeth (N=296, missing 1)	Used in last year	Experienced any homo- or transphobic incident	Specific incidents		
			Verbal abuse from staff	Verbal abuse from users	Looks, stares or gestures
Sports & recreational facilities	41% (120/296)	27% (32/120)	3% (3/120)	7% (8/120)	25% (30/120)
Public libraries	36% (105/296)	18% (19/105)	0% (0/105)	1% (1/105)	8% (8/105)

Among those that had used sports and recreational facilities, 27% had experienced homo- or transphobic incidents in those venues. Among those that had used libraries 18% had experienced homo- or transphobic incidents in such venues, including 11% (12/105) of library users who experienced difficulty obtaining information or books associated with LGBT issues. We found no evidence that any of these experiences were more or less common across gender, Trans status, ethnicity or age.

Respondents who had lived in Lambeth in the last year (N=297) were also asked: *Did you know that the Lambeth Crime Prevention Trust has a **LGBT Anti-Hate Crime Co-ordinator**?* Overall, 33% (97/296) were aware of the Co-ordinator and 67% were not.

All respondents were also asked: *Would you contact this person if you had a problem with the Council that concerned your sexual or Trans identity?* If they had a sexuality or Trans-related problem with the Council, 64% (190/296) indicated they would contact the co-ordinator and another 27% (80/296) were unsure. Only 9% said they would not contact the co-ordinator if they had such a problem.

Respondents who had lived in Lambeth in the last year (N=297) were told that the **Lambeth Police LGBT Liaison Team** is a team of police officers who engage with local LGBT communities to improve the service they offer. They can also give you support and advice if you have been a victim of homophobic or transphobic crime. Respondents were asked:

- Did you know that Lambeth Police have a LGBT liaison team?
- Does knowing this team exists...
  - Make you more or less confident that the police will treat you fairly
  - Make you more or less willing to report a crime to the police
  - Make you more or less willing to report a homophobic or transphobic hate crime to the police?

Overall, 49% (146/297) said they were aware of the Lambeth LGBT Liaison Team. Females were less likely to be aware than males (31% vs. 55%). Those born outside the UK were less likely to be aware of the team than those born in the UK (30% vs. 55%).

Those who were aware of the LGBT Liaison Team were more likely to have agreed they would be treated fairly by the Police if they were victim of a crime (62% vs. 48%). However, those who were aware of the LGBT Liaison Team were not significantly more likely to agree they would be treated fairly by the Police if they were suspected of a crime.

Perceived impact of knowing about LGBT Liaison Team among those that lived in Lambeth (N=296, missing 1)	% of respondents (number)		
	Less	Neither	More
Confident police will treat you fairly	2% (5)	35% (102)	64% (189)
Willing to report a crime	1% (2)	40% (118)	60% (176)
Willing to report a homo- or transphobic crime	1% (3)	25% (74)	74% (219)

### 3.10 LAMBETH COUNCIL ASKING ABOUT SEXUAL AND TRANS IDENTITY

Respondents who had lived in Lambeth in the last year were asked *Do you think that Lambeth Council should routinely ask sexual and Trans identity when it surveys residents or people who use its services? (It does this with some groups, eg ethnic groups, disability)?*

Overall 82% (240 / 294) indicated yes. This proportion did not significantly vary by gender, Trans status, age, ethnicity, education or disability status.

### 3.11 CONCLUDING COMMENTS

We have identified three main areas of need for Lambeth’s LGBT population. These are discrimination, violence and abuse; mental health; and drug and alcohol use. These findings are similar to other large scale assessments of LGBT need (see Pitts *et al*, 2006). However, a sample of this size has also allowed us to comment on variations in need and experience within the population. Such variation is likely to reflect broader social inequalities. Thus, in our own sample, men tended to be home-owners whereas women tended to live in rented accommodation or with

family. Women were more likely to be in part-time employment or education and had greater childcare responsibilities. Unlike the general population however, men were more likely to be living with a disability than women. This reflects the high prevalence of HIV among Gay and Bisexual men in London.

Likewise, there was variation in the population in terms of problems experienced. For example, older people were more likely to experience problems with neighbours. Moreover, in most of the categories presented above, Trans people were more likely to suffer difficulties than others (mental health, debt, working conditions, schools/colleges, mobility/getting around and personal care). This is likely to reflect over-arching social care need among Trans people which must be explored as a priority. When LGBT people experience problems in areas such as housing, neighbours and debt/paying bills, the nature of these difficulties is likely to be influenced by their sexual identity or Trans status. Moreover, this will be further compounded by other factors such as age, ethnicity *etc.* It is important therefore to attend to the specificity of the need for the individual as well as the magnitude of need in the population.

LGBT people in Lambeth suffer intolerable discrimination, abuse and either the threat of, or actual violence in their everyday lives. Overall, the response of police and other services to such violence when it occurs is appropriate (although many Trans respondents could not trust this response). However, the underlying social causes of such violence and abuse are nowhere near being tackled. The Council needs to address these causes in order to allow LGBT citizens to live in greater safety.

## 4. Living with Lambeth Council

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### 4.1 INTRODUCTION & METHODS

In order to examine the needs and experiences of LGBT Lambeth residents in more detail, we held six focus groups. Respondents to the survey who lived in Lambeth currently or had done so in the last year were invited to take part in a groups. Also pre-existing community organisations were approached to help with targeted recruitment (Age Concern Lambeth and the NRG youth group). Forty six people (12 women and 34 men) participated in groups and 3 Trans respondents were interviewed face-to-face, one-to-one. Each focus group was composed of people from a specific demographic group. These were:

- An elder people's group
- A young people's group
- A men only group
- A women only group
- A BME people's group
- A mixed gender group

Each group discussed the needs and experiences of LGBT people generally, their own needs and experiences and their personal safety/ experiences of violence. The one to one interviews followed a similar route. All participants were paid £15.00 expenses. The groups and interviews were audio tape / digitally recorded and fully transcribed. A thematic content analysis was carried out on all groups followed by a secondary meta- analysis to synthesise findings.

Among all interviewees 60% were White British (55%, 18 males; 71%, 10 females) and a further 21% were of other White ethnicities (18%, 6 males; 29%, 4 females). No females of any other ethnicity participated in the groups or individual interviews. Among the non White males 12% were of mixed ethnicity (n=4); 9% (3) were Black Caribbean; 3% (1) was Black African and 3% (1) was South East Asian. So, a total of 19% of the whole sample was not of White ethnicity (27% of males, but none of the females). On average participants had lived in Lambeth for 5 years. Males had lived in Lambeth for longer (6 years) compared to females (3 years). The average age of participants was 34 (median, range 17-79). Male participants were somewhat older (at 35) than females (at 33.5). The majority of females identified as Lesbian (91%, n=10) rather than Bisexual (9%, n=1). All the men identified as Gay (100%, n=34). All the Trans respondents were transgendered male to female. One identified as Lesbian and the other two as heterosexual.

In this section, we start with views on living in Lambeth. We then move on to examine opinions of the Council generally and opinions of the Council's record on LGBT communities. We then examine a range of concerns that were raised around monitoring and the ways in which Lambeth Council might better define LGBT communities and their needs. This is followed by the two main concerns that were common to all groups: education and violence. We end with a range of service issues which were mentioned by particular groups.



## 4.2 LIVING IN LAMBETH

We asked participants in all groups to tell us what they liked about living in Lambeth and what they disliked. All groups were remarkably consistent in their responses. The social diversity of Lambeth was the most liked aspect, especially in terms of ethnic and cultural backgrounds, age and sexuality. The borough was considered to be truly metropolitan, offering a wide range of cultural experiences. Lambeth was considered to have a liberal or left leaning political past which informed its current treatment of minorities. Lambeth was also considered to have a long association with sexual minorities. Many referred to the borough being a venue for early Gay centres, women's centres and Gay rights marches / festivals. BME participants (especially those of African Caribbean backgrounds) commonly mentioned the feeling of belonging to a larger BME community as a positive aspect.

In addition, Lambeth's proximity to the centre of London was valued. It was perceived to have cheaper rents and house prices than other central London boroughs. It also offered an abundance of green spaces which added significantly to quality of life. Finally, the abundance of commercial LGBT venues was mentioned as a positive aspect.

The same diversity gave rise to tensions between minority groups which were the least liked aspect of life in Lambeth. All groups mentioned feelings of vulnerability in certain areas and being the object of homo/transphobic abuse or violence. Crime associated with drugs and gangs were also mentioned as a negative aspect of life in Lambeth as was poverty, street homelessness, noise pollution and dirt. Dealing with Lambeth Council came high on lists of negative aspects. The Council was perceived to be inefficient and not responsive to citizens needs.

## 4.3 GENERAL PERCEPTIONS OF LAMBETH COUNCIL

All the groups discussed their perceptions of the performance of Lambeth Council. Although there was consensus across groups that the performance of the Council was improving, all groups remained highly critical. The Council's under-performance was seen in terms of budget deficits, debt, and the percentage of Council tax collected. There were few references to Council staff as a problem. Rather, the Council itself was perceived to be inefficient and bureaucratic. By far the most common criticism of the Council was that it was committed to high visibility services and campaigns about social issues, but that there was little content to these interventions and a limited understanding of social processes.

**...they can do Christmas lights and everything but five minutes up the road in Loughborough Junction is a water main that has been leaking for three weeks [...] Loads of like houses falling down and they don't really do anything in those areas.**

**Trans respondent**

**I've lived in Brixton for 10 years and it has got better, but not substantially better. At the same time as perhaps the Council's performance has got better, social problems have got worse.**

**Mixed gender group**

The Council was perceived to invest insufficiently in the voluntary and community sector.

**...my impression is that [Lambeth Council] are great at consulting and that they are extremely good at ignoring the results and going their own sweet way. They talk about for example LGBT matters. Yet there used to be a very good old people's club where has that gone?**

**Women only group**

Moreover, the Council's commitment to promoting diversity and multiculturalism was criticised. That is, the Council promoted notions of multi-culturalism, but does little to support cultural and ethnic minorities in meaningful ways.

**I think the Council consistently fail the people of Brixton. They publicise 'welcome to vibrant multi-ethnic, multi-cultural Brixton' and yet at the same time they are not looking after long-standing business and long-standing residents. Some of the small businesses are failing and moving away partly because of the fight they are having with Lambeth Council.**

**Men only group**

Moreover, the Council was criticised for lack of investment in community infrastructure and for selling assets such as land and schools for private development.

**Where I live there is a school in [name] Road and they are going to pull that down to provide private housing and I think it should be more social housing for people. The trouble with Lambeth is that people don't put pen to paper enough and keep writing to the Council.**

**Men only group**

Participants were also dismayed at what they saw as lack of consultation.

**One example would be the Brixton Recreation Centre. I don't know if you know, but basically they are going to pull it down, and they've not even consulted people in the area to see how they feel about it.**

**Men only group**

However, it was recognised that the population of Lambeth had higher levels of social deprivation compared to other London boroughs and therefore the Council faced a range of challenges. Moreover, improvements were noted in terms of better investment.

**Looking at what's happened in the last few years with youth and crime with the library service and everything there is more funding going into that, because they cut that deficit down when the interest rates were being payed so there is actually now more being put in there. And even now for education in the schools: secondary schools were sold, primary schools were sold, school playing fields were sold during the Labour administration. Now they've built three secondary schools and more money has been put into children's centres and everything else.**

**Mixed gender group**

Finally, the Council was seen to be caught up in its own political travails.

**They spend a lot of time infighting. I've got leaflets through my door that make allegations about the fact that people were fired because they were part of a certain minority group. [...] So I find it incredibly political, the infighting. That's my impression.**

**BME group**

However another participant used this example to illustrate how much more corporate or professionalised Lambeth had become.

**It feels more corporate now, a lot more sorted. For example I think the institutionalised racism case that was going on recently. A few years ago you would have got all of Lambeth Council and all it's workers involved in it and it would have been a really big deal. Now it's a couple of workers and a gang of people sticking things on lamp-posts. It feels like it's Lambeth itself going: 'Hold on a minute while this is important we have much more bigger fish to fry and other residents concerns'.**

**BME group**

In the main therefore, the concerns and perceptions of participants were the concerns of residents generally. What is noteworthy is the extent to which they were both critical of but engaged with the Council. That is, they had definite opinions of the Council and a high degree of knowledge about the ways in which it worked.

#### **4.4 LAMBETH COUNCIL'S RECORD ON LGBT POPULATIONS**

All the groups discussed their perceptions of the Council's record on LGBT issues. A minority of participants felt that the Council was doing a good job in relation to LGBT need.

**I think it's putting across the right message, a positive message that comes across. [...] When I was in the Vauxhall Tavern, they had these signs in there about the Gay and Lesbian community, and how Lambeth was supporting the prevention of Gay crime. With such diversity it's sort of broken into little communities, and if you go to their web-site and try and pick up the good points of each area.**

**Mixed gender group**

Lambeth Council was not seen as actively homo/ transphobic or even particularly negative in terms of its attitudes to LGBT populations.

**I think they are reasonably comfortable and compassionate towards Gay people in this area. They don't particularly want to shut down pubs and clubs and things like that.**

**BME group**

Lambeth was seen to have some high profile or symbolic LGBT interventions.

**I think, fair due, it was one of the first boroughs to actually make a point -however ineffective it might have been below the flag pole - at least it was putting something up the flag pole and has been doing that for many years. Even before I came to Lambeth I had this picture that it's Gay friendly. What's beyond that I have no idea and I'm still a little bit unsure but it set out a political line on the welcome that is afforded to LGBT and that was ahead of its time and maybe there is a kind of catching-up in terms of substance, I don't know.**

**Mixed gender group**

However, the majority view was that Lambeth Council was doing little or nothing that was tangible for its LGBT residents. This opinion was especially voiced by Trans respondents.

**For most people, things are advertised for. Yet the only sort of things that are advertised at the moment for Tran is [LGBT History] month. [...] I haven't seen any events advertised for Lambeth. There was an article in [Lambeth Life] but there was no actual mention of any specific meetings or activities which were going on round there.**

**Trans respondent**

The commitment to promotion of equality for Trans communities was not seen to be backed up by any tangible services or interventions.

**They talk about the 'T' [Trans] but it's just bolted on. There's nothing actually going on. No-one knows where to begin and no-one asks. There's no support groups. Lambeth staff know nothing about our issues. There's no training of staff. It's just a paper commitment, nothing more.**

**Trans respondent**

Participants who had been in direct receipt of services had mixed reports. While some found Council staff rude and unhelpful no-one reported experiencing specific homophobia.

**I mean more recently because I'm HIV positive I have had contact with Council departments and they installed a shower and they've been really nice and helpful on an individual basis. Until HIV ... I don't think the Council did anything for Gay people.**

**Men only group**

Participants in all groups complained about the lack of services or information on LGBT issues.

*Participant 1:* **There is nothing on the web-site about civil partnerships. It was on Lambeth Life which they keep telling me about which is fantastic but there is nothing on the web-site. Whereas if you look on Westminster, there is a picture of the couple who got a civil partnership. Picture, quotes, everything literally an hour or two hours after they had their ceremony. Lambeth nothing at all.**

*Participant 2:* **Camden has a whole booklet you can download.**

**Mixed gender group**

Moreover, participants perceived that other minority groups were far better catered for than LGBT groups. For example, elder LGBT participants wondered why social support groups existed for other demographic groups and not for them.

*Participant 1: I mean does the Council offer support to other public groups, elderly Asian people?*

*Participant 2: They fund a number of drop-in centres and they fund a couple for older Asian and some for older Caribbean people and some more general ones.*

*Participant 3: Are they used?*

*Participant 2: They are all very busy and they are all extremely well used, and there are also lots of very small lunch clubs and groups that meet in churches or local centres and things that never get any funding from the Council but are just run by local communities.*

**Elder Group**

Moreover, there was a widespread perception that there were champions for Black and ethnic minority issues within the Council, but no champions for LGBT issues.

**The Black people really have supporters and there are places which challenge any possible racism even if it's suspected and not evident. But we don't seem to have anyone who will really fight our cause.**

**Elder group**

In view of this traditional neglect, others wondered about the Council's political motivation for carrying out an LGBT needs assessment.

*Participant 1: In a very diverse borough that has huge housing problems, vast financial problems, a deficit on rents and on Council tax and a chequered political history over the last 35 years, it seems rather strange that all off a sudden that they've woken up to the fact that they actually have a large Lesbian and Gay community. I just wondered why.*

*Participant 2: It's a tick box requirement for Local Authorities to consult with different sections of the community. It's not just Lambeth. [Local Authorities] always consult and they spend a lot of money on consultants actually. Then precious little comes out of it. Just because there is no way of working that links consultation with practical action.*

**Women only group**

It was clear therefore that although the Council was perceived in some quarters to be mindful of the needs of LGBT people, the actions of the Council were seen to be insufficient and mainly symbolic. Respondents tended to doubt whether services were sufficient and Trans respondents were particularly critical that there were little or no services for their communities.

#### **4.5 MONITORING AND CONSULTATION**

We have seen in Section 3 that the majority of respondents to the LGBT survey would prefer for routine monitoring to include sexual orientation and Trans status. In the groups, Lambeth was severely criticised for not consulting with the LGBT population properly nor including this population in standard monitoring. This was seen as a major obstacle to service provision.

**They include LGBT people in their diversities policy and statements and everything but they will not monitor it. If they're not monitoring it how do they know they are delivering the service to a diverse population.**

**Mixed gender group**

Elder participants discussed in detail, their hopes and fears around monitoring and consultation. Some participants were wary about revealing their sexual orientation to service providers. They feel the Council needs to work to reassure them about how this information would be used.

**I don't think they can just do [LGBT monitoring] out of the blue because that would cause a lot of mistrust. There would have to be a lot of preparatory liaison with the Gay community [...] so that we'd know who's asking, why are they asking, what do they want and what are they going to give us. And what's the purpose of all this? If you suddenly sent out a questionnaire, nobody would answer it.**

**Elder group**

However, not all participants shared this view.

