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Still Out There:

An exploration of LGBT
Londoners' unmet needs



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Still Out There: An exploration of LGBT Londoners' unmet needs

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Forward from the Chief Executive of the LGBT Consortium

I am proud that LGBT Consortium has been able to lead this research project alongside some of our core Members and in partnership with Trust for London and Anglia Ruskin University.

This research is vital as we see ever more devastating effects of austerity on our LGBT sector across London, and further afield. Already in the last twelve months we have seen one high profile LGBT organisation, who were one of the original partners in this work, close their doors, and many others facing further cuts. We believe this is unacceptable given the evidence that shows there is a rise in demand for specialist services right across the board.

Of course, this does mean we all have a responsibility to ensure we look for every opportunity to run services in the most value

for money way, and I firmly believe the LGBT sector is at the forefront of this work. As the research shows, there are fantastic examples of collaboration and co-production that can act as beacons of good practice.

We hope this research provides a platform for the LGBT sector, mainstream providers, funders and commissioners to explore the recommendations together so we can sustain a vibrant LGBT sector and provide LGBT individuals with greater opportunity to be prosperous, healthy and engaged in their local communities.

Paul Roberts OBE
June 2016





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Still Out There: An exploration of LGBT Londoners' unmet needs

At a time when it is often assumed that sexual and gender minority people face fewer challenges attributable to their sexual orientation and/or gender identity, there is a need to fully understand the true, lived experiences of LGBT people in London. Funded by Trust for London, a partnership of LGBT organisations (LGBT Consortium, Stonewall Housing, London Friend, METRO, GMFA and PACE) came together in recognition that LGBT people presenting to service providers do so with increasingly complex needs at a time when service providers are facing increased pressure on resources. There was a recognition that a more collective and coordinated approach in providing support for these communities was needed. This research is based on surveys and interviews with 60 service providers and 158 service users.

Key Findings

- Many LGBT people in London face a multitude of issues that require targeted support by statutory and third sector service providers. Key among these are issues of poverty and significant levels of prejudice (e.g., homophobia/biphobia/transphobia) faced by LGBT people, both of which have far-reaching consequences for their overall health and well-being.
- The research highlights that over one third of LGBT people in the study face significant financial hardship and lack sufficient financial resources to maintain a suitable standard of living in the Capital, earning less than £15,000 per annum (below the current London Living Wage of £9.40/hour).
- For one third of LGBT people in the study, ensuring their physical safety both at home and elsewhere is a constant or significant challenge.
- More than 40% of LGBT people in the study experience some form of prejudice on a regular basis.
- The research showed that a majority of LGBT people are reluctant to reveal their sexual orientation or gender identity, for fear of the reaction they will receive from staff in mainstream organisations.
- LGBT service provision is largely underfunded or unavailable within many London boroughs or regions. As a result, the majority of respondents were unable to access LGBT specific services within their locality, while a majority of respondents stated they would prefer to access LGBT specific services if they were available to them.



- Commissioners and funders should recognise that there is a real need to develop specialist service provision alongside more mainstream provision and there is scope to encourage collaboration and partnerships, which can more effectively engage with complex needs.
- The evidence showed that LGBT individuals with increasingly complex and diverse needs were presenting to service providers and that, given funding limitations, there was limited scope to respond to these complex demands.
- Despite obstacles, a range of initiatives are currently providing support to LGBT communities. These initiatives, and the organisations leading them, have had a positive impact on the lives of people who otherwise face significant hardship, including discrimination; marginalisation; and victimisation. These examples could serve as beacons of best practice from which both voluntary sector organisations and funders can benchmark initiatives and activities.

Background

The introduction of anti-discrimination protections for sexual and gender minorities, the legalisation of same-sex marriage and the inclusion of gender reassignment as a protected characteristic are all indicative of significant socio-political advances. Further, the prevalence of openly LGB and trans politicians, musicians and celebrities are evidence of a significant shift in societal attitudes towards LGBT communities. However such positive steps do not fully account for the everyday lives of LGBT people in the United Kingdom, or the Greater London Region in particular. Prejudice and victimisation, in the form of homophobia, biphobia and transphobia are still commonly reported by LGBT people.

A partnership of LGBT organisations came together in recognition that LGBT people presenting to service providers do so with increasingly complex needs at a time when service providers are facing increased resource related pressures. There was a shared recognition of the requirement for a more collective and coordinated approach in providing support for these communities.

This report presents the findings from this research. It provides an accessible narrative, integrating data from both interviews and surveys, concerning the experience of LGBT service users and providers across the Greater London Region. Findings offer insight into challenges faced by these people and organisations, indicating clear evidence based recommendations as to how they might be addressed. In this respect, we anticipate that this report will be of particular interest to commissioners, funders and service providers in determining their strategic aims and priorities.



Forming a Narrative

This research provides an accessible empirical analysis (and broader narrative) of some of the experiences of lesbian, gay, bisexual and trans people living in the Greater London Region and enumerates the issues faced by organisations providing support to these diverse communities. In doing so, this analysis achieved four key objectives:

- It details some of the issues experienced by LGBT people in need and/or in poverty.
- It identifies what services LGBT people access and key reasons why those in need and/or in poverty do not access services they require.
- It specifies ongoing challenges experienced by organisations in meeting the needs of LGBT communities.
- It highlights positive examples of met needs as working models of good practice.

Recognising the Issues

These data provides us with a summary of some issues faced by lesbian, gay bisexual and trans people as described by service providers during interviews and that span across the majority of LGBT communities in London.

Lesbians	Gay men	Bisexuals	Trans people
Invisibility: Lack of recognition of lesbian's needs by service providers	Sexual health: HIV prevalence rates remain a significant issue	Bi-erasure: Hostility, dismissal and erasure of bisexual identity	Services: Distinct lack of trans specific or actively inclusive services
Isolation: Lack of support leads women to seek help & support within communities rather than from services	Substances: Drug and alcohol use pose increasing issues	Invisibility: Lack of visibility leads to a lack of services to meet needs	Knowledge: Lack of awareness of trans peoples' requirements and individual needs
Substances: An increase in alcohol and drug use in women is recognised	Social Pressures: Men face increasing pressures of "how to be gay" causing distress	Mental Health: Higher incidence of mental ill-health among bisexual people	Transphobia: Trans people face significant prejudice, discrimination and victimisation

There is a clear indication that the demographic profile of LGBT people who consider themselves to be in poverty does not align with the common representation of individuals facing economic and social deprivation. The data suggest that these people are as much educated as unqualified. It is also apparent that the needs of LGBT people are more complex than previously considered.



Service use by LGBT People

In the main, both LGB and trans people do not largely feel that they receive an appropriate level of support from their local authority. The majority of respondents are reluctant to reveal either their sexual orientation or their gender identity to these mainstream organisations. This hesitancy often stems from fear concerning the reaction that LGBT people will receive, upon revealing their sexual orientation and/or gender identity, from staff in these organisations.

The research has highlighted that the relatively low level of LGBT service provision suggests that some LGBT people are unable to access the supports that they require, whilst others are required to commute considerable distances in order to access support, thereby acting as a barrier in doing so. There is an agreement, amongst service providers, that part of the restriction they face in providing services are specific geographical limitations placed on activities and initiatives.

Challenges of LGBT Service Provision

The challenges faced by LGBT service providers include the pressures placed on them as a consequence of increasing demand on services due to, and at the same time as, severe restrictions in funding exist. Organisations are also being challenged with increasingly complex requests from individuals presenting with a multitude of concerns whilst also trying to accommodate and develop supports that meet the needs of diverse and often idiosyncratic communities.

In order to overcome challenges, service providers have engaged in a range of activities such as cost-saving initiatives, entering into funding partnerships, or taken direct action to challenge funding reductions.

Meeting Needs

The research has illustrated how, through collaboration and participation, service providers can come together in partnership to support LGBT people effectively both in terms of complex needs and geographical locations.

Service providers are being faced with increased demand for services and those seeking supports present with increasing complex needs. In this way, a co-dependency between service provider and service user emerges: As service users present with increasingly complex needs, available service provision to meet these needs is declining, resulting in Local Authorities and service providers reduced ability to tackle LGBT communities' complex needs.

In order to overcome this veritable 'perfect storm', investment and support is required for the individual organisations that work with LGBT people and support is also required collaborative initiatives to help address complex needs.



Recommendations

Tackling the issues:

- With the research highlighting those LGBT people seeking support is not the profile typically associated with financial hardship or low-income (e.g. high level of respondents in poverty having received Higher Education), further consideration is needed, through detailed research, into the demographic profiles of LGBT communities and the issues that their members face.
- Continued infrastructural investment and development of LGBT services is needed in order to ensure their better co-ordination in meeting the broad and complex needs of LGBT communities.
- Given the breadth and diversity of LGBT communities demographic profiles, the Greater London Authority and regional bodies should consider and develop strategies to improve evidence gathering as well as identify and develop coordinated solutions to support LGBT communities.
- LGBT sector organisations are encouraged to improve how they engage and work with individual LGBT communities and recognise the ethnic, racial, religious and gender diversity that exists among their prospective service users.