**...I'm mean there are many people who wouldn't dare to say it but it wouldn't worry me to say that I'm Gay you know.**

**Elder group**

Participants did agree however, that the Council should do more to reassure them that all their services were LGB -friendly

**...there is nothing that they produced that's really visible that says our services are there and open and we want to make sure that they are right for older Lesbians and Gay men and they need to be saying that before people will come and use them.**

**Elder group**

Trans respondents flagged up difficulties with monitoring for Trans status. This was particularly in respect of identity. Some thought that asking specifically about present and past gender was necessary.

**I might identify as a women or as a transgender or as a pre-op transgender man or whatever. Pinning it down to something more tangible might be better, like whether or not I've had an operation along or which gender I identify with.**

**Trans respondent**

Finally concerns over stigma and discrimination if one discloses one's Trans status were paramount.

**But there's always still the worry of having to come out and being discriminated against. I don't think people know that I was once a man and I don't want to fill out a form that might allow people to find out.**

**Trans respondent**

The need to monitor was clear in all groups. However, some (specifically the Elder groups and the Trans respondents) felt that the Lambeth Council needed to do more work around reassuring those who were nervous about disclosure and ensuring that instruments were sufficiently sensitive in order to capture complex identities and social positions (such as Trans status).

#### **4.6 DEFINING LGBT NEED**

When participants talked about their needs as LGBT people, they invariably talked about these with reference to other needs they had (such as those connected with their race, gender, education, age or health status).

BME participants discussed the merits of being targeted based on a range of demographic variables: as a member of a BME group; as a member of an LGBT group; as a woman; as an HIV positive Gay man *etc.*

**It's about taking on board the issues that impact on me as a Gay man [or] as a Black man or a man living with HIV or a woman with children. It's about bearing in mind all those different things.  
BME group**

The BME group were especially aware of the ways in which different equalities groups overlapped and that proper demographic monitoring was a way of describing this complexity.

**I think it's about ensuring that LGBT people are included from the very beginning. When you're talking about consultation [with] the over 60s. How are we going to consult with LGBT communities that are over 60?  
BME group**

Some participants in the women's group felt that Lesbian and Bisexual and Trans women's needs were more similar to those of women generally than they were to Gay or Bisexual men's needs.

**For Lesbians I think it really begins with accessing resources and organisations and movements for women and once those are there you can then move out from there. That's why I would say that it has to be much more women focussed.  
Women only group**

Generally it was perceived that needs associated with being LGBT could not be separated from needs arising from other factors such as poverty or parenthood. Therefore a holistic notion of social need was favoured.

**Mental health is connected with alcohol and drugs which are connected with poverty and money. There are certain things that you won't worry about if you've got money. [It also depends on] if you have children. You are more likely to be concerned about child care.  
Women only group**

For Trans respondents, the individual's needs changed depending on a range of circumstances. Male to female (hereafter m-f) transgender people were perceived as having very different needs than female to male (hereafter f-m). Moreover, a range of other factors were equally important.

**For each individual area [of the Trans population] it's different because you've got your cross-dressers, your transvestites, your she-males your pre and your post op Trans. There are always going to be the different concerns, and even whether you pass or don't pass there is going to be more concern.**  
**Trans respondent**

Some Trans people shared needs in common with Lesbian or Bisexual women, others shared needs in common with Gay or Bisexual men. Although it is politically expedient to include Trans people as part of the LGBT population, it might be more helpful to think of the Trans population as highly variable with unique needs only coincidental to the needs of LGB people.

**Can you talk about a Trans community really? We're just as different from each other as we are to Lesbians and Gay men.**  
**Trans respondent**

In defining need, participants and respondents were aware of the necessity to attend to LGBT need in relation to other social needs. That is, a Lesbian, Gay man, Bisexual or Trans person's needs are lessened or increased by his or her other social needs. Moreover, they also talked of the necessity to re-think other minority or equality agendas in the light of LGBT needs. Therefore, the women's agenda needs to include the needs of Lesbians, Bisexual and Trans women; the BME agenda must be made to include the needs of BME LGBT people. This must not be done at the expense of an over-arching LGBT agenda. Finally, the Trans respondents were mindful of the fragmented nature of their own population in terms of experiences, concerns and needs. It is clear that more work is necessary to describe and articulate the variety and extent of Trans need.

#### **4.7 DEFINING COMMUNITY**

When participants discussed the notion of community, they described something complex and highly variable. Like need, notions of community often tended to be linked to other aspects of an individual or group. For example the elder group had a very different notion of community to the BME group.

Participants in the BME group talked about Lambeth having its own vibrant Black LGBT sub-cultures.

**I remember growing up [and] there was a house near Tulse Hill which if you were young Black and Gay it was where you went. And there is still a massive population of Black Gay men living in the Lambeth area. Because there are Gay men here and there are also much amenities here and I can be part of that. I can go and live in Islington which is really nice and quiet but I'm not going to be able to walk down to Brixton market and get my yam and sweet potato on a Saturday morning and get my hair products. There is all that and you want to be part of the community [...] where you were brought up.**  
**BME group**

Thus, the BME group had a particular notion of community infrastructure which did not depend on the 'pink pound' and the Gay commercial sector.



**In a sense Black people are not actually associated with [the pink pound]. Because a lot of Gay people live in Brixton or live in Lambeth that are well off financially. Professionals are White.  
BME group**

Many Black LGBT people born and raised in Lambeth had a very particular experience of life in the borough which they contrasted with common representations of 'the Gay experience'.

**...this is a crass example I'm going to give you. [...] but from my experience hardly any of my Black friends own properties in Lambeth. But lots of my White friends, they do. They live in gated communities or new builds and that sort of stuff. They want to live in Brixton because it's so funky and diverse, which is great. I've got no problem with that. But I think when the Council thinks about investment like you said, their notion about who is Gay and lives in Lambeth is not digging beneath the surface, it really isn't.  
BME group**

This distinction became much clearer when participants discussed the development of Vauxhall as a Gay village.

**Vauxhall [...] is being developed as a mini Soho, or a local Soho. It does not reflect, in any shape or form, the people who live in Lambeth... the Gay people regardless of race age or anything. There are a couple of places like *South Central* or the *Tavern* that have been there for years which people flock to. But *Action*, *Orange*, and the rest of them or *Crash* are just a weekend of partying. When I heard they are opening a *Balans* in Vauxhall [...] I thought: 'What the bloody hell for?' There are some fantastic local bars and restaurants there. All they are doing is transferring Compton street into my area.  
BME group**

Although many participants supported these developments and could enjoy Gay venues in Vauxhall, they felt that a distinction should be drawn between the development of a commercial Gay centre within Lambeth and local LGBT community development. The former did not strengthen LGBT community infrastructure. Nor did it promote LGBT integration into the broader community or counter antagonisms between ethnic and LGBT communities.

**Going to *Action* [...] will not help me integrate with the local community. Integrating with the local community is going down to *Café Lisboa* and they say 'oh where is your partner?'. And that's the kind of local level which ultimately make me feel more comfortable and accepted and as a consequence of that, more safe.  
BME group**

Moreover, for the Black Gay men, there was already a pre-existing commercial and community scene in Lambeth.

**...I go to *Sub Station South* lots of Saturday nights or I go *SW9* for breakfast. If I go to *Sub Station South* and probably 70% of the guys that are in there are from Lambeth. And for me and my friends it's our *Queen Vic*...  
BME group**

Other groups talked about how the developments in Vauxhall were not matched by a local resident Gay population.

**Participant 1: Yeah but there is just not much housing in Vauxhall, I mean numbers wise there is not much there so people live in Stockwell or Brixton, because we can get housing.**

**Participant 2: Vauxhall is just a party place.  
Mixed gender group**

Many talked about possible initiatives that the Council could take to support LGBT communities. They talked about small grants to support local LGBT celebrations and festivals. Others would like to see LGBT issues promoted more within Lambeth publications.

**It don't have to be that elaborate... just a greater awareness of what's going on and what's being done perhaps, because from time to time in my block of flats we get [Lambeth Life]. It could start on that level.  
Mixed gender group**

Others would like to see the borough recognise the contribution of LGBT communities in improving the quality of life in the borough.

**...you know Gay people have gentrified *The Ritzy*. So if you can also make the Gay community visible in some of their contribution. This will be a positive move.  
Men only group**

Others felt that more campaigns around LGBT hate crimes were appropriate.

**Another thing is campaigns against hate crime. The Council can actually connect the issues of hate crime and racism together and they actually come from the same place.  
Men only group**

The elder participants talked about having less involvement with the commercial Gay scene. For them, having access to information about Gay community support activities elsewhere was important. Here, they discuss local libraries and the internet.

**Participant 1: ...unless it's Gay Times it isn't in Stockwell library.**

**Participant 2: If they get the Pink Paper it's in West Norwood whereas Brixton library which I don't get to does have current issues.**

**Participant 3: The answer I think is not the press it's online. The Pink Paper went online last week. Who wants to go to a library and pick up the paper, you just want to sit at your PC.**

**Participant 1: Not everyone is online.  
Elder group**

They were critical about the lack of interest taken by the Gay commercial press about issues for older LGBT people.

**I remember some time ago the South London Gays [SLG] trying to get more coverage out of the Pink Paper, which was the only one who show any interest at all. QX and Boyz: it's not their scene and they really don't care about age. The Pink Paper told SLG, 'Well we can't give you any more space because you don't generate any genuine interest or advertising or things like that'.**

**Elder group**

Women participants listed possible initiatives for investing in LGBT communities including centre-based women's social support and community services and greater engagement with the LGBT voluntary sector.

**[There is no] connection to the voluntary sector [...] Lambeth has such a history of pulling funding from just every voluntary group. If you compare it to Southwark they really do seem to have more of a good opinion of the voluntary sector. If you've got a voluntary sector, then you tend to get more LGBT groups because those are the sorts of organisation that will tend to get set up.**

**Women only group**

For the Trans respondents, investing in communities meant increasing individual's capacity to support each other and develop self-help structures. Encouraging volunteering and advocacy was mentioned along with improving peer support through the web. They also talked of the need to increase Trans friendliness in Lambeth's shops and businesses.

**There are a lot of problems for transgender people going shopping. People giving you funny looks and people refusing you whereas at the moment Lesbians, Gays and Bisexuals are getting more rights. It's now illegal for shops to say 'No, we're not going to serve you'. Whereas transgenders are not actually covered by that. We could be turfed out because of who we are.**

**Trans respondent**

A directory of local Trans-friendly services and businesses, voluntary agencies and statutory services was also mentioned. Finally, Trans respondents talked about the need to work with local LGBT businesses and services to make them more Trans-friendly.

In conclusion, there is much work to be done to articulate a clear idea of what constitutes community development, community empowerment and community engagement. The range and types of communities mentioned were almost as various as the methods and interventions suggested to meet their needs. However, it was clear that community development included a range of interventions of various sizes and of a greater or lesser ambition. One way of thinking about the LGBT community is to think about the specific needs of the different groups we have articulated. A large number of smaller-scale interventions (support and social groups, better web communication, increasing volunteering and civil involvement, making Lambeth's businesses and shops more LGBT friendly, working with BME communities around internal homophobia) might be more appropriate than larger-scale, headline grabbing initiatives. All groups were clear however that although attracting big commercial Gay venues may aid regeneration of certain areas, it was by no means sufficient to engage LGBT communities nor foster community empowerment or development.

## 4.8 HOMOPHOBIC ABUSE AND VIOLENCE

Concern was voiced in all groups about safety and violence. However, the way that violence and its effects were described was closely related to other aspects of identity (race, gender *etc.*).

Participants reported feeling targeted because of their lifestyle or socialising patterns.

**The number of Gay men I know who have been beaten up or mugged is far greater than the number of straight men I know who have been beaten up and mugged. Part of that is that a lot of the men are coming home later. Because we have a late night culture and even some of the Lesbians do. [...] Whether or not we're identified as being Gay, we are walking home from the tube at 3am.**

**Mixed gender group**

They were also concerned about having homophobic or violent neighbours.

**...if new neighbours move in next door to you. You've got no control over whether they are going to be homophobic or not.**

**Mixed gender group**

When Gay men talked about violence, they sometimes talked about a history of tolerance within Lambeth.

**When we opened the Gay centre in Railton Road [in the 1970s] we expected to have it fire bombed. We had a few milk bottles through the window but it was never firebombed. To this day I find that the pubs I go into I don't get attacked for being openly Gay and most of the pubs I use everybody knows I'm Gay.**

**Men only group**

Others talked about cultural stereotyping of Gay men.

**I would say that Brixton is quite Gay friendly but it doesn't suit every type of Gay man. I think you need to be a person who's maybe not sort of timid and if you are a bit of a character it suits. Like if I dress up as much as I used to and be very friendly and outgoing then great. But If I make myself look more like a stereotype shaved headed white T-shirt Gay man then that might not go down so well I think.**

**Men only group**

Often, within the context of discussions on violence, the subject of race emerged. Homophobic violence was often described by White men as emanating from groups of Black youths. However, in mixed race groups, Black participants described a different experience. For this Black participant, the late night liveliness of Brixton reassured them.

**I can be out there at 2 o'clock in the morning and it's always busy you know? And there is a bit of safety. I would rather have a lot of people around.**

**Men only group**

The BME group talked about violence very much in terms of racial and ethnic difference. What was important in discussion is who might attack and for what reason. This participant of Chinese origin says:

**...I'm kissing my partner on the street or something like that and I'm feeling threatened. Am I feeling threatened because I'm Chinese or am I being threatened because I'm a Gay person?**  
BME group

The Black participants tended to contrast their experience with that of White friends.

**Have I ever felt threatened? I don't know. I've strolled into Sub Station South, I've fallen out of the Prince of Wales. I've been off my trolley coming out of the Fridge, do you know what I mean? A gaggle of us you know screaming down Coldharbour Lane and I've never felt threatened. But I've got White friends who live in Brixton and their experience is totally different. You know they are an identifiable Gay man. I don't look Gay. In a sense a lot of Black people are going to look at me and say you know you're not a Gay man.**  
BME group

Self-presentation was important to avoid attack, either because they are Gay or because they are Black.

**...when I come out of Brixton tube station it's head down roll my shoulders and it's like don't fuck with me. Because I know, automatically I switch on and I'm in Brixton and it not just to do with me being a Gay man. I'm a Black man in Brixton and that means I'm waiting to be robbed. There is crime on the streets of Brixton regardless of who you are.**  
BME group

They also talked about how overt demonstrations of affection were more or less acceptable depending on the race of those engaging in it. For example, two White men together have a degree of acceptability which would not be possible for a Black couple.

**I've seen two [White] men walking into the tube station holding hands. I'm sure if you're a Black guy you wouldn't do that. For a White guy to do it there is safety to it. Perhaps it could be down to people's attitudes in Brixton where if a White person does it, it's not really a problem. But they don't want to see a Black guy do it.**  
BME group

In addition, mixed race couples showing affection was perceived as even less acceptable.

**An interesting anecdote is that two of my best friends are a [mixed race] couple. [When] the Black guy is out with his partner, they've been abused. [When] the Black guy is out with me and the two of us in the street. Absolutely nothing! Walk down the same street at the same time of night [with his boyfriend] and he gets abuse.**  
BME group

This discussion highlights the way in which prevalent homophobia in areas of Lambeth constrains all LGBT people to act in certain ways and to make certain self-presentations. This is often played out along the lines of ethnicity. Black men are constrained to self-present as heterosexual. Often, a Black man merely in the presence of a White man might be viewed as suspect in terms of sexuality.

**Participant 1: ...if a young group of teenagers see a Black guy and White guy together, and they could be the straightest football mates. They are going to go: 'Gay'. And that's the assumption they are going to make.**

**Participant 2: Because a lot of Black people still assume that it's a White thing to be Gay.**

**Participant 1: Because he was Black. It's like letting the side down.  
BME group**

Among women, safety was considered in terms of both gender *and* homophobic violence.

**Because I'm not an identifiable dyke, except I hope to other dykes, I don't get abuse in the street from that point of view. But as a woman walking alone in the street there are lot of places that I don't feel safe.**

**Women only group**

The need for caution to preserve safety was considered especially problematic where it limited movement around the city and the borough and where it inhibited choice.

**I think also in terms of a Lesbian take on it and I tend to go further to some groups and there is one groups that I go to in North London and I have to leave early because of the tube.**

**Women only group**

The Trans respondents all talked about violence, but had very different experiences of it. The m-f respondents talked about experiencing aggression or violence in different ways depending on the degree to which they passed as a women. One respondent, who felt she passed and identified as Lesbian, talked about violence purely in terms of homophobic violence. Another, who felt she passed less well, talked about feeling threatened and menaced constantly in public. What was of most concern for her was the feeling that no-one would come to her aid if she was abused or attacked in public, because of the extent of fear and hatred of Trans people in society.

**Wherever a transgender goes there is always people looking and people staring and you are more prone to [...] all sorts of abuse and I suppose that I'm actually afraid that even if you're in a public space being a transgender and somebody having a go that nobody would stop to help.**

**Trans respondent**

For the most part, participants in all groups felt confident that the local police dealt with homophobic crime effectively. An exception to this were the Trans respondents who were far less certain that local police would deal with their complaints fairly and with respect.

**Interviewer:** Have you ever approached the police as a result of transphobic abuse?

**Respondent:** No because I know that there are a fair few who have had problems with the police. Because some of the police still don't know how to treat us [...] There is always going to be the fear that you are not taken seriously and the police might look on you and go: 'Well you sort of asked for it being the way you are'.

**[...] Interviewer:** You were aware that there are LGBT liaison officers within the police force?

**Respondent:** I found it out on a couple of link sites, but you are still afraid because you don't actually know the person. It's just a name.

**Trans respondent**

This lack of trust is perhaps an indication of the need to do more targeted work with Trans people around the services that can be offered by local police liaison officers.

Most participants felt that the Council and other authorities should concentrate on the perpetrators. That is, the Council should be striving to reduce the acceptability of homo / transphobic violence and abuse.

**Participant 1:** I think rather than targeting all the homophobic violence to Gay clubs they should be targeting more in the straight mainstream world. If you do homophobic abuse or assault someone you will be prosecuted, you will get the full effect of the law.

**Participant 2:** It should be clear that any sort of harassment of your neighbours [is unacceptable] and explicitly say that [includes homophobic ] harassment. Harass anybody about their sexuality and you will lose your tenancy if you do that or if your kids do that.

**Participant 3:** [But] singling out housing is too simple. It has to come from the top and it has to permeate every single department within the Council.

**Mixed gender group**

Other groups (especially the women's group) discussed the root causes of violence and favoured interventions which dealt with those as well as the effects. Therefore education and environment for children emerged as important factors in reducing homo/transphobia.

**I think a general focus on [child rearing and education] would be better than just to focus on crime. If you focus on crime you get better street lights but you don't tackle the causes which are poverty etc.**

**Women only group**

Violence was a predominant concern of all groups and all respondents. However, as in all other areas of the lives of LGBT people, the way that homophobic and transphobic violence is experienced cannot be disentangled from other attributes of the individual. A man is attacked in a different way and for different reasons than a woman usually is. Therefore homophobic violence is gendered. Moreover, the violence visited on a Trans person will differ depending on whether they are male or female, a transvestite or visibly transgender. This will be further complicated by whether he or she identifies as heterosexual or Gay/Lesbian/Bisexual. There is also a racial aspect to homophobic violence. The cause and type of violence visited on a Black LGBT person may be different to that of an Asian, Chinese or Portuguese LGBT person. Understanding the ways in which homo/transphobic violence interacts with gender and race violence is important in countering violence of all types.

## 4.9 EDUCATION

The education of the borough's children emerged as a central concern in all groups. Interventions in school were considered to be the single most important action a Local Authority could take to counter homo/transphobia. Participants expressed frustration that the Council was doing little in this respect.

**...I gather from school teachers that there is very little decent sex education, if any. They are still trying to talk about queers and things. If that's true in state schools then I shudder to think about what is happening in faith schools and new City Academies where business men can influence the curricula. I think that Lambeth is still responsible to some extent and I'd like to see pressure on them to really do something about sex education, particularly teaching diversity including Gay and Lesbian sexuality.**  
**Men only group**

Almost all the participants of the Youth group had recent first-hand experience of homophobia in Lambeth's schools, where many reported that abuse was a normal part of their everyday experience .

**Being at school in [names school]. There was quite a lot [of] homophobic tension in there despite the fact that there were a load of Gay people. [...] It just made me think in my head: 'I can't wait and get out there...'**  
**Youth group**

Participants in other groups were concerned that schools did not record or monitor homophobic incidents, nor respond to them as severely as they did to racist incidents.

**In schools they have racial monitoring forms but they don't have any other forms to monitor other discrimination, be it sex or religion or homophobia or anything else.**  
**Mixed gender group**

Children were not seen to be being told clearly enough that homo/transphobic abuse was not acceptable.

**...it would be great if there was some way of letting people know that this is a crime and it won't be tolerated and it would be good if something was done by maybe the Education Departments to maybe put that message across in a non-antagonistic way to school kids.**  
**Mixed gender group**

Some participants felt that Lambeth Education Department needs to find out for itself how children routinely referred to LGBT people.

**Wouldn't it be great if the Education Department found out [...] what the students are willing to say about queer people and consult the kids and see how horrific [it is]. What they will actually say in front of adults and that might then give the Education Department a sense of urgency with the Council.**  
**Mixed gender group**



Others suggested possible interventions.

**I've done lot of work with kids, [where] Gay [men] and Lesbians go in and they actually talk to the kids and the police get the opportunity to talk to the kids and [the kids] ask questions about what it's like to be Gay. That would be a good opening just for the teachers to talk to someone who is Gay and Lesbian that they might never have met and they can ask questions.**

**Mixed gender group**

Others felt that more lay involvement should be encouraged.

**...recently I looked in Lambeth Life and there were articles encouraging people to become school governors. Maybe [Lambeth Council] should start encouraging LGBT communities to become school governors.**

**Women only group**

The issue of education as it relates to LGBT people was a major concern. LGBT people have a substantial stake in ensuring that education systems do all they can to change social attitudes. However, they have little or no involvement with schools because they are not often parents. This situation is worsened by Government support for an increasingly independent school sector. This presents Lambeth's Children's and Families Services with a major challenge. If the Council is to take seriously its commitment to LGBT equality, it must take seriously the need to gain access into local schools and ensure that the profoundly homophobic climate is challenged and changed.

#### **4.10 FAITH**

There was a common perception in most groups that the Council supported faith and cultural groups who were homo/transphobic.

**Participant 1: ... we live in a racially and ethnically diverse [borough] but it's religiously dominant almost. I feel like the religious element within the community is growing every year and with that comes specific beliefs that are not being challenged at all.**

**Participant 2: Also the Council ships out a lot of services to religious groups and they are intolerant of LGBT people. They shouldn't really be receiving the contracts to provide those services at all.**

**Mixed gender group**

The elder group in particular talked about the lack of a champion within the Council of values that they saw as specifically Gay. That is broadly secular humanist values that they felt they had fought to defend all their lives. They contrasted these with emerging faith agendas within the Council.

**Now I think we live in a society [where it's necessary] to challenge fundamentalist groups, many of whom are virulently homophobic. I feel that [the support of such groups is] done at my expense and I feel like I'm being asked to go back in the closet [...] I mean all of the religious fundamental rules are homophobic. I mean that's one of their primary values and no one is willing to confront them in a way that when I was younger people did confront them directly.**

**Elder group**

The youth group talked about feeling alienated from religious youth groups.

**...the only group I've ever been that's straight was a religious group. That lasted about an hour after they started praying and I ran out.  
Youth group**

Finally, participants felt that Lambeth should be more proactive in neither supporting nor funding organisations that hold homo/transphobic views. Faith and cultural organisations who held these views were singled out.

**Participant 1: I was working for another authority and there was an equal opportunities policy that said that we will not fund groups that are homophobic whether they were faith groups or any other group. There was one who said that they would not employ a homosexual person. It's like: 'Well sorry you don't get funded. There are other groups that will do the same job without homophobia'.**

**Participant 2: It wasn't about being a faith group because there are lots of faith group who are well disposed to Lesbians and Gays it's about those that aren't.  
Women only group**

#### **4.11 OTHER CONCERNS: LGBT ELDERS, YOUTH AND TRANS PEOPLE**

The elder group, the youth group and Trans interviews all raised a range of specific concerns.

There was a common concern in the elder group that because they did not fit into traditional couple or family structures, they were 'slipping through the net' in terms of appropriateness of services. Of particular concern was sheltered housing. Concerns were raised not only about a loss of independence, but also a loss of a hard won identity and social status through having to live in a predominantly heterosexual environment where sexual orientation would not be recognised. This was described in terms of having to go back into the closet.

**Well having come out of the closet years ago I don't want to have to go back in if I become much older and less capable. That's one thing that does concern me. Having to live somewhere. I don't want to be in a totally heterosexual environment.  
Elder group**

However, participants were clear that all Gay sheltered accommodation was not the answer. First, it was seen as reductive.

**One of the things that I feel quite strongly about is that I'm a Gay man but I'm also a lot of other things besides. This is why I think I would rather change the ethos than live in a Gay and Lesbian complex or social group or whatever.  
Elder group**

Participants also talked about domiciliary care services and their concerns over whether or not to disclose one's sexual identity to care providers in the home. This participant had a private cleaner and a carer provided by the Council.

**...well I have a cleaner privately so I have to tidy up before she comes (other participants laugh). I have to tidy away magazines and things. She might be perfectly all right about them. I don't know, I don't want to risk upsetting her and for her to say: 'I'm not coming here again'. [...] I [also] have a carer and she knows that I'm Gay. We don't talk about it. I don't bother with her. I just leave things about.**

**Elder group**

In common with many elder groups, a major concern was the closure of public toilets. Participants used the examples of other Local Authorities who managed to keep public toilets open.

**...Westminster provides toilets for all the tourists. You know where they all are [...] they should spend more money on them. [...] Just make them clean and safe.**

**Elder group**

Trans respondents also raised this issue of the lack of unisex/disabled toilets or inappropriate attitudes of toilets staff.

**I can be stopped by the police and arrested for using the female toilets. [So I] either find somewhere where there is a gender neutral toilet [...] like the big one's that are out in the streets. Or of course there is the gender neutral disabled toilet [...]. Those are probably the safest toilets for a transgendered to use and yet we are not disabled. [...] Half the time the disabled toilets are locked and if there is someone there they won't give you a key because you are not disabled.**

**Trans respondent**

Similar difficulties prohibited Trans people from using Lambeth's recreation facilities. This was exacerbated by the fact that fitness classes *etc.* are often single gender and Trans people fear the reception they will get if they enrol.

**I'm afraid to go to [recreation facilities] because of what people might say. Even for going to gyms or swimming pools there are going to be people saying you can't go there you need to use [another changing area]. And classes and that sort of thing if they're single gender. [The Council need to] provide adequate facilities whether it's in clubs and sports centres where transgender can go and get changed in peace. [...] even if they made small changing areas. The last time I went to [a Lambeth recreation facility] the changing room was one great big open space and no space for privacy for changing.**

**Trans respondent**

Another concern raised by Trans respondents was the lack of synergy between Adult Social Services and clinical services for transgender people undergoing treatment. The process of undergoing gender reassignment often leads to substantial social care need (unemployment, illness, financial hardship, problems with accommodation, mental health difficulties). Trans respondents mentioned how they would like to see increased capacity for Adult and Social services to be more proactive in the case management of gender reassignment. Talking of social services, this person highlights the need for local liaison with clinical services and outlines the type of service she feels is needed.

**We Live in Lambeth, Southwark, Croydon, Bromley. There is nothing here. [...] Because a lot of the time some of the social problems can lead to living problems and financial problems it's all linked. [...] Somebody to help you perhaps or forward you through to other people who have more knowledge even if it's not in the same area but who can say: 'Yes we can put you in touch with somebody and these people can help you...'**  
**Trans respondent**

In addition, Trans respondents highlighted the need for better links between police, the Council and Trans groups.

**If (Trans people) are aware that there is somebody there who they can talk to and get support whether it's within the police [or] the Council, [...] it's more likely to help them in the long-term.**  
**Trans respondent**

Finally, high level support for legislative change in respect of transgender people was called for.

**[The Goods and Services Act] doesn't include transgender. Including us in protection would be great, ensuring we get equal rights. [We need to start] pressuring local councillors. [...] There is a petition from [a local transgender support group] for local councillors to support [an] amendment to [...] make sure that transgender is included in this new bill.**  
**Trans respondent**

The youth group flagged up homelessness among LGBT young people. Three participants described becoming homeless after coming out to parents in Lambeth. They were particularly concerned that at the time, no homelessness services specifically targeted them as young Gay men.

***Participant 1:* Well when I came out I was still living with my mum and living in Lambeth and what I was concerned about was like how and where would I live, because I knew I couldn't live with her, once I told her. I didn't know of any place in Lambeth that I could go to at the time. So I didn't think there was enough advertising for young Gay people to feel safe to go there. I didn't know that until I came to [names a Gay youth group]. Right after I came out and got thrown out. Yeah, so that was one of my major concerns before actually coming out. Where would I go? [...] I had to stay with friends and all that until I actually found out about things I could actually do. It was really hard because I didn't really know where to go or what to do...**

***Facilitator:* Are there any other things that the Council could be doing better for young LGBT people?**

***Participant 2:* Housing for Gay people because actually after you've left home you don't know where to go. I got kicked out as well [...] I had no job or nothing. I stayed at my friends for like 2 months 'til I got my place. Then I got a job.**

**Youth group**

In addition to these concerns, participants in the youth group talked about how limiting they found mainstream youth services in contrast to a specific Gay group. They saw this service as vital as they were not old enough to use commercial scene venues in Lambeth.

**Participant 1: The thing about it is that there are no [facilities available to] under 16s.**

**Participant 2: The only things that I know that are Gay-orientated are clubs and bars and they are under 16 and they can't go to these.**

**Participant 1: I think it's just nice to be able to go somewhere and hang out with a lot of people our age who are LGBT or whatever and we just hang out there and you know have a joke and not have to worry about it being sceney and about sex.**

**Youth group**

They contrasted their youth group with mainstream youth groups which many had tried.

**Basically straight youth groups don't tend to do anything [...] They might have like a pool table or table tennis or something. Or a TV and that. All they do [is] they will go there like every week and play pool or watch TV. Or maybe someone will bring a computer game or something like that and that's all they do. Gay youth groups tend to be much more structured and it's the young people who know how to use the services.**

**Youth group**

As we have said, although there are many needs in common, many groups have needs that are individual to them. These needs are associated specifically with key life stages (see Chapter 2): be they the transition to adulthood, the transition to old age or gender reassignment. It is likely that other groups will have different needs that have not been articulated. It is necessary to continue assessing needs through meaningful consultation.

#### **4.12 CONCLUDING COMMENTS**

The range of topics covered and the findings contained in this chapter are wide ranging and disparate. However, two unifying conclusions can be drawn.

First, Lambeth Council are not seen to be doing enough for LGBT communities in Lambeth. This was in terms of specific services, community support and development. The Council was seen as largely ignorant of the needs and concerns of LGBT populations and out of touch with these communities.

Second, LGBT communities are diffuse and fractured. There is little that unites LGBT needs. Rather there are a range of overlapping communities which make more sense if considered in relation to other demographic categories such as gender or race. Thus, there are Black Gay men and Lesbians, Older Gay men and Lesbians, Lesbian and Bisexual women etc. When seeking to define needs and develop models of community development for the LGBT population of Lambeth, it is worth using this model of communities rather than seek to identify an over-arching community.

## 5. Working for Lambeth Council

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One of the key objectives of Lambeth's equality strategy is excellent management of LGBT employees and an end to discrimination in the workplace. To examine the challenges faced in achieving this goal, we convened three focus groups of Lambeth LGBT staff. A confidential internal email was sent to all Lambeth staff requesting their participation. Staff could respond either to an individual within the Corporate Equalities and Diversity Unit or directly to Sigma Research. To recruit staff not easily contacted by email, key staff members were asked to approach their extensive informal networks of LGBT staff. Groups were highly confidential and held at lunch-time or directly after work at Sigma Research's offices in Vauxhall. Apart from the staff members participating, no other Lambeth staff member was allowed to be present. Fourteen staff participated in the groups (5 women and 9 Men). Participants worked for the following departments/services: Adults and Community Services, Children and Young People's Services, Education, Environment, Housing, and the Office of Assistant Chief Executive. Job roles ranged from porter/cleaner to middle and senior management, although the majority were in SO/PO scales. There were no Trans or non-White participants. We feel this illustrates, the relative invisibility of Black LGBT employees and Trans employees. All groups were audio tape recorded and transcribed. A full thematic content analysis was conducted on each group separately and a further meta-analysis was conducted to synthesise findings.

Overall, the groups consisted of individuals who were reasonably happy with their working conditions. They appeared to be motivated and committed to their jobs and dedicated to improving Lambeth Council's service and performance. However, when they spoke specifically about their experiences as a Lesbian, Gay man, Bisexual or Trans man or woman, they were generally negative about Lambeth Council as an employer. We deal with their experiences and concerns under a range of thematic headings.

### 5.1 NEGATIVE/ HOMOPHOBIC ATTITUDES OF COLLEAGUES, MANAGERS OR OTHERS

It was common for participants to talk about experiencing homophobic attitudes from others within Lambeth or being unable or unwilling to be open about their sexual orientation to all colleagues for fear of homophobia.

For the most part individuals were open about their sexual orientation within their immediate team. This was often the result of a careful and gradual process of coming out.

**I say just ordinary things like: 'My partner (man's name) and I went to so and so last night'. There was a kind of edge around that which I've just had to wear down just by using it and not censoring myself.**

Others were out from the beginning. For some this was positive.

**Everyone knew I was Gay when I came from [names ex-employer]. I remember having conversations about homosexuality within the office, [or] down the pub [after work] when we all find out about what we've been doing last weekend or whatever. But I never found myself in a situation with a colleague which has been awkward or centred around sexuality as such.**

Others sensed negative responses.

**When I arrived in Lambeth (Council), I was just totally out in the beginning and initially there was quite an insidious response to that. But I've just kept it up and there we go. So I've never been not out in the workplace and I wasn't going to start in Lambeth regardless of the implications. But it has, I'm sure, had implications...**

A minority of individuals were not out to their immediate team. This was because they had witnessed the homophobic attitudes of colleagues and did not feel that wanted to be open.

**Yeah, I know one colleague who senses I might be Gay and says provocative remarks. [...] There is an underlying pressure - I'm not buying into this. You sense it from there. There are fairly open homophobic remarks said, but not directly to me.**

This has to be balanced by other accounts where heterosexual colleagues were supportive and keen to counter incidents of homophobia within the Council.

**There was another occasion where [another staff member] actually spoke to a colleague. I think it was at one of the LGBT forums and he made a comment to a good friend of mine and said: 'Why do they need their own effing forum?' And all that. She came in and told me. I don't know if she knows I'm Gay. But she was quite angry about it. I was furious, and said: 'right, you've got to raise it'. So that was escalated.**

Although many individuals were out in their own teams, there were usually other areas where they were more careful about disclosure. These included colleagues outside their team, voluntary or community organisations or service providers or suppliers. The most common distinction was made between 'the office' or 'the team' where one felt safe, and 'the field' where one had to be careful.