Mainstream service provision:

- There is a need for more pan-London and cross-borough approaches to specialist service delivery. The rise in online services can help address this, where appropriate, and for those willing and/or able to access services in this way.
- An in-depth examination into the impact of specialist services – on local, borough and pan-London levels – is required. Particular focus should be given to how funding can better support capacity building for coordinated delivery of services.
- Service providers, particularly those targeting the general population, should review practices. This should inform efforts to improve their engagement with LGBT people in order to tackle the reluctance, by many, to access services or reveal their sexual or gender status to service providers.



LGBT service provision:

- Commissioners need to better recognise LGBT specialist organisations and services are in a strong position to meet Local Authority targets on a range of outcomes.
- Given the increasing demands placed on voluntary sector organisations and the increasingly complex needs being witness by third sector service providers, commissioned providers should be required to evidence how they meet LGBT people needs and they should encourage sub-contracting to LGBT specialist providers to assist with delivery.
- Legislative directives and Local Authority Targets can be met at lower cost through utilisation of specialist third sector services with specific experience and training in working with specialist populations that may be more cost effective due to access to existing initiatives and organisational structures
- Due to limited available funding opportunities Local Authorities are encouraged to provide evidence that the needs of communities are still being adequately met when they de-commission services.





Still Out There: An exploration of LGBT Londoners' unmet needs

Introduction

In 2014, representatives from GMFA, London Friend, Metro, Pace and Stonewall Housing, in conjunction with the Consortium of Lesbian, Gay, Bisexual and Transgendered voluntary and community organisations (i.e., the LGBT Consortium), obtained timely assistance from Trust for London to examine the everyday lived experiences and challenges faced by Lesbian, Gay, Bisexual and Trans (LGBT) Londoners and the organisations that provide support to them. In coming together these organisations recognised that the people presenting to service providers do so with increasingly complex needs at a time when service providers are facing increased resource related pressures. In doing so there was a shared recognition of the requirement for a more collective and coordinated approach in providing support for these communities.

At a time when it is often assumed that sexual and gender minority people face fewer challenges attributable to their sexual orientation and/or gender identity, due to recent legislative and sociocultural advances, there is a need to fully interrogate the lived experiences of LGBT people in the Greater London region. The introduction of anti-discrimination protections for sexual and gender minorities, the legalisation of same-sex marriage and the inclusion of gender reassignment as a protected characteristic are all indicative of significant socio-political advances. Further, the prevalence of openly LGB and trans politicians, musicians and celebrities all attest to a significant shift in societal attitudes towards LGBT communities. However such positive steps do not fully

account for the everyday lives of LGBT people in the United Kingdom, or the Greater London Region in particular. Prejudice and victimisation, in the form of homophobia, biphobia and transphobia are still commonly reported by LGBT people. Further, the increasing population of openly LGBT people has resulted in increasing demands for tailored services and supports to meet the needs of individuals whose experiences are dissimilar to heterosexual and/or cisgendered people.

This report presents the findings from resultant research. It provides an accessible narrative, integrating data from both interviews and surveys, concerning the experience of LGBT service users and providers across the Greater London Region (i.e., the GLR). The potential impact of poverty was considered central to this endeavour. Findings offer insight into challenges faced by these people and organisations, indicating clear evidence based recommendations as to how they might be addressed. In this respect, we anticipate that this report will be of particular interest to commissioners, funders and service providers in determining their strategic aims and priorities.

In examining the everyday lived experiences and challenges faced by LGBT users and service providers across the GLA, this research had a number of specific objectives. It sought to:

- detail some of the issues experienced by LGBT people in need and/or in poverty;
- identify what services LGBT people access and key reasons why those in need and/or in poverty do not access services they require;



- specify ongoing challenges experienced by organisations in meeting the needs of LGBT communities; and
- highlight positive examples of met needs as working models of good practice.

Context

It is argued that his research is timely. The broader contemporary context in which LGBT service users and providers operate is characterised by scarce resourcing. Public and/or statutory funding cuts over the recent past, commonly known as ‘austerity’, have had a demonstrably negative impact upon minority groups, such as LGBT people (Colgan, Hunter & McKearney, 2014; McQuaid, Egdell & Hollywood, 2010; Mitchell, Beninger, Rahim & Arthur, 2013).

Service providers report, among many things, experiencing increased difficulty in delivering against their mission and arguing successfully for the provision of LGBT specific services. This is seen most directly in a reduction of services but also an increase in the constraints under which organisations are having to operate (e.g., reduced expertise and material resources) (Colgan et al., 2014). It is unsurprising, therefore, that service users have reported a range of associated negative consequences. These include, but are not limited to, being unable to access LGBT specific sexual and mental health, as well as social support, services. Increased feelings of marginalisation and invisibility often ensue (Mitchell et al., 2013).

It is important to note that such consequences have impacted varyingly upon LGBT people. There is longstanding recognition of the differing needs of specific LGBT people. Minority communities, for example those identifying as BME or disabled, are often especially vulnerable (Williams et al., 2013). Research underlines that LGBT people in need and/or poverty are,

in particular, being disproportionately affected by recent changes to service provision (Mitchell et al., 2013). The European Commission’s (2004) definition of poverty is informative in this regard:

“People are said to be living in poverty if their income and resources are so inadequate as to preclude them from having a standard of living considered acceptable in the society in which they live. Because of their poverty they may experience multiple disadvantage through unemployment, low income, poor housing, inadequate health care and barriers to lifelong learning, culture, sport and recreation. They are often excluded and marginalised from participating in activities (economic, social and cultural) that are the norm for other people and their access to fundamental rights may be restricted.”

The strength of this definition resides in its breadth. It recognises poverty and its potential consequences as relative to the socio-economic context in which individuals find themselves. It facilitates exploration into the everyday lived experiences of LGBT people by providing an interpretative lens through which findings may be understood.





Methodology

Design

A mixed methods approach (Creswell & Plano Clark, 2011; Tashakkori & Teddlie, 2010), including qualitative and quantitative methods, was adopted in order to develop a rich narrative concerning the everyday lives of LGBT people living in London. This approach was considered beneficial for the purposes of this Project. It facilitated meeting the specific objectives listed above. No single method was equipped to do so. It also provided a broader evidence base through which to address these.

The Project included four phases. Phases 1 and 2 explored issues relevant to service providers: (a) core ongoing challenges experienced by specialist LGBT organisations in meeting the needs of LGBT communities and positive examples of met needs as working models of good practice, and (b), opportunities for collaboration between specialist LGBT organisations and mainstream service providers to maximise impact. Phases 3 and 4 examined concerns relevant to service users: (c) issues experienced by LGBT people in need and/or in poverty across LGBT communities, and (d), reasons why LGBT people in need and/or in poverty are not accessing services they need.

These four phases contributed toward what may be described as a multiphase mixed method design (Creswell & Plano Clark, 2011) that includes both sequential and concurrent phases of data collection. Phase 1 (i.e., qualitative methods) included service provider interviews. Data from these interviews were analysed as case studies and findings considered, alongside a review of pertinent literature, so as to inform

Phases 2 and 3 (i.e., quantitative methods). Phase 2 included a service provider survey whilst Phase 3

included a service user survey. Phase 4 (i.e., qualitative methods) included service user interviews. Data from these interviews were analysed again as case studies and aided explanation of findings emerging from Phase 3. Figure 1 provides an overview of the research design.

Sample and Procedures

Phase 1: Service Provider Interviews

A list of 71 LGBT organisations that are active within one or more of the 32 boroughs of the Greater London Area (GLA) was compiled by the LGBT Consortium. An email invitation to take part in interviews was disseminated to each organisation. This invitation was reissued after a two week time period. We hoped, in this way, to obtain a sample of organisations representing a range of services and communities.

In total, representatives from eight separate organisations volunteered to participate. These included large organisations providing a range of services for all LGBT people across the GLA to smaller, more localised organisations, whose services catered for specific communities.