**I must say I don't differentiate myself when out in the field. Within the office [it's OK] but I don't openly out myself anywhere else.**

Participants talked about how assumptions that they were heterosexual (heterosexism) led to inappropriate questions. They often felt they needed to intervene but were wary of being seen to make too much of their colleagues incorrect assumptions. These situations played out differently depending on gender. This women works within a very male environment.

**I do a lot of work with [names section] which is very male and very set in their ways and very senior and they hold the purse strings and they are in command. Maybe it's my own issue but I do feel that if they start asking personal questions - at what point do I open up? Because the misogyny is rife. And really I've not got a chip on my shoulder. So sometimes I think: 'Well am I just being overly sensitive and I don't want to come out? Or am I quite right to worry and be concerned about how open I can be?' Because women are treated differently, there is absolutely no doubt about it. [...] People ask personal questions all the time about relationships and when is the point that you tell them?**

There were several accounts of straightforward homophobia from colleagues outside of their own team. This tended to happen at training or other events where personnel from different departments mixed. This woman talks about a Lesbian colleague who attended a training session soon after she arrived at the Council.

**...I remember there was another [staff member] and she attended some training and they were discussing [services for LGBT people]. The backlash was so bad that she had to go to the toilet. She was so upset and she actually left Lambeth within a couple of days because she said that she can't work in that sort of environment.**

Of particular concern were those incidents where staff members were allowed to voice homophobic attitudes without being challenged by other colleagues, managers or trainers. An LGBT staff member who challenges homophobia risks becoming a target themselves. They are therefore not protected within the workplace from the homophobia of other staff and reduced to silence within these encounters.

Those working with certain community and other partners mentioned how they would, as a matter of course, conceal their sexual identity in many situations. This was especially the case for those working in schools.

**I've been working a lot in all-boys schools and I hear a lot of homophobic comments and remarks - more from the staff than the pupils I have to say. And I also work in [mentions a specific faith school] and they have very strict views on where I sit [referring to his Gay identity]. I don't really care to reveal [my sexual identity].**

For some, such concealment amounts to a professional discretion. They choose to see their sexual orientation as largely a private matter about which they do not talk when they are trying to enhance Council relations with groups and organisations who are homophobic. However, in this sense, their sexual orientation constitutes a limitation in terms of their professional capacity. This participant talks about an event to mark the fruition of a partnership project with whose success he was heavily involved.

**Lambeth is probably the place where I've experience more LGBT people in a workplace than anywhere else and I think I've never had any comment by a member of staff or a colleague. My only experience of someone who has been anti-Gay was from a voluntary organisation where I took my partner along to an [event]. [The result was that] a community partner who we've been working with refused to speak to me. When I raised this with the councillors they pushed it to one side. There is a lack of recognition to what the Council can do in promoting a positive image of Lesbian, Gay and Trans people.**

Moreover, there was little faith in the capacity of current equalities policies to protect staff. The same applied to community partners and service suppliers. The concern was that although there might be a requirement to comply with equal opportunities policies, these policies did not explicitly include LGBT groups and may not be properly enforced.



*Participant 1: All [Lambeth's] contractors have to fill in a very long form and one of the things is equal opportunities. [...] We are not supposed to hire any company who don't have an equal opportunities policy. As far as I understand.*

*Participant 2: Do we read their policies and does it cover LGBT issues or not? Because if it doesn't cover LGBT issues we are still at a loss.*

*Participant 3: If we did find that their equalities [...] didn't meet the criteria of Lambeth, I'm sure many times that gets overlooked. Then who would actually follow that through right to the end?*

Dilemmas around disclosure are common in the lives of LGBT people, especially in the world of work where it is often easier to allow colleagues to make their own assumptions without challenging them. However, it is also often difficult to know when it is appropriate to challenge a colleague. What is important however, is that in spite of being reasonably happy with their conditions overall, many participants talked about situations where they, or others, did not feel comfortable disclosing their sexual orientation. This was generally because they were not sure of the reaction they would get from colleagues or the support they would receive from Lambeth Council as an employer. In some cases this inability to be open about sexuality at work led to limitations on the individuals' capacity to carry out their job.

## **5.2. LGBT INVISIBILITY**

Many participants talked about their perceived invisibility in Lambeth Council. They often felt that colleagues assumed that they were heterosexual unless challenged. This led to the feeling that their sexual orientation was never merely accepted as normal, but something that they either had to assert or deny. They also talked about the extent to which the Council did not feel like a place which acknowledged and celebrated the presence of its LGBT staff. That is, having a large LGBT staff population was not presented as a positive aspect of the Council.

**We're always seen as a problem, not an asset.**

Discussions about the visibility of the LGBT workforce tended to centre on the greater invisibility of female and BME LGBT staff. Although there were disincentives for all staff to be open about their sexual orientation, women perceived greater obstacles to coming out. Lambeth was not considered to be a place that employs many Lesbian and Bisexual women.

**I was really shocked particularly coming into Lambeth and really thinking: 'Where are the Lesbians?' I'm still trying to work that out. Whenever I've worked in any social service setting there has always been Lesbians. I know that other Local Authorities have quite a high percentage but I'm still trying to work that out.**

Some talked about the invisibility of Lesbians as a symptom of a more general misogyny within the Council. That is, that being Lesbian adds to the pre-existing liability of being a women within the Council. Others felt that it was because there were so few out women in senior positions.

**...you want to pick an area where it's out and promoted. I mean at (names London Local Authority) all the senior management are Lesbian so you would pick where you worked....**

All participants were White (either British, Irish or from elsewhere). Although White Irish is an ethnic minority, the absence of Black participants was, we think, telling. Participants discussed this also. BME LGBT Council employees were also considered to be invisible.

**I know of only one open Black Lesbian woman. She is the only one. [But] I don't really ask my colleagues who are Black [...] They all know Black Lesbians, they say they are just not able to come out.**

The lack of BME LGBT staff visibility was often seen to be a reflection of broader social inequalities and divisions. For example, some mentioned the ethnic divisions in the LGBT population generally. That is, BME LGBT staff would not participate in LGBT activities which are considered overwhelmingly White.

**... there is a little [Black LGBT] network that is forming now. [...] But trying to get people to come here [to the focus group] was really difficult.**

Being out at work is made easier by greater power and status. As the Council has a lower BME representation in senior positions (where coming out is often easier), there are likely to be far fewer out BME LGBT employees.

**...The low grade staff in Lambeth, especially if they are BME, they were like: 'oh I just can't risk this' [coming to a focus group].**

The question of the problematic or contested nature of BME LGBT identity was discussed in the groups. Participants identified further difficulties when they talked of how they felt that equalities policies and discourses were compartmentalised within the Council. That is, there is a Race Equality agenda with a range of policies and practices and an emerging LGBT equality agenda. The two are considered different and even antagonistic or mutually exclusive. On the one hand, the Race equality agenda pays scant attention to sexual diversity within the BME workforce and the LGBT agenda is likewise scant in its treatment of ethnic diversity. This compartmentalisation may make it difficult for BME LGBT workers to define an identity and have a coherent voice within Council equality discourses.

### **5.3 BEING ESSENTIALISED**

For some, the fear of negative or inappropriate responses was a disincentive to come out at work. Others mentioned the possibility of being 'essentialised' as an LGBT person if they came out. That is, they did not want to be the 'only Gay in the office'. This participant talks about the response to the LGBT Matters survey among his workmates.

**...in fact this LGBT Matters survey was talked about at a team meeting and it was really sent up. [...] This sort of deriding: 'Why should they want a survey?' sort of thing. 'Why are we doing this?' I wanted to say: 'Of course you should have a survey and this is something we should have [had] years ago. It's been crying out for this sort of thing!' But then the focus would be on me and then I would feel that I was the spokesperson for not just the Gay community but the Lesbian, Gay, Transexual, Transgendered and Bisexual community.**

Staff who were out about their sexuality reported sometimes feeling limited in how they could carry out parts of their jobs, specifically in relation to interventions which might improve services for the LGBT population. The following participant talks about how she attempted to intervene around a service development that had particular pertinence to LGBT people. The [planning team] were not taking account of this. She explains her dilemma.

**One of the projects I was working on was [names project]. Interestingly although every single issue that you could possibly think of in terms of [service area] had come up. One of the things that really never came up, and I worked in it for about a year, was [how the service affects LGBT people]. There have been studies around [this service for LGBT people]. [...] I started talking to a wide range of practitioners around this and I was really shocked by the attitudes, people just didn't really want to accept that it was an issue. Even sort of when I gave them information to suggest that it was pretty bad. They all thought there wasn't any responsibility to do anything. Even when I spoke to the senior manager in [names section] and she [was misinformed about current relevant legislation]. She said: 'Well there is nothing you can do in [service].' I had to explain to her.**

*Facilitator: What would have made it more possible for you to take it further?*  
**I think a mixture of things really. I think support. I think yeah if [...] practitioners and people senior in the [names department] had been more aware of what was going on, then the penny would have dropped earlier. It's hard, you know, putting it on the table sort of thing... It's quite difficult when you feel you are a lone voice to do that [...] Normally I'm quite gobby you know? But I did actually feel that I was suppressing myself. Thinking, in a way it shouldn't be my role because I am Gay and there is an imbalance here. A couple of times I've had to ask myself: 'Is this just a personal issue for me?'**

Lack of knowledge about a relevant LGBT need (which in this case is clearly established and evidenced based) among her colleagues coalesced with an uncertainty about the appropriateness of her role in raising her professional concern (precisely because she is a Lesbian). This made the experience of intervening uncomfortable and inhibited her from applying all her professional skills to the development of the service. Therefore, it is precisely those most able to make and think through service innovations for the LGBT population who feel least able to do so. This manager describes how he balances LGBT concerns in his team.

**I try to keep [LGBT] issues sort of gently on the timetable of my team. By bringing it up now and again at team meetings. I don't know if it's self censorship. I felt I had to be there for a little while before I started to do that.**

Participants talked about how, among LGBT senior management and members, it was not acceptable to champion LGBT issues or causes.

**From what I get it's alright to be out but that's it. Not to be active, not to be vocal. That's the impression I get. There is quite a few [senior LGBT employees and members]. Over the years you kind of work out, that one and that one [is LGBT]. The ones I do know, there's just no mention of it..**

Many participants felt that they were working for an organisation that was not meeting the needs of their own communities properly.

**[F]or example the murder on the South Bank. The perpetrators where educated in Lambeth schools. Section 28 comes in there and homophobia issues generally [ ...] I'm not saying the Council is to blame but I think some of the policies generally could be better.**

Participants could see that the Council was not serving its LGBT clients properly nor consulting or representing LGBT citizens. However, they felt unable to apply their own skills and experience to remedying this situation for fear of being seen to be single issue or essentialised.

#### **5.4 NAIVETY REGARDING LGBT ISSUES**

A strong theme to emerge in the groups was a perception that colleagues and managers did not feel comfortable talking about sexuality or gender issues and that there was an overwhelming naivety when it came to the lives of LGBT people. There were several ways in which this was demonstrated. The LGBT Matters study provoked many reactions among staff. This participant talks about the study being included in the staff newscast. He refers to his manager reading it out.

**...[it] stuck in her throat as if: 'What's this doing on here about LGBT matters?'. She's like: 'Well I've got to read this but you know...'. I was just like : 'Here we go' and she went: 'No I get it [to speaker]... you don't have to bother'. I said: 'It's quite serious. It's there for a reason, and I don't understand why you're just.... if it's around race equalities, an eyebrow would never have been raised'. It is a bit tiring.**

Others talked about colleagues who could not utter the words Gay or Lesbian or Trans.

**I had to laugh... was it Monday or Friday [in the office], we were talking about some out Lesbians - Selina Scott and Tracey Chapman etc and we were talking about 35 years of the Sun page three. And they [colleagues] are like: 'Sam Fox is a ... [whispers the word] Lesbian.'**

Other staff members reported more offensive incidents where colleagues essentialised them in terms of their sexuality. This female participant reports what her colleague said to her as she left to see a Lesbian couple who were service users.

**She said: 'Oh don't fancy them... when you go out you won't fancy them will you'. As if I was going to go straight in and fancy these two women. I just said: 'Oh for Gods sake!' You know what I mean? Those comments just sort of slip out really. You just think, oh you know, you don't want to be the one educating them all the time.**

This naivety impacts on the Council's capacity to manage LGBT staff. That is, it makes it difficult for managers to assess the seriousness of complaints about homophobia and to take appropriate action. This participant has a positive account where a manager took his concerns seriously and dealt with them quickly and effectively.

**I had one incident about three years ago when a [colleague] ... I overheard their conversation - they didn't realise the window was open and I was kind of listening. [He was] saying a few things about me being Gay and [how he wanted to] refuse to sit in the room that we all share. I went to my manager and she dealt with it immediately and since then he's really nice to me, and he always says: 'Good morning' and 'good evening'. He was dealt with really quickly.**

Another participant talks about how a senior manager who was a Lesbian managed to ensure the working environment was friendly for LGBT staff.

**...when I came in [to post], we had a very visible Lesbian [senior manager] who is kind of quite prominent in the Council anyway. I found that personally quite supportive even though we sort of didn't talk directly about that. But just sort of her visibility and just the fact that she was successful, knew what she was doing and kind of wasn't taking any bullshit about it really.**

However, there were some accounts of participants feeling that a general naivety around LGBT issues had led to their being investigated or disciplined inappropriately or insensitively.

**The way I was questioned and the questions that were asked of my staff. It was just like, if I was straight you could not or would not be able to do this. You do not investigate sexual harassment based on this kind of questioning.**

Participants expressed concern that naivety may lead to service users being treated inappropriately or workers being less able to explore issues of sexuality with service users when it is appropriate.

**I worry about the young people we work with. You know some amongst them are Gay and Lesbian. [The] workers and the managers [...] are all keen on religion and which church you are going to but when it comes to sexuality and gender issues, [...] they don't want to explore that because it's just too hard for them. [...] I see them struggle.**

## **5.5 FAITH**

The question of faith groups and faith agendas came up at all the groups. LGBT staff were concerned that the impact of the Council's support of faith groups on LGBT staff had not been properly addressed. Although many LGBT people are also members of faith communities or groups, there was a concern that the homophobic stances of some faith groups and organisations had not been challenged. Some felt the Council allows members of some faith groups to express faith-based homophobic attitudes, freely in their workplace. Others were concerned that the Council funds faith organisations who are homophobic.

**... the Council is giving money to organisations that advocate homophobia. [...] In Lambeth my Council Tax is going to fund people who are actively saying I should be shot or stoned or killed. You know and it doesn't instill much confidence. [...] It is the faith based issues which is one of the hardest things to get equalities across in the Council.**

Others talked about how being open about their sexuality would inhibit their capacity to deal with faith groups who are partners or suppliers.

**There have been [times] when I haven't been as open as I normally would be especially when dealing with certain sections of the ... obviously you sometimes have to be discreet and there are definitely some faith groups where you wouldn't dare dream or think about [being out].**

Although many participants argued that most colleagues from faith groups were not homophobic (and that even if they were, they know it is not appropriate to voice homophobic views at work), others gave accounts of homophobic attitudes being expressed in terms of faith agendas and belief systems.

*Participant 1: ...until very recently I've heard nothing derogatory and I haven't had a single problem. But we sit immediately next to another section and recently one of them has been... he tends to be... well he is quite religious. And then his colleague happened to mention: 'Elton John is getting married'. And suddenly: 'that's disgusting! that's horrible!' And he was ranting and raving about it. You know? Did he have to say anything at all? He and another one of his colleagues are both quite religious and quite outspoken religious and it wasn't until she happened to say this, and he just went on [about] how horrible and awful [homosexuality was]. And you know, he didn't equate us to devil worshippers, but you could just tell that he was very angry that this was even in the newspapers. [...] I doubt he even knows I'm Gay.*

*Participant 2: Did you challenge it?*

*Participant 1: It was easier to sit there and just shake my head and go: 'Whatever.' You know?*

Some participants talked about how they engaged in a dialogue with workmates from faith communities.

**I work in my team with a Muslim guy who is very devout and we actually get on really quite well. We sit and we argue. Well with him it's always at the end of the day it's: 'When did you choose to be Gay?'. That's the end of the line - it's a choice. I say: 'Look it's not a choice it's just what I am'. But we do get on. He's never thrown the Koran at me or anything.**

Others talked about how intimidating it is to work with colleagues, the majority of whom clearly espouse faiths which are known to be anti-Gay.

**I do think the faith issue in Lambeth [is relevant]. In one office it's just religious screen savers everywhere and there is a closeted Lesbian there. [...] You walk in [to the office] and they play gospel music. [...] People say [expressing faith in the workplace] does no harm and I think it does. This person is thinking of leaving because the atmosphere is hostile. The conversations that go on about homosexuality and discussions about Bible sessions and I think it's a bit worrying [...] especially around religion and the inability to deal with properly.**

## 5.6 HUMAN RESOURCES

There was a general lack of confidence in the Council's Human Resources (HR) capacity. This was not surprising given the history of HR in the Council (see section 6.6). This dissatisfaction extended to HR's capacity to deal with LGBT employees. First, participants were concerned about a lack of information about their own rights and the rights of Trans colleagues (in relation to recent gender reassignment legislation). Specifically issues such as pension benefits for partners and any possible changes to their employment conditions as a result of the recent employment discrimination legislation emerged. Moreover, participants were keen to know whether the introduction of Civil Partnerships changed their employment, pension or benefits rights in any way. Participants were concerned that HR had not proactively informed all employees about the impact of this legislation and Lambeth's response to it in an accessible way.

**There is no reference to [employment discrimination sexuality legislation], apart from on the intranet as a document. There is no integration of policies or practice, there's been no training for managers and there has been no publicity.**

Other participants gave accounts of an inability to deal with their queries on a one-to-one basis.

**[I] went to a pension HR guy for advice and he nearly wet himself when I asked about partner pension rights. I thought he was going to self destruct. His reply was immediately: 'We don't have anything like that.' He couldn't answer the question, he was so uncomfortable with it. He was paralysed.**

Others said that such information was not dealt with in more general briefings.

**You have to ask the questions that can put you in a difficult situation rather than the information being put out. I was in a pension meeting a few months ago and same sex partnership was not mentioned I was in a room with about 40 or 50 other staff and I was not willing to stand up and ask, as a Lesbian what are my rights for same sex partner? I was just too embarrassed, I'm sorry I just didn't want to do it. So I now don't know. I'm a cowardly cat. The point is that anything in terms of equalities is pushed out. I think for Gay stuff you have to actively go and find it.**

Another participant talked about how relevant legislation on LGBT equality was absent from the standard training and briefings he had received.

**I went on manager training. They put up all the legislation and it was missing all of the three recent legislative [changes] to do with LGBT staff. Like gender recognition and civil partnership. It was an equalities and diversity training for managers and by the end of it I just put my hand up like 11 times saying: 'You are missing some of the most important legislation on power point screen after screen after screen'. [The response was]: 'Oh we haven't got round to it'.**

Another mentioned that her equalities training did not deal with LGBT issues.

**I went to that management training several years ago, and they didn't want to touch on anything that was Lesbian, Gay agenda issues whatsoever. Another manager who attended said: 'We don't need to be bothered with that today'. [Incredulous voice] What do you mean 'You don't need to be bothered?'**

Participants were also concerned that, apart from the staff survey, they could not recall being asked to fill out their sexual orientation on any standard equalities monitoring forms.

**Sexual orientation is not on a single one of the learning and development forms or anything. It's more that we have 17 categories of where you're from.**

Participants were concerned that the lack of appropriate HR services may lead to active discrimination against LGBT people. However, they were also concerned that a lack of scrutiny may allow LGBT staff to only employ other LGBT people. That is, that 'Gay enclaves' could grow up.

**You could have, you know, a director who is Gay or team leader who is Gay who is specifically employing Gay and Lesbian people rather than anybody else. There are teams which you can identify which are wholly Gay.**

The question of LGBT employees and managers supporting each other came up when participants discussed how they met their HR needs considering the absence they perceive in the HR department. Often, participants depended on Gay colleagues for information and supportive managers to ensure that their HR needs were met. Participants talked about having a 'supportive boss'. This generally consisted in having a boss who was from the LGBT population or one who was aware of issues that face LGBT people.

*Participant 1: I'm really lucky I've got a supportive boss but then again she's a Lesbian as well.*

*Participant 2: It does help.*

*Participant 1: It does make a difference and actually when I found out I did say to [my partner]: 'I'm going to take advantage of this'. Do you know what I mean? It's going to be the only time in my life [I] have a manager who is Gay'. So I thought: 'Yes so you can be more open and you can talk to them about personal problems'. But it's the policy thing I think. The visibility. And it actually not being written in [policy].*

The question of the Council not having written formal LGBT-friendly management policies, training and practices was a major concern. That is, participants were aware that they were lucky if they got a manager who understood LGBT issues. This led to feelings of insecurity.



*Participant 1:* ... [my boss and jobshare colleague] all know I'm Gay obviously and there is no question about it. My partner died recently and [boss said]: 'Don't worry about special leave, you can have as much time off as you want'. He was in a hospice so there was not a lot I could do about it.

*Participant 2:* But that's down to an individual boss. I don't think that is Council policy [...] You've obviously had a really good experience which is great. But at what point does it become policy where this has to be taken into account. You don't seem to see the words Gay and LGBT written anywhere. It's invisible and all it takes is one homophobic manager.

Participants were clearly unhappy about the lack of clarity around such issues as entitlement to bereavement leave for a same sex partner and paternity/maternity leave for same sex parents. They were aware that individual managers had to interpret policy and grant leave as they saw fit.

**There are so many variations to how policy is applied. I think if you are lucky, I mean my divisional director is Gay and a large number of staff in [department] are Gay and there is a completely different atmosphere and approach I think to other sections of the Council.**

Moreover, the use of personal contacts and sympathetic management's interpretation of policy was not considered sufficient. The lack of clear LGBT employment policy was seen to make LGBT employees highly vulnerable. This woman talks about where LGBT staff issues were primarily discussed.

**More would come out in the pub about different issues and how were they dealt with and things like that. So I kind of found out about that. But I think definitely there is an issue about how formal some of these procedures are. There was one case where I heard that a Lesbian was allowed time off under paternity rights and that kind of thing. A lot depends on having a supportive manager really who will twist things like that, I think.**

## **5.7 EQUALITIES**

Participants discussed general equalities agendas at Lambeth and to some extent, their perceptions of the Equalities and Diversity Unit. Overall, participants agreed that equalities for LGBT staff was improving. They have noticed the increasing profile that LGBT issues are taking within the Council's communication mechanisms (for example Lambeth Life has included more content on LGBT issues recently). Symbolic measures such as flying the rainbow flag on Pride week and marking World AIDS Day were also appreciated.

**I really like the fact that Lambeth does fly the rainbow flag every year. I actually read [in Lambeth Life] that it highlights that there were so many Gay men [in Lambeth] and that Lambeth was a Gay centre [...] The fact that actually Lambeth Council in print recognised that it was Gay that they weren't afraid of saying it.**

However, participants were still unhappy about the lack of LGBT content in more generic equalities measures such as equalities training for managers and standard monitoring.

**It's glaringly obvious that a lot of things that come through are minus any sort of LGBT information or anything like that.**

Participants felt the Council has been attending primarily to race equality over the past few years. However, they voiced frustration that provisions around race have not already been extended to other equalities groups. Moreover, they were not convinced that Corporate Equalities and Diversity would have the capacity to deal with the amounts of data generated from such an extension and that the scrutiny procedures might not be robust enough to properly assess LGBT equality measures.

**They emailed out the equality impact assessment stuff and the race one is the only one that you are legally obliged to do. [The rest are] sort of good practice to do. So there is a bit of an imbalance anyway that the legal requirements are different. But for me it's a case of if we wanted to gather that information what would we want to do with that information?**

Participant gave examples of where they felt that equalities was understood solely in terms of race. That is, that colleagues could not consider equal opportunities policies as applying to anything other than race.

**Being Gay is not necessarily visual. People look at me and think I am this White middle class straight stereotype. [...] Do I look like a Lesbian? I got accused of breaking equal opportunities when I recruited 6 members of staff. I recruited 6 White men. They were just the best people for the job. Two people accused me of not following equal opportunities policy but it does frustrate me that they are not a different ethnic origin if they are White. I really wanted to say: 'I'm a Lesbian, I tick a box' [...] But actually what I had to say was that I did follow the Equal Opportunities Policy. But it's that automatic assumption that if your team is all White. Therefore [...] you just tick one box and you don't tick any other boxes.**

The establishment of the equalities network and the LGBT staff forum were seen as significant steps. However, some participants were still critical about the visibility of LGBT issues within the overall network. This participant refers to the network's immediate response to a recent Gay murder in Lambeth.

**When Derek Morley was murdered you know, I had to approach the equalities network... what are we going to do about this violence? This shouldn't have to happen to remind them.**

The LGBT staff forum was also praised. However, not all participants knew about its existence. It was often confused with the Unison LGBT forum. Moreover, there was some confusion about its purpose and remit. Staff involved were concerned that others might see it as a talking shop, as having no power or mandate to influence Council policy or practice. Moreover, there was a sense in which a range of supportive systems needed (such as policy developments, extended equalities monitoring etc) to support the LGBT staff forum.

The Equalities Unit itself was seen as being concerned primarily with race issues. Many participants felt that they would like Corporate Equalities and Diversity to be more visibly active around LGBT issues as well as those pertaining to other equalities groups.

**They accept that a large number of their employees are Gay but they actually don't positively promote it at all or think of that section of the community.**

Others talked about how they perceived Corporate Equalities and Diversity to be reactive to crisis rather than being proactive about setting in place robust equalities structures for LGBT staff and service users and working to bring about the changes that such structures would necessitate.

## **5.8 CONCLUDING COMMENTS**

What is most striking about the groups is the extent to which homophobic abuse or the threat of homophobic abuse is accepted as a normal part of working life in Lambeth.

Participants reported having to manage disclosure of their sexual orientation carefully even within their own teams. Although a minority experienced homophobia here, it was more common for staff to experience homophobia, heterosexism or feeling constrained to be secretive when they entered wider work arenas. Particular sites of homophobia were when participants encountered people who did not know them, when they had contact with other departments or teams, at training exercise or at social events.

In particular, participants reported being unable to be open about their sexual orientation with partner agencies such as schools, service providers or community organisations. Staff felt that being open was likely to generate significant homophobia which, not only would they find offensive, but would limit them in their ability to carry out their work or communicate with partner agencies. In a sense therefore, it is not acceptable for a Lesbian, Gay man or Bisexual man or woman to openly represent Lambeth Council in dealings with partner agencies.

Participants were predominantly senior or principle officer level. We would expect the experience of homophobia to lessen and the resources to deal with such homophobia to increase as individuals got more senior. However, if individuals within such senior positions experience routine homophobia and feel so powerless to challenge it, the experience of staff at lower grades can only be imagined.

Participants expressed frustration at the naivety of some staff and managers around LGBT issues. On a personal level, they had to deal with inappropriate comments and assumptions from other staff. Moreover, this naivety was seen to effect the way that LGBT staff were treated in investigations and grievance procedures. On a service level, this naivety was seen to influence services to LGBT clients and perceptions of the effects of service innovations on LGBT communities. Furthermore, participants reported feeling powerless or uncomfortable in raising their concerns when they identified such deficits in knowledge or understanding among colleagues. Here, the problems was a fear of being seen as partisan or single issue. Participants reported being very concerned about the way the Council treated its LGBT employees, clients and citizens. However, for these reasons, felt prevented from intervening. The results not only in the

loss of significant source of expertise, but constrains all employees to collude with the general silence around LGBT issues within Lambeth Council.

Participants talked a great deal about difficulties with faith groups at work. They often felt uncomfortable about talking in these terms. They were concerned that they might be seen as against certain cultural or faith groups *per se*. However this was not the case. They were concerned that Lambeth may be funding organisations to deliver services which are actively homophobic. They were also calling for increased sensitivity around the way Council employees demonstrate their allegiances to faith groups which are homophobic. Moreover, the fact that the Council promotes equalities for all groups including LGBT groups and faith groups means that difficulties and frictions will always emerge. Such difficulties cannot be ignored as they can impact profoundly on the quality of people's working lives. Frustration was expressed in all groups that these problems are not being addressed directly and overtly by the Council. Participants were well aware that addressing these difficulties was no easy task but felt betrayed by the lack of visible effort or even concern.

Participants had clearly grown used to what they saw as a lack of support from HR on a range of levels. Their experience of HR was that it provided no information on their employment or benefit entitlement as LGBT employees and that HR had not anticipated or kept them informed about any changes to those rights. HR was seen to ignore employment legislation that applied to the LGBT populations in management and equality training. Moreover, such training did not attend to issues that might arise in managing LGBT employees (such as managing the homophobic attitude of other staff or investigating complaints ). HR were perceived to be unwilling and unable to provide information and support to LGBT staff members. Participants who had been involved in grievance or disciplinary actions were not satisfied about the way in which HR had managed or advised them. Apart from the staff survey, participants were not aware of any ongoing LGBT monitoring in standard instruments (for example, those used on Learning and Development).

Participants did not experience homophobia every day and for many, their experience of working at Lambeth was a happy one. On the whole participants were enthusiastic and upbeat about working for Lambeth Council. However, when it came to their sexual orientation, the quality of staff's experience at Lambeth was mainly down to their own skill in managing information and managing the responses of other staff. Staff were resourceful and used a great deal of common sense in managing their presence as LGB people within the Council. However, in doing so, they did not feel supported by their employers. That is, there was no sense in which Lambeth celebrated its LGBT employees or supported those in need. Moreover, in having to manage information about themselves, LGBT staff are forced to collude with on overall silence and naivety about LGBT issues within the Council. In the longer term this is counterproductive and a major obstacle to changing homophobic cultures.

Finally, participants were very concerned about the relative invisibility of Women and BME LGB staff and Trans staff. This, they felt to be a symptom of broader homophobia and misogyny within the Council as well as a perception that BME employees may feel alienated from current social support structures for LGBT staff. The ways in which a nascent LGBT equalities agenda might, in turn exclude LGBT members from lower staff grades, from particular ethnic groups or Trans people needs further exploration.

We have seen that there is significant dissatisfaction among LGBT employees and a clear need to address shortcomings on all levels (management practice, HR policies and procedures, equalities procedures, training and the cultural appropriateness of the Council generally). Moreover, changes to employment legislation have made it imperative to improve policies and procedures in order to make them compliant and appropriate for LGBT staff.

## **6. Lambeth Council's LGBT equality capacity**

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### **6.1 INTRODUCTION**

Lambeth has a clear corporate commitment to promoting LGBT equality. However, the capacity to carry this through will depend on the extent to which policies and procedures are instituted, operational and *producing results* on a corporate, departmental and service level. Given the size and complexity of Lambeth council, a comprehensive assessment of this is beyond the scope of this review. We have instead chosen to concentrate on key areas. These are corporate equalities policies and practices, monitoring policies and capacity, client/customer consultation and procurement of goods and services. An analysis of these areas is likely to give us a fair picture of the 'LGBT equality capacity' of the Council as a whole. We have two data sources for this analysis. The first is an analysis of Lambeth's written policies and procedures. The second are one to one interviews with 14 key stakeholders involved in these various areas. Respondents include the Assistant Chief Executive, various departmental Executive Directors and personnel within corporate units. We also conducted a focus group of departmental Lead Equality Officers. This section begins with an overview of Lambeth's equalities policies and procedures. It then moves on to examine monitoring and consultation and finally deals with procurement.

### **6.2 CORPORATE EQUALITY AND DIVERSITY**

Here, we examine some of Lambeth's equalities policies and procedures in terms of their appropriateness to LGBT populations. We also examine Lambeth's corporate equalities and diversity capacity in order to identify some possible obstacles to the promotion of equality for LGBT populations.

Lambeth Council is committed to compliance with both the Commission for Racial Equality Standard and the Equality Standard for Local Government (ESLG). In the former, Lambeth has attained Grade 3. In the latter, they are near attaining Grade 2. In accordance with best practice, Lambeth have extended the purview of the ESLG to include sexual orientation. Compliance with the ESLG grade two requires the institution of various policies and procedures as well as a stated commitment. After this, the standard becomes more challenging requiring organisations to demonstrate compliance through the production of data plans and rigorous data collection.

The most important first tool in promoting equalities is the drafting of a comprehensive equality and diversity strategy. Lambeth's current equality strategy sets a range of strategic aims to be attained by 2010. The strategy uses a holistic model of social inequality based on indicators of social exclusion such as experiences of crime, reduced health and educational outcomes among minorities and environmental deprivation (for example homelessness). The strategy operates on a community and an organisational level. On a community level, the strategy seeks to reduce inequality by increasing community engagement, increasing community capacity, improving community infrastructure and empowering citizens to engage with and influence civic and democratic processes. Within the Council, the strategy aims to enable Lambeth Council to provide leadership in terms of the promotion of equalities. Lambeth must also be able to provide services that are differentiated and responsive to the needs of all minorities. Finally, the strategy

commits Lambeth Council to eliminating discrimination both within the Council and in the community.

Because the strategy is based on demonstrable multiple social exclusion and because Lambeth has particularly clear examples of such exclusion, the context within which the strategy is based deals mainly with race inequality (poverty as well as differential health and educational outcomes for certain ethnic minorities). The strategy makes little explicit reference to social inequality as it applies to LGBT groups (although it does mention LGBT experience of hate crime and examples of discrimination experienced by Lambeth's LGBT staff).

The strategy states three key objectives for reducing inequality on three levels. On a service level, the strategy commits the Council to the delivery of differentiated services (that is, services that are acceptable to all equalities groups measured by demonstrable increases in customer satisfaction). On a community level, the Council aims to promote community growth (that is, building community cohesion and placing diversity at the centre of the borough's economic development and public life). On a staff level, the Council is now committed to ending discrimination and reducing employment inequality among staff as well as increasing the competency of managers around equality.

The strategy proposes various ways to deliver these objectives. These include:

- Making equalities principles integral to all service planning and implementation, policy and innovation. This is to be demonstrated for scrutiny purposes by the production of equality impact assessments (hitherto race impact assessments, now extended to include all equalities groups).
- Prioritisation of performance management in relation to equalities and diversity. This includes the collection of data on service users and the establishments of targets for equalities groups. Performance is to be monitored by the Council's Scrutiny Standing Commission on Equality and Diversity and disseminated through a quarterly Equalities Performance Digest.
- Diversity training to be delivered to all to all staff.
- The institution of a zero tolerance policy on discrimination in all Lambeth services and among staff.
- Partnership working with community and voluntary organisations in order to provide support as well as work with Trades Unions to monitor delivery of the strategy to the workforce. In addition, equalities imperatives are to drive the Local Strategic Partnership.

Therefore, promoting equality now becomes a central driver for all the Council's policy development, business planning, customer service, monitoring, consultation, communications, performance management and procurement. Moreover, equalities is to be established as an essential component of professional practice.

The strategy places responsibility for its delivery on all levels from members to staff. However an equalities board is primarily responsible for shaping and implementing the strategy and the Corporate Equalities and Diversity Unit (CE&D) leads on and guides the implementation of the strategy as well as providing the necessary support and coordination. Other advisory and scrutiny bodies are an Equalities external advisory forum (made up of 'experienced equalities

practitioners') and the equalities impact assessment panel (made up of councillors, staff and leading community members) which reviews impact assessments and staff equalities forums.