Semi-structured interviews were conducted by the first author through either face-to-face ($n = 1$) or telephone interviewing ($n = 7$). The interviews were guided by an interview schedule designed so as to broadly explore the everyday experiences of LGBT organisations operating in the GLA. A number of central questions guided discussion although participants were encouraged to speak beyond these:

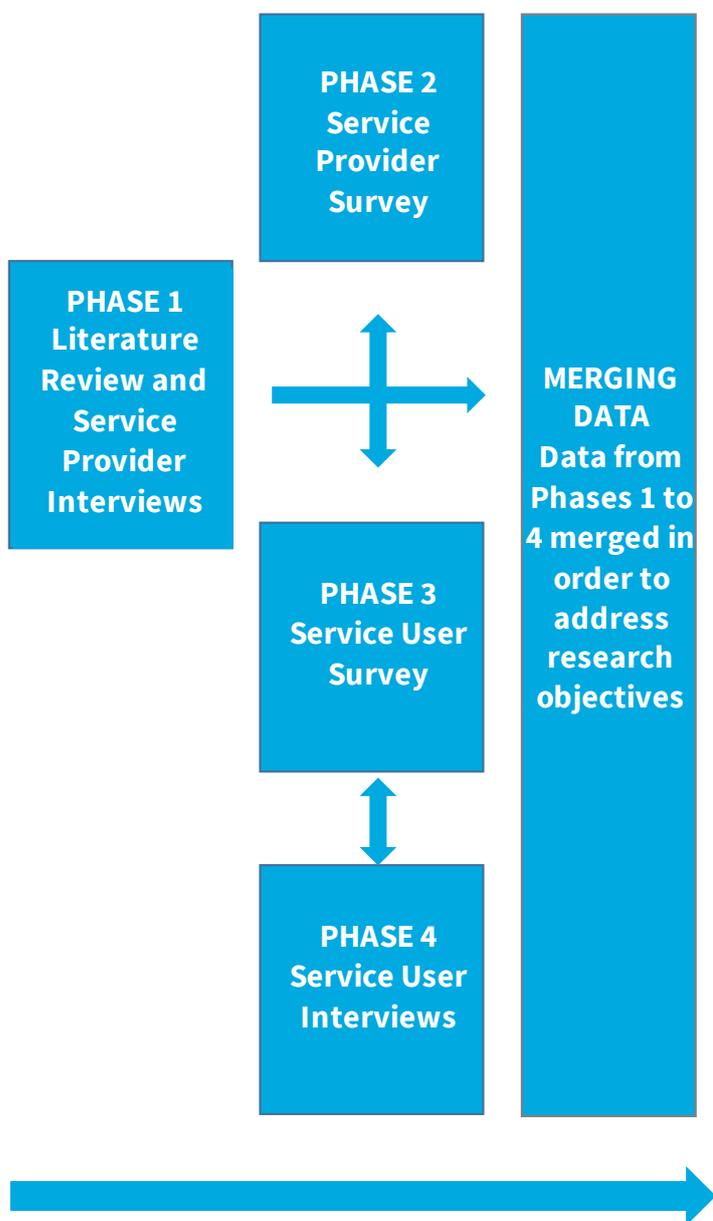


Figure 1. Overview of Multiphase Mixed Method Design

- ‘What services does your and other organisations provide to LGBT communities?’
- ‘What challenges does your and other organisation face in in providing services to LGBT communities?’
- ‘What challenges do these LGBT communities face?’
- ‘What impact does poverty have on the lived experiences of LGBT communities?’

Following participants providing their informed consent, interviews took place, lasting between 15 and 80 minutes. These were digitally recorded and transcribed verbatim. Transcripts were analysed as single case studies (Creswell, 2007), each representing a particular organisational setting in which services are being provided to LGBT communities. Thematic analysis (Braun & Clarke, 2006) identified themes specific to each case and those held in common across cases.

Phase 2: Service Provider Survey

An online service provider survey was developed on the basis of Phase 1 case study findings as well as a review of pertinent literature. This identified central questions that the survey was designed to answer:

- ‘What LGBT communities do organisations currently serve?’
- ‘What services do organisations provide?’
- ‘What challenges do organisations currently face in service provision?’
- ‘What are the consequences of these challenges?’
- ‘What solutions do organisations adopt in order to address these challenges?’
- ‘How does poverty impact upon LGBT people’s service use?’

An email invitation to take part in the online survey was disseminated, by the LGBT Consortium, to 51



organisations that are active within one or more of the 32 boroughs of GLA. These organisations included mainstream and specialist as well as statutory and third sector LGBT service providers. The invitation was reissued twice over a four week time period. Organisations were encouraged to distribute the invitation more widely to relevant others.

We hoped, through this chain-referral sampling methodology (Atkinson & Flint, 2001), to obtain a sample of organisations representing a range of services and communities. In total, representatives from 60 separate organisations provided responses. These included both mainstream ($n=37$; 62%) and specialist LGBT service providers ($n = 23$; 38%). Of these, 33 organisations completed the survey in its entirety.

Respondents were required to provide their informed consent before participating. Surveys were completed remotely through an online survey platform (i.e., Qualtrics). The time taken to complete these in full varied between 10 and 73 minutes. All available data were analysed through descriptive statistics.

Phase 3: Service User Survey

A service user survey was also developed on the basis of Phase 1 case study findings as well as a review of pertinent literature. This identified central questions that the survey was designed to answer. These were purposely partially congruent with those of the service provider survey so as to facilitate comparison of results:

- ‘Which LGBT communities access services?’
- ‘What services, both mainstream and specific, do respondents access?’
- ‘Where do respondents access services?’
- ‘What challenges do respondents currently face in accessing services?’
- ‘How does poverty impact upon LGBT people’s service use?’

Participants were recruited through various means. An email invitation to take part in the online survey was disseminated, by the LGBT Consortium, to 51 organisations that are active within one or more of the 32 boroughs of GLR. These organisations were encouraged to distribute the invitation more widely to potential participants. Two respondents from the service provider survey, who had indicated their willingness to take part in future phases of the research, were also forwarded the invitation.

Finally, a social media campaign was launched through Twitter account (@LGBTNarrative) and Facebook (www.facebook.com/LGBTNarrative). This publicised the Project to a sizable audience. This is evidenced in a total of 172 separate tweets having been posted, each of which contained a link to the online survey, and resulting in an estimated Twitter reach of over 600,000 users and 35,100 Twitter Impressions. The Facebook campaign had a similarly large estimated reach of 6,900 individuals located within the GLR.

We hoped, through this multi-pronged sampling strategy, to obtain a sample of individuals representing a range of LGBT communities. In total, 158 individuals provided responses. This included, for example, participation from “bisexual” ($n=23$; 16%); “gay” ($n=46$; 33%); “lesbian” ($n = 29$; 21%) and “heterosexual/straight”, ($n=4$; 3%) individuals. With respect to gender identity, respondents consisted of “male” ($n=52$; 37%); “Female” ($n=59$; 42%) and “Other” ($n=18$; 13%). Of these, 47% ($n=57$) indicated that their gender identity does not match their sex, as registered at birth.

Respondents were required to provide their informed consent before participating. Surveys were completed remotely online through Qualtrics. All available data were analysed through descriptive statistics.



Phase 3: Service User Survey

Survey respondents in Phase 3 were asked to indicate their willingness to participate in further research. The 25 individuals who indicated their availability for future participation were contacted and invited to contribute toward service user interviews. Six individuals agreed to participate who represented a range of intersecting personal characteristics (see Table 1).

Semi-structured interviews were conducted by the first author through telephone interviewing. The interviews were guided by an interview schedule designed so as to broadly explore interviewees' experiences of living in London as LGBT people. A number of central questions guided discussion although participants were encouraged to speak beyond these:

- 'What role does LGBT service provision play in the lives of interviewees?'
- 'What are the challenges faced by interviewees in accessing services?'
- 'What are the consequences of such challenges in accessing services?'
- 'What solutions do interviewees adopt in order to address these challenges?'
- 'What impact does perceived poverty have on the lived experience of LGBT communities?'

Following participants providing their informed consent, interviews took place, lasting between 15 and 20 minutes. As in Phase 1, these were digitally recorded and transcribed verbatim. Transcripts were analysed as single case studies (Creswell, 2007), each representing different intersecting personal characteristics as described above.

Table 1. Case Study Participants' Personal Characteristics

<i>Participant*</i>	<i>Age</i>	<i>Ethnicity</i>	<i>Gender Identity</i>	<i>Sexual Orientation</i>
				<i>Identity</i>
'Louise'	19	Caucasian	Cisgender Female	Lesbian
'Janet'	43	Afro-Caribbean	Non-Binary	Bisexual
'Kenzo'	36	East-Asian	Gender Queer	Undefined
'Alex'	28	White-British	Transwoman	Undefined
'Peter'	66	White-British	Cisgender Male	Gay
'Kate'		White-British	Cisgender Female	Lesbian