An accompanying action plan lists the various interventions proposed. This plan makes few references to LGBT communities. However, it does stipulate the following:

- The collection, analysis and reporting of information on LGBT communities as well as ongoing consultation with this group on service delivery issues and needs/ requirements (contractors are required to do the same). It also proposes involving the LGBT community in scrutinising progress on equalities action plans and targets.
- Improved consultation and engagement with LGBT community groups.
- A renewed focus on domestic violence and homophobic hate crime.
- Carrying out research into Lambeth's LGBT community, particularly in relation to experiences of Council services and the development of resourced work programme to reflect findings of research.
- Increase number of LGBT community who are satisfied with Council services compared with the satisfaction levels of the community as a whole.
- Effective support for LGBT staff who experience discrimination.
- Monitoring agency staff working for the Council in relation to ethnicity, gender, disability and age in order to identify and address exclusion of equalities groups.
- Reduction of the number of staff who have felt they have been discriminated on account of their sexual orientation.

The Corporate Equalities and Diversity Unit consists of 10 staff posts and is based in Office of the Assistant Chief Executive (OACE). Within the unit, there are officers with responsibility for staff development and support, policy and performance, organisational development and equality impact assessment. There are also general project posts (for example specific projects for increasing voluntary sector capacity). The unit works closely with Equality Lead Officers based within departments and an equalities post based within Learning and Development (part of Human Resources).

Stakeholder interviews indicate that the Equalities strategy has been successful in putting in place the necessary infrastructure and re-articulating the role and importance of equalities work within the Council. The process of making these procedures work in order to produce equalities outcomes (for example demonstrable better customer satisfaction among equalities groups) is only now beginning. There are many critical obstacles to delivering these outcomes. However, the main limitation in identifying and dealing with these obstacles would appear to be lack of capacity. For example, within CE&D, not all posts are filled and this limits their capacity to quickly implement action plan recommendations (for example, the post which should be working with corporate consultation and monitoring is currently empty). There is also a lack of capacity at a departmental level. Departmental Lead Equalities Officers are grappling both with implementing the corporate programme while attempting to identify and deal with critical obstacles to implementation among managers and business units. Increasing staff capacity at a departmental level would allow for more effective implementation of equalities policy, better programme management and troubleshooting critical barriers.



The second obstacle we have identified concerns LGBT groups in particular. This is a lack of knowledge and understanding about the ways in which inequality and social exclusion works among LGBT groups. This is on all levels, but within corporate equalities and diversity practice, this understanding has not penetrated scrutiny and business planning processes. An example of this is the equality impact assessment (EIA) process. EIA is a thorough and systematic analysis of a proposed policy or strategy. It consists of key stages which include consultation with equalities groups, and using data to identify how policies and services effect different equalities groups and reduce inequalities. The key questions to be addressed are: could the policy affect some equalities groups differently? And will this policy promote equal opportunities for all groups? The Corporate Equality Impact Assessment Panel meets quarterly to review a selection of EIAs produced which have high or medium relevance to equality. Further EIAs are reviewed by officers from CE&D. All departments are required to produce EIAs as part of their service plans. Our review of departmental EIAs shows that current priorities centre on the need to improve monitoring and consultation. When specific equalities groups are referred to, this is overwhelmingly around race and disability. There is little or no mention made of the impact of policy or service plans on LGBT groups. This would appear to be due to a lack of understanding of how services may or may not impact on LGBT communities. For example, the (former) education EIA mentions the part funding of the NRG Gay youth group, but does not explore the impact that current policy on schools have on reducing homophobia against children, parents and staff or the long term aim of changing cultures of homophobia within schools (a priority identified by all the LGBT focus groups in our research). The weakness of data on LGBT impact assessments within EIA and the lack of knowledge/ awareness within scrutiny processes is a major difficulty that must be overcome if LGBT equalities are to be mainstreamed into business planning.

The third obstacle identified within stakeholder interviews was a cultural resistance within the Council to deal with issues of concern to LGBT groups. That is, there is a perception that staff, managers and policy makers do not feel sufficiently knowledgeable about LGBT issues or sufficiently safe in championing LGBT equality issues. This is most likely caused by homo/trans phobia at all levels. It is imperative that such homo/transphobia is proactively dealt with and individuals are empowered to deal knowledgeably and confidently with LGBT equality issues.

The project of promoting LGBT equality within Lambeth faces significant obstacles that will not be overcome by current policies and procedures. There is a clear need for additional or extraordinary leverage and support. Key stakeholder interviews suggest that this support should come in the form of an integrated work plan for LGBT equalities as well as high level championing of LGBT equality within the Council.

Having identified monitoring, consultation, procurement and HR as fundamental to making equalities policies and procedures work for LGBT populations, we devote the remainder of this chapter to a detailed analysis of each of these areas. We look at their capacity in terms of LGBT equality concentrating on obstacles to their effectiveness in this respect.

### 6.3 MONITORING

When we consider equalities for Local Authorities, the relevant questions are:

- Are certain demographic groups in disproportionate social need or suffering heightened social exclusion?
- Are certain demographic groups not consulted on or included in Council decisions, practices or procedures?
- Are certain demographic groups who need services either not accessing them, being denied services or being treated inappropriately when they do access services?

These questions cannot be answered without effective monitoring. Monitoring tells us:

- The demographic profile of the local population.
- Variations in need and social exclusion among that population.  
(Do some groups have greater need than others?).
- Variations in service access.  
(Are some groups accessing services less than others?).
- Disparities between need and service access.  
(Are the people who need the service accessing them?).
- Satisfaction with service.  
(Are services equally accessible and acceptable to all those who need them?).
- Effectiveness of service.  
(Does the service reduce the needs of those people who need and access it?).

In order to answer these questions, monitoring needs to be carried out on all levels.

- On a **national** level, the Census and other large scale surveys should tell us about the demographic profile of the local population and how it differs from the national population.
- On a **local** level, resident surveys give us information about local variations in need in the population and changes in the population over time (eg. in-migration).
- On a **organisational** level, HR monitoring and staff surveys tell us about the extent to which staff reflect the local and national population, and whether recruitment and management practices lead to unequal treatment. They also tell us about staff satisfaction.
- On a **service** level, monitoring of service users give us information about disparities between need and access, satisfaction with services and effectiveness of services.

Each level is necessary. If national Census data is not collected, we cannot know about the size of the equality group in the borough. Nor can we tell the extent of need or exclusion relevant to other groups. This prevents effective resource allocation and targeting of services. If local data is not collected, we cannot tell anything about variations of need within the group or satisfaction with services currently provided. If data is not collected by services, we cannot tell anything about the service use and satisfaction of this group compared to other equalities groups. Monitoring on all levels is therefore a pre-requisite to effective equalities work in Local Authorities.

In this section, we examine monitoring of LGBT groups on all of these levels.

### **6.3.1 National monitoring**

The national census is the most powerful tool available to statutory service planners. It allows us to know the demographic make up of the local population and compare that to the national population. It gives us key statistical information such as the changing composition of households, work and leisure patterns, relative wealth, employment and social category data *etc.* The Census itself is carried out every ten years with analytic and production work carried out constantly through the Office for National Statistics. The design, methods and form the census takes is considered between census dates and the next census (scheduled for 2011) will follow the form of a 'traditional' census which will incorporate a range of methodological innovations made possible by new technologies (for example, online completion). Additions and deletions to the standard census instrument can have enormous implications for public policy and national service planning. For example, the development of ethnic monitoring questions on the last three census instruments has enabled us to discern massive differences between ethnic groups in terms of wealth, education and social exclusion. This in turn has led to the development of beneficial legislation, policy developments and service planning at all levels of government and the support of a strong voluntary and community sector. Moreover, the inclusion of questions in the census provides us with a wealth of methodological data about the best forms of questions to use in monitoring elsewhere. Finally, demographic questions within the census are generally taken up by other public bodies in their standard monitoring practices. In this sense, inclusion within the Census has the potential to 'kick start' a range of legislative policy and service improvements for particular disadvantaged groups while exclusion from the Census severely restricts these developments.

Lambeth's service planners rely heavily on the census to understand the local population and how it is changing. The census has never asked about sexual orientation and Trans status. This omission makes it extremely difficult for government and other stakeholders to develop social policy and services for this group. Moreover, because we lack an authoritative measure of the size, geographical distribution and social variation of the LGBT population in the UK, all other local monitoring is rendered much less effective. Without the support of central monitoring, it is difficult for Local Authorities such as Lambeth to institute monitoring around LGBT groups on their own. This, inhibits them from meeting their statutory and other obligations to this group. It is imperative therefore that the 2011 census includes questions on sexual orientation and Trans status. While the matter remains a topic of debate, at the present time it seems unlikely that it will.

### **6.3.2 Local monitoring**

Lambeth Council has a two year rolling programme of monitoring and consultation consisting of a biannual residents survey interspersed with focus groups with various demographic groups in order to interpret the survey results.

The 2005-06 survey of Lambeth residents was the second bi-annual survey, undertaken by independent market research company (TNS) on behalf of the Council. A sample of around 1,000 Lambeth residents took part in short face-to-face interviews covering a range of issues of concern to them, their perceptions of and satisfaction with local services, community cohesion and safety. The sample was weighted in order to reflect the local population and additional

interviews are conducted with selected sub-populations (in 2005-06, 250 additional interviews were conducted with 11 to 17 year olds).

In the most recent survey, a question was including asking the respondents sexual identity (but not Trans status). In spite of interviewing techniques to facilitate disclosure, the refusal rate was high and the subsequent sample too small to enable comparative analysis. This poor response highlights some difficulties in monitoring LGBT populations. First, individuals are not used to routinely being asked their sexual orientation on standard surveys. Second, individuals' understandings of the terms Gay / homosexual, Bisexual, heterosexual and Lesbian is likely to be limited. We cannot assume a common understanding and familiarity with these terms. Third, as this question is rarely asked in mass surveys, there has been no opportunity to trial different forms of approaches. We conclude that the development of monitoring for LGBT populations is likely to be a question of trial and error. As better instruments are developed and the question becomes 'normalised', response rates will improve. Lambeth is to be commended for including this question and strongly encouraged to continue to develop this instrument in collaboration with researchers and other stakeholders.

### **6.3.3 Organisational monitoring**

All Council initiatives and services are data driven with data collection occurring at both corporate and departmental levels. In addition to the residents survey, the recent introduction of a joint service centre system will enable the Council to engage in customer profiling. That is, as service enquiries are increasingly channelled through this centre, there is an opportunity to collect comparable demographic and service use data on an ongoing basis.

There is currently no Council-wide standard template for equalities monitoring. Nor are there any protocols for standard analysis and data presentation (although CEDU are currently commencing work in this area with departments). Sexual orientation and Trans status are not currently monitored either within the new joint service centres or elsewhere. A service user's sexual orientation is likely to be recorded only if they explicitly volunteer the information and if the data collector sees it as sufficiently relevant to record. Stakeholder interviews show that although there is a willingness to amend customer information management systems to include basic demographic questions on sexual orientation and Trans status, concerns were raised about the confidence of centre staff to ask these questions or discuss matters relating to sexuality. This may either be because of a lack of training or personal difficulties or moral / religious objections to discussing sexuality. In addition, negative responses from service users were anticipated. Finally, the relevance of a service user's sexual orientation to their query is not always clear, though the same is undoubtedly true of many other demographic characteristics of customers. Therefore, the impediments to collecting data on sexual orientation was not seen as a resource issue, but were rather about increasing staff confidence and overcoming staff resistance to asking questions and through this, changing service users' expectations of what they will be routinely asked. Key stakeholder respondents were in agreement that innovations to monitoring and consultation should be led from the corporate centre. Establishing sexual orientation and Trans status questions as a core demographic question for monitoring at a corporate level would send a clear message to departments and business units about the need to carry out monitoring with LGBT populations.

#### **6.3.4 Service monitoring**

Departments vary in their capacity to monitor the demographic characteristics and needs of their customers. Departments offering direct services to individuals and groups have invested quite significantly in the development of standard client information systems which are increasingly used as an alternative to periodic collection (digest or census). These systems are dependent on, and therefore serviced to a greater or lesser extent by, service managers and front-line staff. Departments delivering generic and infrastructural services (for example Environment) appear to have a greater statistical grasp of their monitoring data. However, this is likely due to the easier quantification of the services they provide and manage. Interviews with monitoring personnel, Lead Equality Officers and Executive Directors identified a range of impediments to carrying out effective LGBT monitoring.

First, there are no central requirements placed upon departments, business units and service providers to carry out LGBT monitoring. In this context, it is also worth noting that not all service managers are convinced of the utility of monitoring in general. It is sometimes seen as adding little value to the service and as detracting from their ability to meet immediate needs quickly. In extreme instances, it might be seen that the requirement to monitor is indicative of a lack of confidence in a service (that is, service managers may feel that they are being asked to prove the effectiveness of their service). If monitoring is seen as a threat or a burden to service managers and front-line staff, it cannot succeed. Difficult or controversial innovations, such as LGBT monitoring will therefore not be supported on a service level. Making the case for monitoring and demonstrating its benefits to service staff and managers remains essential. Unless it is made mandatory, a much stronger case will need to be made for LGBT monitoring.

Allied to this point is the observation that it is not always clear why equalities monitoring is being done. Data that is useful at a corporate level may not be useful at a service level and data that is useful to one business unit may not be useful to another. Service staff need to see the usefulness of data for developing their services and corporate requests for monitoring are less likely to be supported unless it is made clear how they benefit services on the ground. This requires a more integrated strategy about how monitoring data is to be used in the short- and long-term. Finally, service heads need to be supported to implement service innovations based on the results of monitoring activities.

Second, because there is no national or regional LGBT monitoring and little done elsewhere, monitoring personnel do not have access to examples of good practice or standard instruments to adapt for their own purpose. There are also substantial disincentives to developing such instruments. The question of LGBT monitoring is considered politically sensitive and bound to draw attention (both bad and good) to services. The imperative is therefore to get it right first time and to appear to be entirely authoritative and professional. In this context, it is difficult to allow for trial and error and experimental methodologies. The concern not to offend LGBT individuals and groups with an inappropriate instrument was as great as the concern not to offend the heterosexual populations with seemingly invasive questions about their sexuality (although, this is beginning to be countered with questions added to the Residents Survey).

In this context, doubts were also raised over the ability or willingness of some front-line staff to administer an instrument that includes questions relating to sexual orientation or Trans status. This may be because it is considered to be a stigmatised or personal topic which might cause

both the staff member and / or service user embarrassment. It may also be because staff or service users with particular religious or moral beliefs may find it difficult talking about homosexuality or Trans status in a morally neutral manner.

Finally, lead equality officers and equality steering groups do not always have the monitoring, methodological or statistical skills to guide departments and services through the process of initiating LGBT monitoring.

### **6.3.5 Conclusions**

Equalities legislation due to come into force in 2006 will require Lambeth to ensure and demonstrate if necessary that it does not discriminate on the basis of sexual orientation in the provision of goods and services. This is likely to necessitate that Lambeth prioritises LGBT monitoring in the provision of its services. It is imperative therefore, that current impediments to such monitoring are overcome. We make specific recommendations as to how to achieve this in Chapter 7.

## **6.4 CONSULTATION**

Consultation and community participation with minority groups is integral to equalities work. In 2001 a Lambeth Best Value Review on informing and involving the public was critical of the Council's capacity to carry out consultation with and involve minority communities in decision making and planning. Concentrating mainly on BME communities, the report concluded that:

**Whilst there is a theoretical commitment to involve all sections of the community, the practice is very patchy [...] participation is difficult if it is seen as a one-off episode. Successful consultation and involvement is possible where the Council has an ongoing relationship with communities. Therefore to involve "hard to reach groups" the Council needs to have a strategy for inclusion. This must involve tackling discrimination, removing practical barriers eg. access, language, improving access to services, community development, capacity building and importantly, resourcing the voluntary sector working with these communities.**

Since 2001 much has been done to improve the Council's capacity to consult with traditionally under-involved and excluded groups. In this section, we assess the Council's capacity to consult with and involve LGBT populations and communities in decision-making and planning.

Consultation activities have increased and expertise improved over the last five years. Examples of this include major consultation exercises around the Revitalise Programme; a periodic residents survey; consultative mechanisms such as area committees; town centre boards and stakeholder databases. Consultation occurs both at a corporate level and at a departmental level. There are consultation and involvement contacts within all departments.

There have been some consultation exercises and associated mechanisms established with LGBT individuals and populations. The last Community Safety Audit ran LGBT focus groups, consulted with LGBT community groups and interviewed individuals. There have also been some activities within the Environment Department and the last residents survey piloted a question on sexual orientation. Finally an LGBT (residents) Forum has existed for some time and an LGBT Staff

Forum has recently been set up. However, these activities are isolated, fragmentary and LGBT consultation does not appear to be prioritised within Council consultation practices generally. Moreover, this consultation is not sufficient in view of the range of consultative and democratic processes within the Council and the variety of services provided. Although many individuals from the LGBT population may take part in consultation and be involved in the Council's democratic and representational processes, they are unlikely to be visible as such and certainly not mandated to express their opinions with specific regard to LGBT concerns or see themselves as representing an LGBT constituency. This is because the Council neither conducts LGBT monitoring nor encourages people to champion LGBT concerns.

This lack of ongoing consultation for LGBT populations and groups seriously undermines the Council's capacity to meet its equalities objectives as it makes it impossible to assess whether current services are appropriate for LGBT service users and whether future service developments will enhance the well-being of this group. Moreover, it excludes this group from having a voice in shaping the Council's strategic direction. In this section, we use the results of key stakeholder interviews to examine impediments to LGBT consultation on three levels: corporate, departmental and service.

#### **6.4.1 Consultation at a corporate level**

Corporate consultation is based within the communications section of the OACE. The capacity for consultation lies mainly with the consultation manager and the stakeholder relation team. The consultation manager has both a corporate consultation role and a role in coordinating consultation activities in departments. This activity comprises mainly setting standards, developing a framework for consultation and increasing the consultation skills and capacity of staff in departments (providing online tools, consultation software etc.) as well as raising awareness of the value of consultation and training in consultation techniques (including a half day training in consultation available to all managers). The main corporate consultation / monitoring programme *Understanding our Residents* consists of a biannual residents survey interspersed with qualitative consultation (specifically sets of focus groups with various demographic groups). In addition, the Corporate Consultation Group, meets periodically to give technical support to departments and business units attempting to conduct consultation. Here methodological and other issues are raised and support is offered.

In spite of apparent political will, there is little ongoing corporate consultation with LGBT groups. Existing user groups and stakeholder panels are not currently monitored for the sexual orientation or Trans status of current members. There is therefore little opportunity to assess the potential of existing panels to increase LGBT consultation. One exception is the LGBT forum which was originally started as a consultative mechanism for Lambeth Borough Police. Council involvement has increased over the last eighteen months with the funding of an LGBT anti-hate crime coordinator post (based within the Lambeth Crime Prevention Trust) with responsibility for coordinating the forum. The Forum meets regularly at Lambeth Town Hall, has its own website and takes part in pan-London and national LGBT political activities. Those involved with the forum feel it should not be seen as a sufficient and appropriate consultation mechanism for all the borough's LGBT population. It might be seen rather as a pressure group and an opportunity for communication between the Council and the LGBT population. Its limited capacity for consultation is borne out by the fact that there are no official ongoing relationships between a post or posts within the Council and the forum. There are currently no link workers at a

departmental or corporate level for the forum. Rather, the forum relies on its own contacts with interested individuals within the Council or proactively approaches postholders it sees as appropriate when it has a concern. In other words, communication between the Council and the forum is not systemic and depends on the efforts of the forum rather than those of the Council. The forum is happy to advise on the development of LGBT consultative mechanisms both on a geographical (eg. ward), demographic (eg. LGBT young people) or service basis.

Stakeholder interviews identified two impediments to LGBT consultation. First, there is no statutory requirement on the Council to carry out such consultation. The mandate to prioritise LGBT population comes from their identification as an equality group within the Council. As such this should trigger consultation, but alone is probably insufficient to overcome other obstacles identified below. Second, concerns were raised about a possible lack of capacity around consultation with traditionally excluded groups. This means there is little impetus to overcome obstacles to LGBT consultation on both a corporate and a departmental level. Moreover, there is little capacity to develop the innovative methodologies, sampling and recruitment techniques required, let alone the development of diverse community contacts. This said, there is some capacity within certain departments to carry out this consultation with LGBT groups (specifically Environment) and it has been suggested that this LGBT monitoring capacity for the Council might be developed within a department rather than in the corporate centre. However, more investment is required to increase LGBT monitoring activity, champion and showcase this activity and give appropriate technical support to departments and business units.

#### **6.4.2 Consultation at a departmental level**

Consultation at a departmental level has concentrated on groups dependent on their use of services or their ethnic, gender or class identity. The question of conducting consultation with LGBT service users or including sexual orientation or Trans status as a variable in general monitoring constitutes an innovation and therefore raises methodological questions. On a quantitative level, there is a perceived lack of established robust instruments. On a qualitative level, there would appear to be gaps in knowledge around how social exclusion is manifested in LGBT populations and in what ways services might be inappropriate. The difficulty here is not one of capacity, but rather of skills and knowledge development for existing consultation staff. This has been recognised in some areas where clear efforts are being made to address difficulties associated with consulting and monitoring for traditionally excluded groups (eg. Environment). A variety of Council staff might benefit from training, partnership working with specialised research units and collective skills development with staff from other statutory sector providers. Moreover, staff may benefit from being supported to pilot innovative methods in this area.

#### **6.4.3 Consultation at a service level**

Although many services have user groups and time-limited consultation exercises are conducted on a service and business unit level, we could find none that include specific targeting of LGBT service users or citizens. This may be for a range of reasons. Concerns were expressed about a lack of understanding of, commitment to and capacity for consultation on a service level. Those involved in consultation point out that although few service managers would doubt that consultation is desirable, less are convinced that consultation might benefit their service. This is a question of limited time and resources. The resource implications of doing consultation properly (consultation exercises, analysis and interpretation of results, designing and implementing service innovations and finally monitoring those innovations) may simply be beyond the capacity



of overstretched services. Moreover, the methods and scope of consultative activity is often dependent on the skills and interests of individual service managers. Disincentives to conducting consultation may be compounded by the perception that any intervention which requires staff to recruit and question service users based on their Trans status or sexual orientation will not be acceptable to the bulk of service users and beyond the skills of staff. In short, managers may not feel that they have the resources to deal with the possible political sensitivity of consulting service users based on their sexual orientation or Trans status. Finally, it was felt that it was not always clear if and how sexual orientation or status was relevant to a service users capacity to benefit from a service. In conclusion, limited resources undermines confidence in managers' capacity to conduct and benefit from consultation. This is exacerbated by a very real lack of confidence in raising and working with sexuality issues both among staff and service users.

#### **6.4.4 Conclusions**

The Council needs to proactively dismantle the structural barriers to consultation and participation for LGBT communities and individuals. There is little designated LGBT consultation and what exists is fragmented. Although there may be many people from LGBT communities involved with these processes, it is not clear that their experiences and opinions as LGBT community members is valued by the Council. Detailed recommendations are included in Chapter 7.

### **6.5 PROCUREMENT**

Services that are equally accessible to, and appropriate for all equalities groups are central to the Council's equalities aims. Not only must suppliers ensure that their goods and services are equally accessible and appropriate but they must also demonstrate that their own employment practices are non discriminatory. Procurement practices are central to ensuring this. Vetting procedures and contract monitoring for suppliers and providers must include specific tests and procedures to ensure that they comply with the Council's equalities and customer care policies.

Traditionally, procurement of goods and services within the Council has been devolved to departmental or business unit level. Prior to a critical Best Value Review, in 2002, there were few centralised mechanisms for ensuring that procurement practices were standard and compliant with best practice. The review (*Best Value Review of Commissioning and Contracting – Final Report*), found weaknesses in the way the Council commissioned and monitored the provision of goods, works and services and recommended the Council develop a *Procurement Strategy* and revised guidance to act as drivers for improvements.

The procurement strategy maintains the devolvement of procurement and contract management to a departmental and business unit level while instituting scrutiny and compliance mechanisms. It also articulates the strategic aims and roles of corporate and departmental procurement and stresses the importance of procurement as "a mechanism to deliver key policies such as sustainability, equalities and fair employment". A number of guiding principles listed in the strategy support this position. Specifically, they require procurement personnel to consult with staff and other customers/ stakeholders on procurement decisions while requiring providers to "adopt standards for consulting which are at least equal to the Council's own consultation standards". These principles explicitly cover equalities committing the Council to "eliminating discrimination in its procurement process, service delivery and employment on the grounds of

race, gender, disability, age, sexuality, religion, belief or any other grounds". Finally, it reiterates the Councils legislative duties as well as its customer care ethos.

While individual contract management takes place at a departmental level, corporate procurement maintains a strategic and enabling position. The aims of corporate procurement are to take a long-term strategic view of procurement across the Authority, ensure consistency of procurement practice across Council Departments, focus on customer outcomes and motivate managers to improve performance through better procurement and contract management. To this end, they have produced a lengthy commissioning manual which covers the key stages in the procurement lifecycle (business plans, appraisal, delivery plans, advertising, supplier evaluation, contract award and management). In addition the Council has adopted a Corporate governance Board approach to procurement through its Commissioning Board structures which provides an overview, scrutiny and quality control approach to all Council procurement activity. This operates on three levels.

**The Strategic Commissioning Board** works at a corporate level to set and communicate procurement expectations, targets and processes. All Council wide procurement workplans and activities are presented and discussed to ensure a strategic overview is taken. They sign-off authority for all procurement above a contract value of £100,000. It is the responsibility of this group to ensure that all officers responsible for procurement are properly trained.

**Departmental Commissioning Boards** produce a 3 year procurement plan for the department. These sub-groups will represent their Department through the chair of the sub-group on the Strategic Commissioning board and are empowered to make decisions on commissioning. They monitor compliance with the procurement strategy for contracts between £25,000 and £100,000 in value.

The **Contract Strategy Unit** places corporate contracts and framework agreements for all goods and services in common use; develops common performance indicators to measure the effectiveness of the procurement function and to improve the contract management abilities of the Council; undertakes compliance, challenge and quality assurance roles in terms of current practices; brings areas of non-compliance to the attention of the departmental commissioning boards and nominates a lead officer to work with each departmental board.

Corporate procurement work with EXOR Management Services Ltd, an external accreditation company to establish and maintain a list of approved suppliers and to give guidance for vetting of potential suppliers in terms of risk and compliance. Approved suppliers achieve accreditation by passing a range of checks. These cover a supplier's finance record, probity and fidelity, health and safety and equal opportunities. Equal opportunity tests include searches for equal opportunity prosecutions, completion of ethnic monitoring forms for customers, a statement from the supplier that they undertake to comply with both UK equal opportunities legislation and CRE codes of practice. Suppliers of services worth more than £25,000 are required to produce an equal opportunity statement and to state that they implement this in their recruitment practices. They are required to review this policy regularly and to undertake regular monitoring of job applicants from different ethnic groups. Once approved, suppliers' equal opportunity processes and policies are reviewed every two years. In business questionnaires, agencies tendering to supply goods or services to Lambeth must state that they comply with the Equal Pay Act (1970),

the Sex Discrimination Act (1975), the Race Relations Act (1976), the Disability Discrimination Act (1995) and minimum wage legislation. They are asked a range of specific questions about racial discrimination including whether or not they comply with the CRE's code of practice. They are also asked to supply both a race relations and a disability policy. Under customer care they are asked to supply details of their customer care policy / standards. They are also asked a range of questions about the collection and use of performance (monitoring) data and customer consultation. They are required to show how they ensure that no groups or individuals are disadvantaged or prohibited from accessing the services they provide, how they identify and meet customer care training need and finally how they ensure compliance with Lambeth's Corporate Customer Care Standards.

Although the business questionnaire and vetting procedures attend to equalities and customer care, they do so in a way which attends primarily to the Council's statutory requirements rather than its policies and procedures. That is, they attend primarily to race (both in terms of legislation and in terms of compliance with CRE guidelines) and then to sex and disability (in terms of legislation). However, they neither attend to nor anticipate requirements to comply with more recent legislation around sexual orientation discrimination. Nor do they require potential suppliers to specifically address questions regarding how they ensure they do not discriminate against LGBT populations.

As contracting is devolved to departments, assessing the extent to which LGBT equalities are attended to within contract negotiations and monitoring is beyond the scope of this review. However, the lack of specific compliance criteria is likely to be compounded by structural difficulties and limited capacity on a departmental level. Corporate procurement are responsible for the strategic direction of procurement but not for specific contract monitoring. Although contracts above £25,000 are referred to Departmental Commissioning Boards and over £100,000 to The Strategic Commissioning Board, it is not clear how much these scrutiny mechanisms have the remit or capacity to develop contracting practice in under-developed areas such as monitoring for equalities issues in relation to LGBT service users and citizens. Although corporate procurement is concerned to disseminate good practice, the process of improving practice and increasing scrutiny is ongoing and they do not have officers with specific monitoring expertise.

Within departments, procurement teams should have the input of departmental equalities steering groups as well as monitoring and evaluation personnel. However, the size and capacity of procurement teams varies between departments as does the capacity for monitoring and evaluation. Moreover, the procurement and contract management task differs (for example Environment has a small number of large contracts with clear units of delivery and performance indicators while Adult and Community Services have many contracts of various sizes for services which are much harder to monitor in terms of setting performance indicators). Establishing performance indicators for LGBT equality for all services will be difficult considering such a diversity of contracts. Identifying service deficiencies and improving services for LGBT citizens and service users through contract monitoring will be more difficult still. Finally, there is sometimes a lack of connection between departmental procurement sections and service oriented operational sections. Making services appropriate and acceptable to LGBT service users and citizens involves the investment and effective joint working of front-line staff and service managers, monitoring and evaluation personnel and commissioning units. This is challenging.

In summary, Lambeth is limited in the extent to which it can use procurement and contract management processes to assess whether services are accessible, acceptable and appropriate for LGBT service users and citizens and improve such services when they are not. There are three levels upon which limitations exist.

First, Lambeth does not require service providers to demonstrate that they comply with existing employment discrimination legislation (specifically the Employment Equality (Sexual Orientation) Regulations 2003). Nor is forthcoming legislation in terms of goods and services accounted for.

Second, although corporate governance mechanisms exist to scrutinise procurement practice, the extent to which they explicitly scrutinise for LGBT equalities compliance is not clear. Moreover, their capacity to initiate innovations to procurement practice regarding accessibility and acceptability of services to LGBT citizens and service users is necessarily limited in the absence of clearly defined indicators in this area. Also their capacity to establish such indicators is limited by the monitoring capacity of both Corporate Procurement and Corporate Equalities and Diversity.

Third, although corporate procurement can draw attention to existing (and future) compliance requirements, the bulk of contract administration occurs at a departmental and business unit level. The capacity, skills and interest of procurement personnel at this level will vary as will the nature and size of contracts and the extent to which different sections work together. In this environment, it will be difficult to identify and build in uniform best practice with regard to LGBT equality.

## **6.6 HUMAN RESOURCES**

One of the three key objectives of Lambeth's equality strategy is ending discrimination and reducing employment inequality among staff as well as increasing the competency of managers around equality. We have seen in chapter 5 that there is significant dissatisfaction among LGBT employees and a clear need to address shortcomings on all levels (management practice, HR policies and procedures, equalities procedures, training and the cultural appropriateness of the Council generally). Moreover, changes to employment legislation have made it imperative to improve policies and procedures in order to make them compliant and appropriate for LGBT staff. In this section, we examine the capacity of Lambeth's Human Resource to meet this objective.

A history of fragmentation and reorganisation combined with a succession of temporary appointments to its most senior posts have drastically compromised Lambeth's HR capacity to fulfil the needs of the authority, let alone those of its LGBT staff. Moreover, overall staff confidence in HR has declined. In 2003 the Corporate Performance Assessment identified the HR service as a weakness and in 2004, the MORI staff survey indicated that staff did not feel able to approach the HR department when they had a grievance and were more likely to directly approach their Trades Union.

In spite of this, Lambeth shows some strengths in terms of HR indicators. For example the 2004 staff survey indicates that 59% of staff are fairly or very satisfied with their job and there is a 70% staff appraisal rate. Staff turnover is normal for a Local Authority as is sickness and absence. However, there is a greater than average reliance on agency placements. Moreover, Lambeth has corporate Investors in People status, a 3% staff budget spend on learning and

development, a corporate professional qualification scheme and high volume professional development centres for lower graded staff.

In order to improve HR services and restore staff confidence, the service has been reconstituted in the last year and permanent appointments have been made to senior staff positions. The Lambeth HR Strategy (produced in January 2006) describes the problems HR faces and outlines an improvement plan. The strategy aims to improve leadership, quality control procedures and learning and development as well as increasing staff recruitment, appraisal and retention. In the longer term, the strategy aims to improve employment practices and deploy the workforce more efficiently and effectively in meeting the needs of citizens and service users. Moreover, the strategy aims to attend to the needs of partner agencies funded by or supplying services for Lambeth. A vital part of this plan is to establish an integrated HR staff data system which will improve the Council's capacity to monitor and improve HR services. The strategy is to be implemented in two phases. A foundation phase (2005-2006) will address policies, processes and tools while a longer consolidation phase (2006-2008) will embed improvements.

Equalities and diversity is one of three cross cutting themes underpinning the HR strategy and is a key driver for leadership programmes, improvements to learning and development, increasing and improving staff appraisal and overhauling customer service training. In addition, improved monitoring through an advanced staff data system should enable the Council to better monitor equalities objectives.

The HR strategy articulates the equalities and diversity agenda mainly in terms of the Equality Standard for Local Government. That is, the fair and equal treatment of all staff, the establishment of equality performance indicators and the evidence based assessment of performance against indicators and interventions to address under-representation and indirect discrimination. Two key aims of the strategy relevant to equalities and diversity are improving HR services and workforce development.

Improving HR services to managers and business units consists in clarifying management roles and responsibilities, identifying and promoting an integrated HR advice and support service to staff and managers (improving access), clarifying HR procedures (making them more user friendly), establishing and publicising service standards and making sure staff have sufficient information about HR procedures and their employment rights. Part of this process involves not only better processes (such as increased appraisal and exit interviews) but also improving the capacity to gather data and learning through these processes. In addition, interventions to increase the people management capacity of managers within the context of their department or business unit are proposed (for example, more HR involvement in departmental management processes, HR surgeries for managers, dedicated HR advisors within departments and standardising disciplinary, grievance and sickness procedures). A new case management system will also enable better racial incident monitoring.

Workforce development consists of achieving a representative workforce on all levels (this is expressed in terms of improving representation of ethnic minorities and women at senior levels as well as attracting BME and women staff to professions where they are under-represented). Under this aim, it is proposed to place equalities outcomes as a key performance indicator in terms of staff profiles and learning and development (thus increasing advancement opportunities

for certain groups) and working to formulate a response to current equalities data (such as the high proportion of discrimination complaints from women). In addition work / life balance initiatives are to be prioritised as staff retention measures. Other initiatives include an equality and diversity scrutiny committee, pilot work around recruitment, a pay and grading review and working towards disability standard accreditation.

The accompanying improvement plan proposes to review and overhaul all HR policies and procedures. An ongoing independent review is finding that a significant number of these are not fit for purpose (being out of date and geared towards compliance rather than enabling managers to deal constructively with employees' issues and difficulties).