Objective 1: Enumeration of Issues Faced by LGBT People

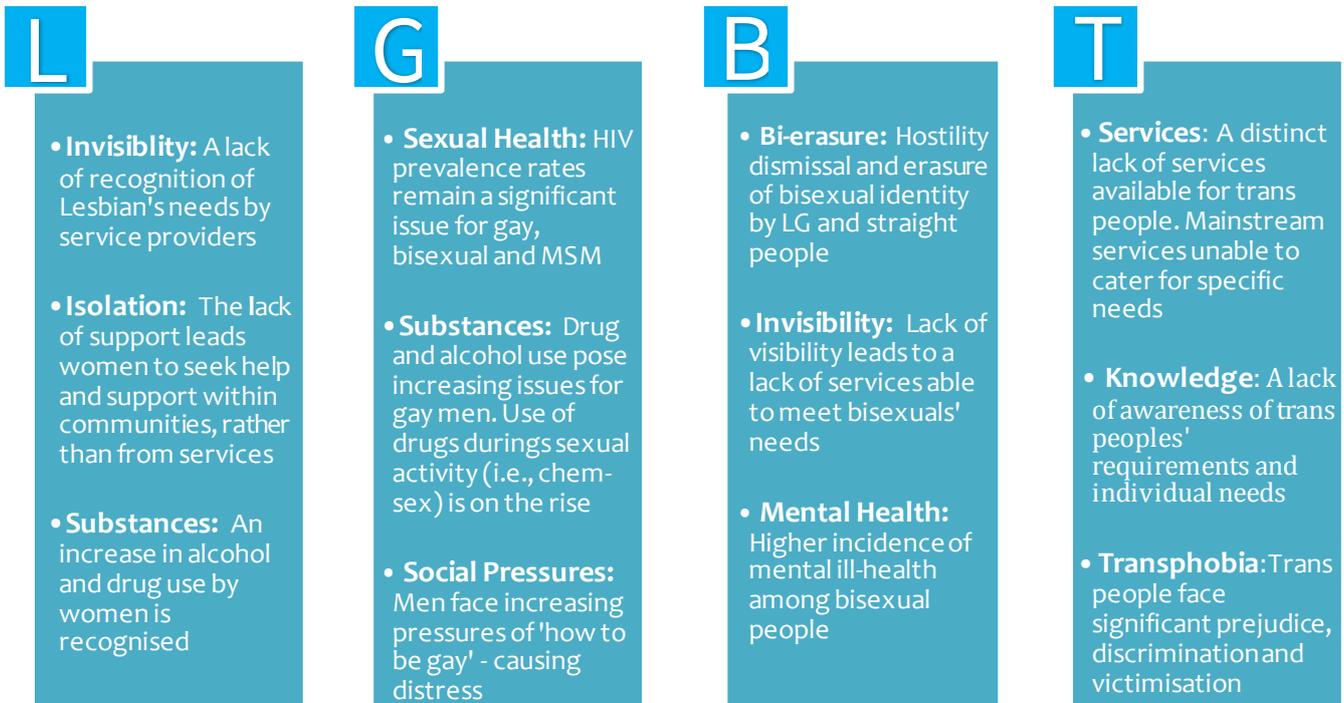
The first objective of the Project was to identify and detail some of the significant issues experienced by LGBT people in need and/or in poverty across LGBT communities in London. In order to achieve this, the data collected from the general population survey were examined. Quantitative findings were integrated with verbal accounts taken from the case studies provided by LGBT Londoners' as well as with from interviews with service providers. Figure 2 provides a descriptive summary of some of the idiosyncratic issues faced by lesbian, gay bisexual and trans people as described by service providers during interviews. These points relate directly to the broader issues explored in more detail under this objective. These issues described in depth are issues that span across the majority of LGBT communities in London.

Financial Hardship

Preeminent across the data sources is the impact of having limited financial resources and experiencing financial hardship. Data collected from the general population survey demonstrated that over one-third of the respondents (i.e., 38%) consider themselves to be of low-income with 31% stating that "ensuring that I have enough money to survive" is a daily or frequent challenge. A total of 47% of respondents indicated that "meeting my monthly outgoings" is a source of frequent concern.

While a large proportion of respondents reported having limited financial resources, only a small proportion indicated that they are in receipt of State supported welfare. Despite 35% of respondents living on less than £15,000 per year, a figure that falls below the UK average income of £24,700 (Office of National Statistics, 2013), and 38% identifying as being of low income, just 13% specified that they are currently receiving State benefits.

Figure 2. Summary of LGBT Community Issues





Of those accessing state supports, the largest proportion are receiving housing benefits (44%), employment and support allowance (44%), and disability living allowance (38%). This point is supported by Service provider interviewees who highlight the detrimental impact that the cost of living within the GLR, coupled with welfare reforms and austerity, have had on LGBT communities, particularly with respect to housing. For example, as described by Service Provider 2 (SP2):

“there are benefit caps that affect people and the housing that they can live in... and then affordability, if people are paying over the odds for accommodation, it means that they have less money for essentials, so for looking after themselves, feeding themselves and so we rely more on contacting food banks.”

This shortfall in services is likely a contributory factor in the increased demand placed on those available. Additional data provided through service provider interviews stress increasing support requests from LGBT people, seeking help from their organisations, particularly for hardship or housing assistance. SP2 describes a situation whereby available services are witnessing a stark increase in the number of people approaching them for financial assistance and that many are presenting with increasingly dire individual circumstances:

“...we have more people in financial hardship, more people experiencing poverty, for the first time, and I have been in the sector for 24-25 years... we are having people who have suffered from malnutrition”.

The demographic profile of those who are seeking support is not the profile typically associated with financial hardship or low-income. Survey data demonstrates that of those who identified as being of low income, 65% had previously completed formal

education to either University Bachelor’s degree or NVQ qualification level. Yet, despite educational achievements, these individuals’ income falls significantly below the national average.

This data serves to highlight the breadth of the demographic profile of LGBT Londoners in need. Despite the perceived benefits of gaining formal education (e.g., increased chances of gaining formal employment) the data presented here serve only to highlight that despite individual achievements, formal qualifications may not prevent LGBT Londoners from experiencing poverty. Indeed, these findings underscore the need for greater knowledge, through directed research, into the composition of London’s LGBT communities.

Safety and Experiences of Prejudice

Being able to feel safe or maintain one’s physical safety is identified as a significant issue for LGBT people living in London. For 55% of trans respondents and 41% of LGB respondents, experiencing verbal or physical abuse from strangers is deemed a frequent or daily concern. Just under one third (i.e., 29%) of public survey respondents feel that they are unable to maintain their physical safety and approximately 40% of respondents, who report having experienced either homophobia and/or transphobia, do so frequently or somewhat frequently (Table 2). Recent data published by the Metropolitan Police (2015) show there has been a 31.2% percent increase in the number of homophobic attacks across the GLR, with this figure increasing by as much as 178.3% in specific boroughs, for example, Croydon.

When stratified according to gender identity, a proportionally higher number of trans, as opposed to cis-gendered people indicate that ensuring that they



had a safe place to live is a constant cause for concern (28% vs. 18%). This point is emphasised by service providers and users interviewees where similar sentiments were highlighted. SP1 notes that trans people face “...much-higher levels of harassment on a day to day basis”. SP2 adds that there is “...transphobic abuse and harassment...” and that there is “...is a lack of real available affordable safe accommodation for trans people”. This point is reiterated by Alex, a 28 year old trans woman who lives in Islington. Alex stresses that despite her ability to “pass”, she still faces transphobic prejudice regularly and is acutely aware of the high prevalence of transphobia experienced by other trans people.

The issue of intersectionality of experience emerges forcefully from the data. Alongside experiencing homophobia and transphobia, many LGBT people face other forms of prejudice and/or negativity due to their identified gender, their race, visible or invisible disabilities, and/or their religious identity. As recounted by case study interviewees, this mix of experiences can be a source of particular distress for LGBT Londoners, particularly when faced with a multitude of negative experiences.

For example, Janet – a 43 year old black Afro-Caribbean bisexual person from Newham – described in her interview, the effects of facing multiple forms of prejudice. In particular, she largely attributes her diagnosis of depression to the prejudice that she experiences. However, this case study is not unique; Table 2 provides a summary of the proportion of respondents who self-report having experienced various forms of prejudice.

Service provider interviews reinforce these findings and emphasise the intersectionality of negative experiences faced by LGBT people, particularly among Black, African, Migrant and Ethnic communities (BAME). SP1 stresses that experiences of homophobia are “amplified” among certain BAME communities. They go on to explain that this is because being LGBT is often regarded as a direct contravention of their religious or cultural heritage. Using the example of migrant African communities, the service provider further explains that BAME LGBT people face challenges in being able to “...have their identities of being an LGBT person and stay in that community”.

Table 2. Proportion of respondents who experience prejudices

	<i>Frequent victim</i>	<i>Somewhat frequent victim</i>	<i>Infrequent victim</i>	<i>Do not experience it</i>	<i>Total Responses to question</i>
<i>Ableism</i>	4%	6%	31%	58%	<i>n = 48</i>
<i>Biphobia</i>	10%	10%	27%	51%	<i>n = 37</i>
<i>Sexism</i>	29%	27%	20%	22%	<i>n = 74</i>
<i>Homophobia</i>	16%	25%	48%	9%	<i>n = 81</i>
<i>Transphobia</i>	27%	13%	35%	24%	<i>n = 37</i>
<i>Religious prej.</i>	6%	15%	23%	54%	<i>n = 46</i>



Observations made in the “Strategic framework to promote the health and wellbeing of gay, bisexual and other men who have sex with men” serves to substantiate this point:

“Individuals from some ethnic and faith communities face additional challenges as their sexual identity forms and may experience more actual, and perceived risk of, discrimination, rejection and isolation from their ethnic and faith communities, and potentially from the mainstream LGBT community.” (Public Health England, 2014, p. 19).

The perpetrators of prejudice such as racism, sexism and negative attitudes towards bisexual people (i.e., biphobia) are not restricted to members of majority heterosexual populations. In fact, it is highlighted by both case study accounts and service provider interviews that many people from these communities face both homophobia and/or transphobia from outside as well as within the LGBT community.

This point is clearly described by SP3: “the LGBT community is very, although it has changed, it is very sort of British or white European dominated” and that there are “some experience (sic) of racism within the LGBT community”. Case study descriptions recounted by both Janet and Peter reiterate and emphasise this point. In the case of the former, Janet describes facing repeated episodes of overt racism and biphobia from strangers and highlights that many instances of racism that she faces comes from within the LGBT community. In her interview, Janet also describes experiencing ableism, biphobia and sexism from both within LGB communities as well as from society at large. In the case of Peter, his experience is much more subtle and less overt. Peter, a 66 year old gay man from Harrow

describes that, as he grows older, he experiences increasing disdain and marginalization, due to his age, from other LGBT people.

Personal Wellbeing and Health

Experiencing prejudice is widely acknowledged by both academic and public policy reports to have detrimental impact on individuals’ mental and physical health; at times precipitating individuals engaging in destructive or self-injurious behaviours (c.f. Woodhead, Gazard, Hotopf, Rahman, Rimes, & Hatch, 2015). Our general population survey data from the supports these claims by demonstrating that for over half of respondents’ mental health is a frequent source of concern to them, despite only a small proportion (19%) of these have received a mental health diagnosis or explicitly identifying themselves as having a mental health disability.

Over 50% of respondents indicated that they are concerned about their alcohol consumption to some degree. Additionally, approximately one-third (i.e., 32%) indicate concern over their use of illicit substances. SP1 notes that “...definitely drugs and alcohol... and the issues relating to them, that they bring along” are issues of paramount concern. This point has been demonstrated within a London context with recent evidence published by Sigma Research providing details concerning the prevalence of drug use among gay men living in Lambeth, Lewisham and Southwark. The results of this study indicate that alcohol is by far the most commonly imbibed substance and is also the source of greatest concern for men in these boroughs. When stratified by key demographic variables, these results highlight that alcohol and tobacco use is most common among men under 30, while stimulants such as poppers (i.e., amyl nitrites) and prescription medication such as Viagra are most common among men over 40. Men in

their 30s are most likely to use class A drugs, such as cocaine and ecstasy.

The use of narcotics is linked to the increased prevalence of 'Chemsex'. Chemsex is defined as the use of psychoactive substances, typically mephedrone, GHB/GBL or crystal methamphetamine, during sexual activities (Bourne, Reid, Hickson, Torres-Rueda, Steinberg & Weatherburn, 2015). Chemsex is also known to involve both cocaine and ketamine. The increasing prevalence of such activities was highlighted by a number of service provider interviewees. SP5 stresses "there is quite a lot of focus (among gay and bisexual) men around chemsex...". In their study, Bourne et al. (2015) note that, due to the relative recent emergence of such activities, the risk of overdose through lack of knowledge is high. Furthermore interviewees in their study expressed concern about the extent to which some sexual encounters that occur under the influence of drugs, particularly within group settings, were consensual.

In addition to such physical risks associated with drug use, data emanating from the current study highlighted the additional risks faced by individuals found to have used such substances. SP2 stresses the implications of being caught engaging in such activities:

"...the impact that drugs and alcohol are having on their housing options, we have found recently that some local authorities are not accepting a duty to house gay men who have lost their accommodation due to use of drugs".

In trying to provide an explanation for why LGBT Londoners engage in such activities, it is highlighted that for some, the motivation for engaging in such activities emerge from social pressures faced, in

particular, by gay/bisexual men. For many, such pressure emerges from within their social circles; as described by SP5:

"(Drugs) are all part of the picture you know – along with all those typical emotions of being a gay man, while the other one is being promiscuous."

Evidence provided by Bourne et al. (2015) serves to support this service provider's assertion. These authors' evidence that many users are introduced to drugs by others, particularly sexual partners, who wished to enhance their sexual experiences.

The aforementioned point underscores the broader issue of sexual health and HIV as relevant to both service providers' general population survey respondents. Data from the current study indicate that 60% of LGBT Londoners show concern over maintaining their sexual health with a further 30% indicating that they are accessing sexual health services. This point is confirmed by service provider interviewees who indicate that sexual health related services are central to their provision to the LGBT community.

Aghaizu et al. (2015) provide evidence of sustained incidence of HIV from the year 2000 through to 2013 (rates of ~13%), despite significant HIV prevention efforts. One potential explanation for this is provided by Philips et al., (2015) who suggest that the increased effectiveness of HIV detection has led to a higher number of sero-positive people receiving diagnoses. To this end, service providers highlight the importance of being able to cater effectively for people following a diagnosis and provide them with support in coming to terms with their status. Sexual health services are not notably only directed at HIV/STI prevention and treatment but also target LGBT peoples' sexual confidence and sexual identity. The importance of, and



continued support for such services, is emphasised across both interviews and surveys.

Social Isolation

Social isolation is highlighted as a particular issue by this constituent surveys and through service provider interviews. Over sixty percent (i.e., 61.44%) of respondents indicate that being able to maintain an active and fulfilling social life is a cause of constant or frequent concern; 64% and 50% respectively citing that being isolated from family and friends is of concern. This point is echoed by both service provider and user interviewees. In describing his circumstances, Kenzo – a 36 year old gay man living in Islington – highlights the challenges he faces in socialising due to related financial costs. This is compounded by the fact that Kenzo is unemployed and finds it difficult to access LGBT bars, public houses and night clubs that are centrally located in the GLR.

Service providers also note that for many people, particularly lesbians and bisexual women, this social alienation partly emanates from a sense of social invisibility and isolation. SP5 highlights that there is a significant lack of social facilities for lesbians, particularly when compared to gay and bisexual men:

“To be honest, invisibility, isolation, just not knowing, just having zero places to go. You know there is a certain sort of scene (for men) but I think for lesbians it’s even less.”

Similar sentiments are highlighted for bisexual men and women as they face invisibility and isolation from both within broader society and from within lesbian and gay communities. SP5 continues by highlighting that, for many bisexual people, there is reticence to access services

because of the perception that these do not cater for their needs – “...being concerned that actually it does include you”.

The impact of social isolation is highlighted as an issue of especial concern for both LGBT youth and elderly LGBT people. These individuals often do not inhabit spaces in which they feel secure to reveal their sexual or gender identity. Elderly LGBT people, as a growing demographic, are seeking and accessing a greater number of services. Housing services are stand out in this respect given that many elderly people enter assisted living facilities. In such cases, SP2 notes that:

“we have heard from (elderly) people who talk to us, they go back into the closet, because they don’t feel comfortable talking about their gender identity, their sexual orientation, to housing workers, care workers, rather than face harassment, face abuse, they just hide who they are”.

Objective One Summary

- Income and personal finances are a significant issues for LGBT people with 35% earning less than £15,000 per annum and 38% identifying as low income.
- For 1/3 of LGBT people ensuring their physical safety both at home and elsewhere is a constant or significant challenge.
- More than 40% LGBT people experience some form of prejudice on a regular basis.
- Maintaining their physical, mental and sexual health is a concern for the majority of LGBT people.
- Experiences of Social Isolation and exclusion are a significant issue for many LGBT Londoners.



Objective One: Conclusion

LGBT communities living in London face a number of common as well as unique issues that impact upon their daily lives. As detailed above, these include issues relating to financial hardship/poverty, safety and experiences of prejudice, health and well-being, as well as social isolation. For those in poverty, data indicate that they face additional strains in being able to maintain their overall well-being.

There is a clear indication that the demographic profile of LGBT people who consider themselves to be in poverty does not align with the common representation of individuals facing economic and social deprivation. The data suggest that these people are as much educated as unqualified. It is also apparent that the needs of LGBT people are considerably more complex than previously considered.

Organisations serving LGBT communities are working with people who present with a multitude of unique individual circumstances. The ability to deal with such complexity is often beyond the remit of many service providers unless there is cooperation between them, each lead in specialist service provision.

The LGBT sector organisations in London are encouraged, wherever practically feasible, to work in committed partnership so as to reduce duplication and hence ensure resource efficiency. Forward thinking funding bodies should be prepared investment in cross-sector initiatives in order to achieve this aim.

Objective One: Recommendations

Recommendation 1.1

Further consideration is needed, through detailed research, into the demographic profiles of LGBT communities and the issues that their members face.