Collection of meaningful data about staff is clearly central to proposed improvements, especially those around equality and diversity and in the new staff data systems, demographic categories have been increased to include sexual orientation and Trans status. However, these questions are optional for all staff. Currently the system is updated by staff themselves who can now access and review their own entries. Trans staff who may wish to assign a gender other than the one on the system will have to consult with HR in order ensure that tax and social security payments as well as pension and retirement dates are appropriate to the new gender. Concerns were expressed that staff would be less likely to fill out these questions if there was the possibility that data would be accessible to colleagues and managers in such a way as to identify them.

HR propose to overhaul all induction and professional training. Equalities training is to be improved to include a stronger emphasis on other equalities groups and LGBT groups in particular.

HR are currently taking the advice from actuaries and tax advisors as well as working with the Society of Chief Personnel Officers and other Local Authorities within the ALG to clarify and implement a uniform position on pensions rights for same sex partners and should have already produced a clear policy statement which will inform the first pertinent tax year since the Civil Partnership Bill came into force. They will then work on their documentation and training to ensure that LGB employees are given correct advice.

The HR strategy, improvement plan and other current work have the potential to improve working conditions for LGBT staff. However, we are concerned that, in view of the overall levels of dissatisfaction identified, HR are not prioritising LGBT staff need as sufficiently or urgently as they might. The strategy does not make specific reference to interventions to improve working conditions of LGBT staff members concentrating primarily on race, gender and disability. Moreover, the parlous state of employment practice around LGBT employees has not been highlighted as a specific and urgent priority. Recommendations regarding HR policies and practices are listed in Chapter 7.

## **6.7 CONCLUDING COMMENTS**

Lambeth council have a commitment to promoting LGBT equality, a strategy and action plan which sets key aims, objectives and delivery methods and a range of policies and procedures which should eventually deliver equalities outcomes. However, our analysis of key areas which

are integral to the delivery of equalities outcomes for LGBT populations show that in all areas, these activities are not sufficient. There are three main obstacles to the effectiveness of current equalities activities, policies and procedures in delivering outcomes for LGBT people: lack of capacity, lack of knowledge/ understanding and homo/transphobia.

#### **6.7.1 Lack of capacity**

Currently, equalities policies, procedures and activities originate in a model oriented towards achieving race equality. Although this model is useful, it will take more work to broaden it and implement it for other equalities groups throughout the Council. LGBT equality presents unique challenges in terms of the production of data and consultation as well as the formulation of interventions and services. There is a need to increase capacity on a range of levels in order to overcome these obstacles. Thus, staff capacity in the key areas of Corporate Equalities and Diversity as well as Corporate Monitoring and Consultation needs to be examined. However, the skills needed to improve practice in these areas around LGBT equality are unique. Therefore skills capacity needs to be reviewed.

#### **6.7.2 Lack of knowledge or understanding**

Across the Council, there is a lack of knowledge about LGBT social care and social exclusion issues and the way in which Council services may impact on LGBT populations. Moreover, there is a dearth of Council generated data on the needs and experiences of LGBT clients and citizens. This lack of knowledge disables the proper functioning of equalities and scrutiny procedures (such as equalities impact assessments) and stymies the development of differentiated services which are acceptable to this group. This research will go some way to filling this gap. However, there is a clear need to 'educate' the Council at all levels about LGBT social care and social exclusion issues. The Council's overall naivety in these areas must be countered.

#### **6.7.3 Homo/transphobia**

The point at which naivety becomes homo/transphobic is contested. It is often argued that silence around LGBT issues and naivety is itself a symptom of deep homo/transphobia. What is certain is that silence and naivety around LGBT issues allows homo/transphobia to proceed unchecked. There is clear evidence of homo/transphobia within Lambeth Council and within the Council's partner agencies. As LGBT equality is increasingly prioritised, such homo/transphobia will become more apparent and conflicts are bound to arise.

## **7. Recommendations**

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We conclude with a range of recommendations divided into two areas. The first concerns improving Lambeth's response to the needs identified in our population survey and focus groups. The second concerns increasing Lambeth's internal capacity to promote LGBT equality and meet service needs. This includes recommendations regarding better employment conditions for Lambeth's LGBT staff.

### **7.1 IMPROVING LAMBETH'S RESPONSE**

The Council should consider interventions in a range of areas to meet the needs of LGBT people who live, work and socialise in Lambeth.

#### **7.1.1 Consultation, communication, monitoring**

LGBT people in Lambeth are familiar and highly engaged with the Council's activities. They are highly active in democratic processes and civic life. However, this is not reflected in the Council's approach towards representation of this population.

1. Lambeth Council need to publicly recognise and encourage the substantial contribution that LGBT people and communities make to the social, economic and cultural capital of the borough.
2. The willingness of LGBT people to be involved should be exploited by the Council via increased LGBT consultation.
3. The Council is perceived as doing little for LGBT people (particularly Trans people). It needs to consider how it promotes itself to LGBT communities and communicates with them.
4. Routine monitoring of LGBT identity should be prioritised both in the Lambeth Residents Survey and services provided by the Council. However, the Council will need to attend to a traditional mistrust and wariness among some groups (for example elder LGBT people) and deal with the definitional and methodological difficulties associated with monitoring for Trans populations.

#### **7.1.2 Communities**

The needs and experiences of the LGBT population are influenced profoundly by other social factors (ethnicity/race, class, income, gender, age *etc.*). Moreover, the LGBT population is made up of a range of interlocking communities and populations with more or less in common.

1. In defining need, the Council must attend to the overlapping needs of sub-populations and communities (eg Black Gay men or m-f Trans people) rather than seeking to identify and meet an unifying need for the whole LGBT population.
2. The Council should attend to how different equalities groups overlap and seek to emphasise LGBT issues in all equalities agendas (for example the women's agenda should include the needs of Lesbians, Bisexual and transgender women). Thus, an integrated equalities agenda would seek to reduce misogyny and racism in LGBT communities.
3. Trans respondents were mindful of the very fragmented nature of their own population in terms of experiences, concerns and needs. More work is necessary to describe the variety and extent of Trans need and transform this into a coherent policy and service agenda.



4. LGBT community development/ empowerment/ engagement must encompass the range of overlapping communities that constitute the LGBT population, rather than seek to address one unified community. Community development must therefore occur with all LGBT communities and may consist of a range of interventions of various sizes and of a greater or lesser ambition. A large number of smaller-scale interventions might be more appropriate than larger-scale headline grabbing initiatives. These might include funding for support and social groups, better online communication, increasing volunteering and civil involvement, making Lambeth's businesses and shops more LGBT-friendly and working with all communities to address homophobia.
5. The growth of a large-scale commercial scene in Vauxhall is welcomed. However, it should not be assumed that this development constitutes an increase in LGBT community infrastructure in Lambeth.
6. Increasing community cohesion can also be achieved through political intervention. The Council should be mindful of its responsibility to bring its influence to bear in lobbying Government and other public bodies around any legislation and policies relevant to the LGBT population.

### **7.1.3 Crime and Safety**

The Lambeth LGBT population suffer intolerable discrimination, abuse and violence. The fear of violence leads to constant self-surveillance and self-censorship. This is likely to have a detrimental effect on well-being and health. With the exception of Trans respondents, confidence in the police was high. The agenda must now move on to tackling the causes of crime in addition to maintaining the current policing service.

1. Trans respondents reported a lack of trust of local police and other services. There is a need for more liaison work with this group.
2. Tackling the cause of crime is as important as dealing with its effects. Anti-homophobia work should be prioritised in schools, youth services, with faith leaders, with minority communities and the population of Lambeth generally.
3. Tackling homophobic crime must be prioritised within most of the Council's departments. Environment, Children's and Young People's Services and Housing have key roles to play in this respect.
4. In dealing with both perpetrators and victims of homophobic hate crime, aspects such as the gender and race of both perpetrator and victim are relevant. The experience of, vulnerability to and long-term effects of homophobic violence are likely to be influenced by the victim's gender and race and the extent to which s/he passes if transgendered.

### **7.1.4 Education**

The education of children emerged as a major concern to which the Lambeth Council must attend.

1. If the Council is to take seriously its commitment to LGBT equality, it must gain access to local schools and ensure that the homophobic climate within them is challenged and changed.
2. Children's and Young People's Adult and Children's services must develop an action plan for reducing homo/transphobia in Lambeth's schools and youth services. This plan must

have the buy-in of senior managers/members and be aggressively pursued. Obstacles to its achievement must be identified and dealt with effectively.

3. The Council should seek to increase the stake that LGBT people have in the education of children. This may be done by encouraging volunteering in schools and making it easier for LGBT people to become school governors *etc.*

#### **7.1.5 Faith**

The question of funding and support for faith and community based organisations who are trans/homophobic must be addressed.

1. The Council must consider its position if supporting and investing in the needs of one community to the detriment of another.

#### **7.1.6 Services**

The Council should ensure that all services are appropriate to the needs of, and acceptable to LGBT clients. In addition, the Council should consider developing competencies and services in specific areas.

1. The Council should engage in proper monitoring and consultation. In addition, the Council should consider working with voluntary and community organisations to develop service models appropriate to LGBT clients where they are needed.
2. Services in the areas of mental health and drug use, tailored and targeted at the LGBT community would alleviate the greatest amount of social care need. This will require joint work with NHS partners and the development of more integrated mental health and drugs strategies which include the needs of the LGBT population as a priority group.
3. When LGBT people experience difficulties associated with housing, their working conditions and their places of education, their sexual or Trans identity is often highly relevant to the problem. The Council should be seeking to develop specific competencies in these areas.
4. Elder LGBT people had major concerns about the capacity of the Council to provide sheltered housing and domiciliary care services appropriate to their needs. The Council should investigate whether its services are fit for purpose in this respect.
5. LGBT youth homelessness was of particular concern along with doubts about the Council's capacity to provide appropriate services. The Council should be monitoring its client groups in order to establish the scale of local need and service access and consider whether services are responsive to these needs.
6. Lack of changing facilities and fear of abuse stops some Trans people from using Lambeth's recreation facilities. The Council should consider how it intends to make these facilities appropriate and welcoming to Trans people.
7. Transgender respondents were concerned about a lack of competence in Adult and Community services to deal with their needs. Gender reassignment can be a period of acute need and vulnerability. Models of working with transgender clients should be investigated.

## **7.2 IMPROVING LAMBETH'S CAPACITY**

The Council do not currently have the capacity to respond effectively to the needs identified in this report. In order to improve this capacity, we recommend interventions in various areas.

### **7.2.1 Lambeth's LGBT staff**

Lambeth Council's LGBT staff work within a heterosexist environment often under threat of homophobic abuse either within their own teams, from staff outside of these teams, at training and social events or from partner agencies. They encountered negative or naive attitudes about LGBT people and dealt with inappropriate comments and assumptions from other staff and managers. Being LGBT can compromise a staff member's ability to carry out their job and to represent Lambeth Council. Moreover, the Council does not have the capacity to ensure employment equality for LGBT employees. Changes to employment legislation have made it imperative to improve policies and procedures in order to make them compliant and appropriate for LGBT staff. The Council must act immediately to address this situation.

1. The Council should perform a gap analysis/needs assessment of all employment policies and procedures (including staff training, complaints and disciplinary procedures and HR support and advice services) to identify where they do not meet the needs of LGBT staff and managers.
2. The Council should amend all employment policies and procedures to ensure that it has the capacity to employ LGBT people properly.
3. The Council should act swiftly to counter heterosexism, homophobia and an overwhelming naivety around LGBT issues among its staff.
4. The Council should celebrate its LGBT employees as a major and valued resource.
5. The Council do not properly monitor the sexual identity or Trans status of staff. It cannot ensure equality for this group until it does. The Council should include sexual identity and Trans status as a normal and mandatory part of staff monitoring. It should act to remove obstacles to disclosure and ensure absolute confidentiality for staff.

### **7.2.2 Corporate Equalities and Diversity**

There is clearly substantial remedial work to be done in changing cultures of homo/transphobia within the Council and enabling departments to identify and overcome obstacles to making equalities policies and procedures work for LGBT populations. It is unlikely that these changes will occur without extra provision at least in the medium term. We have already identified the need for increased capacity generally within Corporate Equalities and Diversity. However, there is a clear need for designated LGBT equalities capacity. This should include:

1. Structures should be put in place to ensure that the member holding the equalities brief is both properly informed about and able to advocate around LGBT issues. Any lack of ongoing advocacy should be robustly challenged.
2. Corporate Equalities and Diversity should develop a specific LGBT competency, either in the form of a designated officer post or developing existing posts (a combination of both is preferable).
3. The Council should draft an LGBT equalities work plan in response to this research which mobilises both corporate services and all departments.

### **7.2.3 Monitoring**

Lambeth's equalities policies and procedures cannot produce results for LGBT populations without appropriate and sufficient LGBT monitoring. To achieve this, we recommend the following:

- 1 Lambeth's capacity to meet the needs of the LGBT population is severely limited by a lack of national and regional data. It is imperative that Lambeth Council actively lobbies for the inclusion of demographic questions regarding sexual orientation and Trans status in the next UK Census (in 2011).
- 2 At a corporate level, the Council should send a clear message to departments, business units and service providers about its intention to start LGBT monitoring. All corporate monitoring practices should include LGBT monitoring as a matter of course. These include the residents survey, monitoring at service centres, corporate procurement and vetting procedures, recruitment practices etc. This has already started in the cases of staff and resident surveys and is proposed in recruitment monitoring.
- 3 There is a clear need to provide outside support and expertise to monitoring staff at a corporate and departmental level. This is to identify core LGBT monitoring requirements; develop LGBT monitoring instruments that meet those requirements and to consider how these instruments might be adapted to meet the needs of various departments and a range of services. As this process is likely to proceed by trial and error, experimental methodologies should be encouraged and staff should be supported to deal with, and as far as possible, be protected from the possible political fallout of these innovations.
- 4 For service monitoring to be successful, it must have the buy-in of service managers and front-line staff. The monitoring needs of Corporate Equalities and Diversity will differ from that of a front-line services as will their capacity to benefit from monitoring. It will be necessary to make a strong case for monitoring at all levels. An integrated monitoring framework for the Council would articulate the needs, aims, core data requirements and range of methods to be used for each equality group at each level.
- 5 Staff discomfort at administering monitoring instruments that include LGBT components cannot inhibit the development and administration of proper monitoring instruments. It is necessary to investigate the extent and nature of any possible difficulties in this area and deal with them proactively. It is also necessary to recognise that LGBT monitoring is likely to elicit uncomfortable exchanges with service users and front-line staff must be supported to deal with this.

### **7.2.4 Consultation**

Consultation with LGBT communities is essential to developing and providing appropriate services and business planning. Current consultation with this group is insufficient. To improve this, we recommend the following:

1. The Council should continue to include sexual orientation and Trans status questions in every residents survey. It is also worth considering purposive sampling to include a representative sample of LGBT residents based on the best available estimates of the LGBT population of the borough.
2. All democratic structures and current consultation mechanisms should be assessed to determine their efficacy for inclusion of LGBT groups. At least, LGBT monitoring should be introduced for all current and future user groups, stakeholder panels and qualitative focus groups.

3. Consultation expertise needs to be increased at a corporate level. Specifically there needs to be increased expertise in innovative methods and sampling required to carry out LGBT consultation. Departments and service units need greater support around employing these methods in ways appropriate to their own consultation needs.
4. LGBT population and communities should be specifically targeted with: information about the Council's democratic, representative and consultative processes; calls for their input as members of the LGBT population and lists of ways to get involved at all levels. Championing LGBT issues within the Council should be encouraged.
5. Front-line staff and service managers need the skills and confidence to carry out consultative activity with LGBT communities, individuals, community and voluntary sector organisations and businesses. This is both in terms of technical or methodological skills and greater knowledge of / familiarity with social and cultural issues relevant to LGBT communities.

### **7.2.5 Procurement**

Improving procurement practice in order to ensure services are accessible, appropriate and acceptable to LGBT citizens and service users will require all the following actions:

1. Corporate procurement should require service providers to demonstrate how they comply with current legislation regarding diverse sexuality.
2. Corporate procurement should require service providers to ensure that they include LGBT groups in all monitoring (including standard recruitment monitoring) and consultation.
3. Corporate procurement should identify and build in additional LGBT equality indicators to pre-qualification and standard vetting procedures.
4. The Council should increase the capacity of corporate governance mechanisms to scrutinise procurement procedures in relation to LGBT equalities objectives and outcomes.
5. Corporate procurement should increase contract monitoring capacity regarding LGBT equality outcomes at a departmental and business unit level.

### **7.2.6 Human Resources**

HR are in a process of consolidation and improvement. It is difficult to say what eventual impact this process will have on the working conditions of LGBT staff members. However, we are concerned that unless LGBT staff need is not explicitly prioritised, the remedial work necessary to improve their conditions will not take place. We therefore recommend the following:

1. All new HR policies and procedures and all current and new equalities training should be subjected to rigorous scrutiny to assess appropriateness for LGBT staff. If necessary, HR should consult with LGBT staff and other stakeholders in order to ensure this.
2. It is not viable for an employer to assert that they do not discriminate against a group without collecting data on the size of this group in their workforce, their levels of satisfaction and how they differ from the rest of the workforce in terms of pay, conditions, training and other needs. Although the staff survey will, in time meet some of these requirements, it is neither internal nor systemic. We recommend that HR seriously consider the implication of leaving LGBT demographic questions optional on staff data systems. HR need to clearly articulate whatever concerns are leading them to leaving it optional and properly investigate whether those concerns are grounded. Moreover, they need to investigate the obstacles to individuals completing the question and work to overcome these obstacles as a matter of urgency.

3. HR need to investigate further any needs and deficiencies in agency and temporary staff around LGBT equalities in induction and training.

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