Recommendation 1.2

Continued infrastructural investment and development of LGBT services is needed in order to ensure their better co-ordination in meeting the broad and complex needs of LGBT communities.

Recommendation 1.3

Given the breadth and diversity of LGBT communities demographic profiles, the Greater London Authority and regional bodies should consider and develop strategies to improve evidence gathering as well as identify and develop coordinated solutions to support LGBT communities.

Recommendation 1.4

LGBT sector organisations are encouraged to improve how they engage and work with individual LGBT communities and recognise the ethnic, racial, religious and gender diversity that exists among their prospective service users.





Objective 2:

Service use by LGBT People

This project’s second objective was to identify the services LGBT people access as well as key reasons why LGBT people in need and/or in poverty do not access services that they require. In an effort to achieve this, LGBT Londoners were asked to provide:

- detail about the availability of mainstream and LGBT specific services within their locality.
- detail about which services they access and about their experiences of accessing such services.
- detail of which services they *would* access, if they were available to them.
- detail reasons as to why LGBT people no longer access services.

Mainstream Service Provision

As indicated in Figure 3 respondents’ level of awareness of mainstream services available to them, ranged from 34% (i.e., Campaigning and Advocacy supports) to 98% for awareness of general health services (i.e., GP Surgery). This finding may be indicative of a general recognition services based on need, as evidenced by the higher proportion that are cognisant of available National Health Services (NHS), rather than a reflection of actual availability. For example, it is likely that only those people that access, or have accessed, supports provided by Campaign, Advocacy and Outreach services that are aware of their existence.

However, despite this, the data demonstrated by Figure 4 indicates that there is variability in awareness of services that are available to LGBT communities and this is likely indicative of substantive differences in knowledge.

Despite knowledge of available mainstream services that are accessed by LGBT people, as detailed in Tables 3 and 4, responses indicate noticeable differences, particularly with regard to which they believe that their needs as LGB and/or trans people are appropriately catered for. As highlighted, both LGB and trans people do not feel that they receive an appropriate level of support from their local authority or council.

The majority of respondents are reluctant to reveal their sexual orientation or their gender identity to these mainstream organisations. This hesitancy often stems from fear concerning the reaction that LGBT people will receive, upon revealing their sexual orientation and/or gender identity, from staff in these organisations. This point is underscored by recent evidence drawn from the ‘Out of Your Mind’ report (2014) published by London Friend. This report provides accounts from individuals who highlight that they feel that mainstream services are ‘not relevant to them’ or that the staff working in these services lack sufficient knowledge required to provide effective support.

Generally, with respect to the NHS, levels of satisfaction and endorsement of the appropriateness of services were moderate to high among LGB respondents. This similarly also emerges within case study accounts. For example Kate, a 54 year old woman living in Waltham Forest, describes her GP as being very supportive towards her and her family. Despite these positive interactions, Kate underlines that such support, at times, did not extend beyond dealings with her GP. Interactions with other staff within the practice were not as accepting. She argues that, in addition to general awareness of LGBT issues, there should be increased emphasis on developing support staff awareness of equality and diversity. Kate notes “...it was in the Doctors’ office reception that I felt uncomfortable about revealing who I was”.



Figure 3. Availability of mainstream services in respondent's locality (n=99)

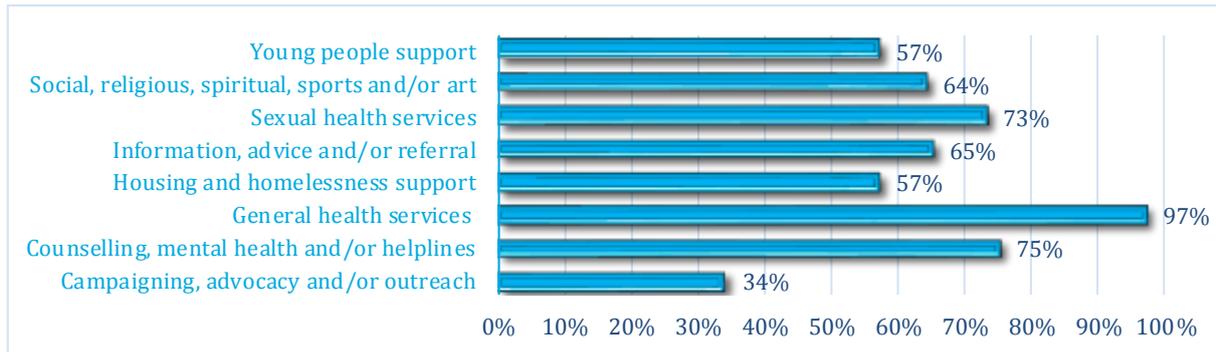


Figure 4. Availability of LGBT specific services in respondent's locality (n=92)

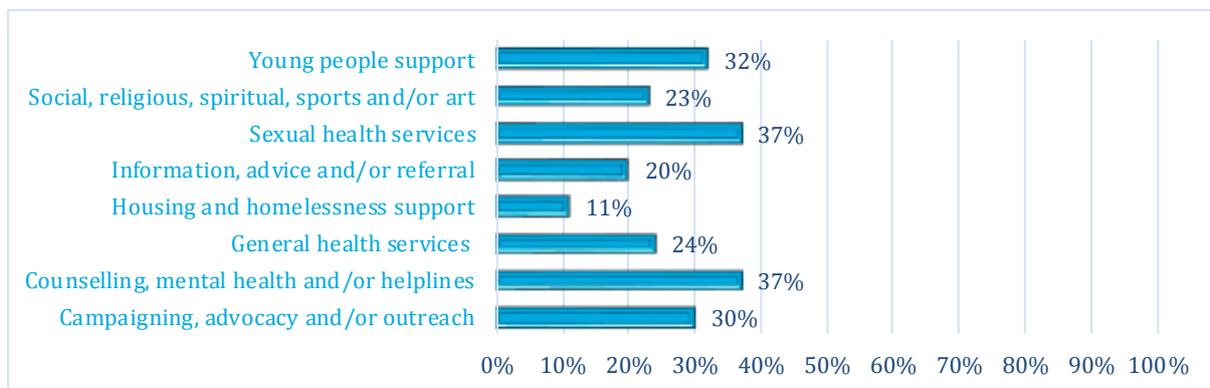


Table 3. LGB respondents' agreement of adequate service provision by mainstream services

LGB Respondents (n = 84)	Local Authority	NHS
I receive appropriate support	11%	52%
The staff understand my needs	12%	59%
Services are applicable to me	30%	47%
Reluctant to reveal sexual orientation	55%	41%

Table 4. Trans respondents agreement of adequate service provision by mainstream services

Trans Respondents (n = 27)	Local Authority	NHS
I receive appropriate support	8%	22%
The staff understand my needs	8%	11%
Services are applicable to me	4%	26%
Reluctant to reveal gender identity	63%	66%



Among trans respondents, the overwhelming consensus is one of dissatisfaction regarding the level of support they that they receive. As highlighted by both service provider interviews and case study accounts, this often stems from a lack of understanding about their individual circumstances or a fear of negative, transphobic reactions from the staff with whom they interact. For example Alex describes having to change doctors due to the lack of support that she received when commencing her transition. This point is emphasised by SP3 who notes:

“trans communities, individuals, have been really let down by mainstream services and also by LGB organisations in terms of providing an understanding of their experiences which can be very different from gay, lesbian and bi experiences... Some trans people we have worked with have experienced really high levels of harassment and abuse, on often a daily level.”

LGBT Specific Service Provision

Figure 4 highlights the proportionally lower availability of LGBT specific services available across the Capital, as indicated by LGBT respondents, when compared to the availability of mainstream services as evidenced by Figure 3. This lack of LGBT specific service provision within particular localities does not imply that respondents are unable to access services from outside of their borough of residence. Yet it does demonstrate the demonstrably lower levels of LGBT specific provision that exists. This lack of service provision suggests that some LGBT people are unable to access the supports that they require, whilst others are required to commute considerable distances in order to access support, thereby acting as a barrier in doing so.

When questioned about the types of LGBT specific services that respondents do access and utilise, 60% ($n = 61$) indicated that they are unable to, or do not, access such services. As highlighted by a number of respondents, the fact that “there aren’t any”, goes some way in explaining this. In situations where respondents do access LGBT services, they are often “out of borough”. For example, during discussion with Peter, a gay man in his sixties living in Harrow, he highlights that there are no LGBT specific services available within his locality and much of the mainstream service provision does not explicitly cater for LGBT people. If he does seek to access specific services, he is forced to commute a significant distance in order to access these.

Of the LGBT specific services that are accessed by respondents, the largest proportion (13%) are focussed on social activities, followed by advocacy supports (10%), information and advice (10%), sexual health services (8%), counselling and mental health support (6%), youth support (5%), in addition to housing and homelessness assistance (4%).

As seen in Figure 5, where specific LGBT services are available, a significant proportion of respondents indicate that they would seek out and access such supports and services. This finding highlights the discrepancy between respondent requirements and available services. Despite demand for such supports, there is often limited availability. Further, accessing available services often involves lengthy commutes. These factors hinder the extent to which LGBT people are receiving the levels of support that they desire and/or require.

In some cases, respondents highlighted that despite having previously been receiving various supports and accessing services, they are now no longer doing so. In total 15% of respondents fell into this category.



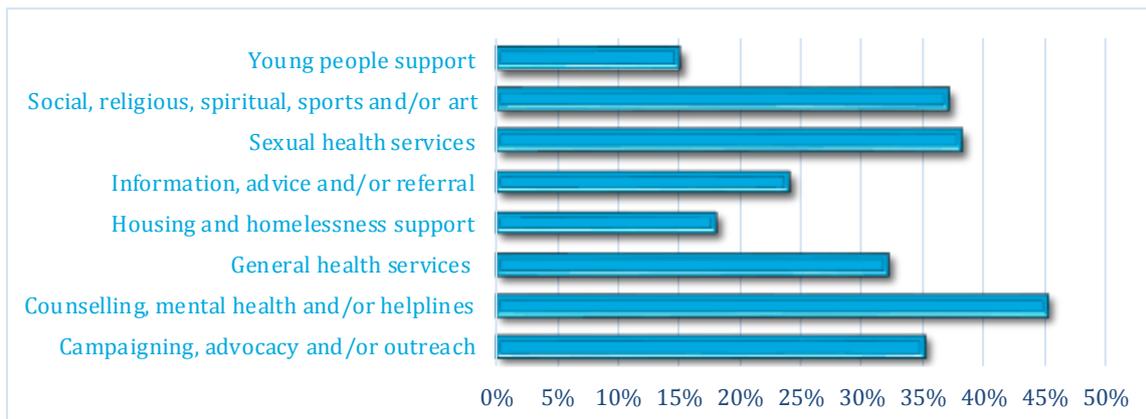
Individuals provided the following as possible explanations:

- The service is no longer available due to closure and/or cutbacks.
- They are no longer eligible for such supports, for example, due to more restrictive eligibility criteria (e.g., borough residency)
- They no longer require available services.

Objective Two Summary

- The majority of respondents are unable to access LGBT specific services within their locality.
- A majority of respondents would access LGBT specific services if they were available to them.

Figure 5. Proportion of respondents who would access LGBT services, if available (n = 78)



- There is an agreement, amongst service providers, that part of the restriction they face in providing services are specific geographical limitations placed on activities and initiatives.
- The lack of available services, or the requirement to travel in order to access these, impacts negatively upon LGBT people.
- LGBT people are often reluctant to reveal either their sexual orientation or gender identity to statutory service providers due to a fear of negative response or reaction.



Objective Two: Conclusion

LGBT specific service provision is largely lacking across the GLR with many LGBT Londoners unable to access services within their locality despite a strong desire, as evidenced by the proportion of respondents who would access services if available, for such supports. When accessing mainstream services, there is significant reluctance on the part of LGBT people to reveal their sexual orientation and/or gender identity to mainstream service providers for fear of prejudicial responses or lack of recognition of their sexual orientation and/or gender identity. This is particularly felt by trans respondents.



Objective Two: Recommendations

Recommendation 2.1

Need for more pan-London and cross-borough approaches to specialist service delivery. Specific communities disproportionately express the need for more geographically local service delivery. The rise in online services can help address this, where appropriate, and for those willing and/or able to access services in this way.

Recommendation 2.2

An in-depth examination into the impact of specialist services – on local, borough and pan-London levels – is required. Particular focus should be afforded how funding can better support capacity building for co-ordinated delivery of services.

Recommendation 2.3

Service providers, particularly those targeting the general population, should review practices. This should inform efforts to improve their engagement with LGBT people in order to tackle the reluctance, by many, to access services or reveal their sexual or gender status to service providers.





Objective Three:

Challenges Faced by LGBT Service Providers

The third objective of the LGBT Narrative for London was to identify the key challenges faced by service providers in supporting LGBT communities. These challenges concern the financial, practical and structural issues that organisations face in being able to provide effective support. Through analysis of both the online-survey and interview data, a number of key issues were identified.

Limited Funding and Scarce Resources

Being able to secure sufficient funding and resources in order to ensure continued service provision has become a significant and the pre-eminent challenge for 90% (*n* = 30) of service providers. Statutory cutbacks have resulted in significantly less support being made available for both LGBT and mainstream services. This has led to greater reliance on cost-cutting measures (52%) or increased emphasis on securing funds from alternative sources (e.g., charitable trusts) to ensure continued service provision. This appeared the case for over half (52%) of respondents.

Such changes have impacted upon both on the level of available service provision, but also the roles and responsibilities of key service staff. The time taken to secure these additional funding and resources in order to maintain active service provision now constitutes a significant part of managerial staff’s work load. This in turn reduces the time available, on the part of these staff, for other activities such as: 1) strategic planning; 2) enhancement of service provision and; 3) development of new initiatives responsive to need. SP4, a Chief

Executive Officer, notes: “There are 30 different things I could do if only I could split myself into thirty pieces”.

Lack of funds, alongside the increasingly competitive nature of securing these, poses additional constraints on service providers. Despite recognition among organisations that practice through partnership can help expand and diversify service provision, eligibility criteria and restrictions placed on available grants, has led to greater competition between organisations in securing these. A paradox therefore emerges. Service providers note a desire and need to work together, but are forced to compete in order to ensure continued, albeit inadequate, service provision. For example SP2 notes: “its small pots of money and its small organisations needing to go for that money”.

In order to meet ongoing demand, more than half (57%) of non-statutory organisations reported using reserves in order to maintain service provision, and 64% of providers have witnessed greater reliance on volunteers in order to do so. Such changes put many service providers in precarious and unsustainable positions. Additionally, increased strain is also being placed on employed staff who are being faced with increased workloads in order to maintain service provision. SP 1 stresses “I have had to ask my staff to take on more duties because of cutbacks”.

Funding Restrictions and Localism

Service providers identify increasing funding restrictions as a significant challenge. Not only is it noted that the available pool of resources is limited, but that funders are privileging initiatives with highly specified and measurable outcomes. This has reportedly resulted in funding increasingly being directed towards individual initiatives within specific regions rather than it being used to enhance service



delivery and capacity building within organisations that provide support across a broader geography.

“There is a real challenge of localism because particularly with cuts, you know is a focus on local council wanting to get value for money” (SP5).

Conditions tied to funding mean that service providers are often forced to restrict access to services, or in some cases, turn "ineligible" service users' away – denying support. Service providers highlight that there are/were some programmes, services or initiatives that operated successfully at a cross-borough or pan-London level. For example, SP1 describes a “service... where people are coming from all over London to access our support”. Funding of this service initially permitted access by all residents of the GLR. However, when funding support ended, the service had to seek alternative support from local authority to continue its activities. Associate restrictions in the use of these funds has meant, as is the case in other organisations, services are only provided to local borough residents. SP1 notes:

“We had to rely on local funding which has local limitations. (People) are having their access denied, turning them away and turn them back to services that they have turned away from in the first place.”

Whilst service providers acknowledge that such constraints stem from limited funds available at the local level, it is emphasised that this results in inadequate provision of services assisting people in need. It is also recognised that successful programmes are joint initiatives, both between service provider organisations that provide support and on the part of funding bodies as well as commissioners. For instance, SP1 describes a successful service that secured

resources to serve residents from across localities. This initiative was a partnership between organisations, across localities and received cross-borough funding support. SP2 adds that in order to properly support LGBT people, funders should consider cooperating with each other and recognise that there is a “...common thread and that maybe they should be commissioning across boroughs or regions... encourage local authorities to commission in that way”. It is argued that such funding models will successfully result in initiatives being able to cater for the needs of a larger cohort of service users.

Supporting Under-Represented Communities

Some LGBT populations (e.g., gay men) are more likely to access available services on a regular basis, or are more visible, than others. This is despite the fact that the majority (54%) of providers indicate that services are targeted to the needs of all LGBT communities. Ensuring that ‘under-represented’ communities (e.g., bisexual, religious, and refugee or BAME LGBT people) are aware of, and utilise specific services, is a key priority for organisations. SP4 underlines that:

“If LGBT organisations support bisexual people in name only, their services will not meet those people’s needs”.

As such, organisations are having to diversify their activities in order to ensure access to services by under-represented LGBT communities. Strategies adopted to access these communities and increase their awareness involve identifying community specific needs and training staff to support these. This process requires an understanding of the needs of such communities, often obtained through sensitive local research. Examples include services targeted at specific populations (e.g.,



BAME LGBT people) or within specific localities. Such initiatives put an increased burden on service resources as staff often require additional training and capacity development. For example, SP5 notes that:

“...when working with trans people or bisexual men and women, it is essential that services recognise the idiosyncratic experiences of individuals and don't assume that activities targeting gay men or lesbian women can be replicated for these populations.”

Engaging specific populations or communities may necessitate additional support from both volunteers, and in certain circumstances, gate-keepers. The involvement of these people is important so as to ensure that individuals accessing services feel comfortable doing so. Volunteers from specific community groups are able to relate more clearly with the experiences of these LGBT people. As SP2 describes:

“...A lot of our services cater towards a peer support model. The support you get is you get, those discussion(with) people who have been through the same experiences as you, and you know, maybe for the religious reasons that people have been evicted from their homes as their parents or family members may not be you know comfortable with the sexual orientation or gender identity and that may come from different religious...groups whether they are Christian or Muslim, and it's for them to have people who may have similar experiences”.

Obtaining support from community leaders is particularly relevant for under-represented communities such as BAME populations. This is often necessary in order to encourage LGBT people to seek out and accept support.

Over-Demand for Services

A key challenge, especially among voluntary organisations, is the increasing number of people in need that are seeking support. This is evidenced by the growing pressure being placed on services. As highlighted by one service provider:

"On a week by week basis I would say about 120 to 140 people are actually getting in touch and we simply can't answer or deal with all of them" (SP7).

Changes to the welfare system have been identified as a key causal factor precipitating these increases; particularly for those aged 25 - 35. Specifically, cuts to the levels of welfare supports being made available, alongside greater restrictions on how supports are delivered, have resulted in service providers witnessing increased demand for welfare and hardship funds in addition to requests for housing support:

“...the crisis intervention work we are doing is escalating, impacting non crisis services – you know in terms of people having no money, needing food, homelessness” (SP4).

Organisations are frequently not able to meet these increased demands due to, as noted above, factors, such as funding cuts and increased pressures on existing staff.



Supporting Complex Needs

While many organisations may have originally provided support for particular needs (e.g., sexual/mental health issues), ever more LGBT people in need present with a multitude of issues that require support. A key challenge faced by service providers is being able to provide suitable support beyond their original remit. SP3 notes:

“There are a lot of complex needs coming through, we are finding more of our young clients experiencing mental and physical health issues”.

Being able to cater for complex individual requirements has become an increasing challenge for service providers. As systematically explored by Objective 1, LGBT people often experience multiple disadvantages associated with their age, ethnicity, gender identity, sexual orientation, or religion. This necessitates an advanced skill set in providing support as implied by SP 7:

“...there is lots of complex needs coming through... so we have to consider the best way to approach and meet their needs.”

Overcoming challenges associated with the growing complexity of individual needs among LGBT people has become a priority for many organisations. As previously explored, activities to overcome such challenges have included increasing staff capacity through additional training, recruitment (where possible) of additional staff and volunteers with specialist training, or working collaboratively with other organisations. The latter is considered preferable by many as it puts less strain on individual service providers and does not lead to an unnecessary duplication of service provision.

Legislative and Statutory Changes

As previously discussed, legislative and statutory changes have significantly impacted upon both service providers and users. Austerity and cost-cutting initiatives introduced since 2010 have resulted in the reduction or loss of a number of LGBT specific supports.

As noted already, people affected have increasingly sought support from the remaining third sector service providers who struggle to meet this increased demand. Changes to the welfare system have also had adverse impacts, particularly on LGBT people. SP2 notes that “...More and more of our clients need financial support, especially with the welfare reforms” and SP 4 adds that changes to governmental policy have led to a situation where “...the public health agendas have created a job for the local authorities and the voluntary sector but not funding to go with it. “

One specific example that was cited by a number of service providers concerns changes to local authority housing assistance that have resulted in adults under the age of 35 being required to enter ‘shared accommodation’. For individuals with particular needs, such as gay/bisexual men that are HIV+ or trans people in the process of transitioning, living in close quarters with straight or cisgendered people may pose significant risks of alienation, discrimination or in extreme situations, physical assault and victimisation. SP2 highlights this point by saying:

“Because a lot of people approach us, I think 40% of people have experienced harassment, and above one third have experienced domestic abuse...”

Overcoming Challenges

In attempting to overcome or address the challenges that they face, organisations have adopted a number of strategies to ensure maintenance of services:

- Over half (52%) indicate that have been forced to implement cost-cutting exercises in order to spread limited resources further. A similar proportion (52%) have diversified their fundraising activities to include accessing non-statutory sources of funding and by seeking to increase charitable donations.
- Forty one percent of organisations have adopted greater strategic use of funding bid partnerships with other organisations. Such activities include developing initiatives to serve LGBT people across multiple boroughs though joint commissioning bids.
- Nearly half (48%) are redirecting resources to activities that raise awareness of the essential need for specialist LGBT services. Activities include “prioritising volunteer time where it will have a positive impact, for example engaging with receptive commissioners”.
- When faced with reductions in funding, 19% of organisations have launched legal challenges on the basis of the through the Equality Act (2010) and 15% have taken forms of collective action.

Objective Three Summary

- Service providers face increasing challenges in continuing to provide supports to LGBT communities.
- Limited financial resources and changes to statutory policy result in less support for specific LGBT services.
- Individuals with increasingly complex and diverse needs are presenting to service providers which has compelled organisations to diversify their activities.

Objective Three: Conclusion

Objective three sought to articulate the key challenges facing service providers in supporting lesbian, gay bisexual and trans communities. These challenges include the pressures placed on providers as a consequence of increasing demand on services due to, and at the same time as, severe restrictions in funding exist. Organisations are also being challenged with increasingly complex requests from individuals presenting with a multitude of concerns whilst also trying to accommodate and develop supports that meet the needs of diverse and often idiosyncratic communities. In order to overcome challenges, service providers have engaged in a range of activities such as cost-saving initiatives, entering into funding partnerships, or taken direct action to challenge funding reductions.





Objective Three: Recommendations

Recommendation 3.1

Commissioners need to better recognise that due to the specific populations and expertise, LGBT specialist organisations and services are in a strong position to meet Local Authority targets on a range of outcomes including, but not limited to Health and Well-Being, Social Care targets. These organisations can help commissioners’ effectively implement key legislative drivers such as the Care Act (2015) and the Social Value Act (2012).

Recommendation 3.2

Given the increasing demands placed on voluntary sector organisations and the complex needs being witness by third sector service providers, commissioned providers should be required to evidence how they meet LGBT people needs and they should encourage sub-contracting to LGBT specialist providers to assist with delivery.

Recommendation 3.3

Legislative directives and Local Authority Targets can sometimes be met at lower cost through utilisation of specialist third sector services with specific experience and training in working with specialist populations that may be more cost effective due to access to existing initiatives and organisational structures.

Recommendation 3.4

Due to limited available funding opportunities Local Authorities are encouraged to provide evidence that the needs of communities are still being adequately met when de-commissioning services. Wide-ranging funding cuts across all services disproportionately affects specialist services. This can be achieved by focussing on strategic cut-backs and engaging in intelligent

commissioning that will better support those most in need. Further, there is a need to accurately measure and evidence the impact of cutting services.





Objective Four:

Examples of Good Practice and Met Need

The final objective of the LGBT Narrative for London was to highlight positive examples of met needs as working models of good practice. Toward this end, the activities of a number initiatives are described below. These examples reflect collaborative initiatives that include both LGBT specific and mainstream services that engaged with this project. Whilst informative, it is important to recognise that these but by no means reflect the multitude of activities that providers engage in, or the array of on-going projects.

LGBT Jigsaw

This partnership, led by Stonewall Housing, was set up in 2008 to help LGBT young people who were homeless or having trouble at home, working with other LGBT specific agencies such as PACE (providing mental health support), GALOP (providing community safety and domestic abuse) and the Albert Kennedy Trust (providing emergency accommodation and information and advice). Together, it offers an inclusive safe space where young LGBT people can achieve their full potential.

By working as a consortia, it is possible to maintain and develop the specialist understanding and activities that will maximise the impact for homeless LGBT young people. The majority of those who contact LGBT Jigsaw for advice state that their housing problem is directly related to their sexual orientation or gender identity and many LGBT people do not approach mainstream advice services for fear that they may face homophobia, biphobia or transphobia or that the workers may not understand their full situation. Approaches to LGBT

Jigsaw are increasing and come from every London borough. More recently, there has been an increase in the number of people calling for advice about debt and not being able to afford their accommodation. This number is expected to rise further as various welfare reforms are introduced.

LGBT Jigsaw is ideally placed to offer the kind of holistic services needed to prevent and address youth homelessness. In addition to preventative measures it can support in addressing underlying problems such as mental health and emotional issues, access to counselling and group support, benefit advice, debt support and financial literacy development as well as employment, education and training support.

LGBT Jigsaw is part of the London Youth Gateway, led by New Horizons, and is the only pan-London programme funded by London Councils to tackle youth homelessness. The London Youth Gateway was shortlisted for an Andy Ludlow Homelessness Award because of the innovative approach to partnership working to offer a wide range of services. This has meant that over 4,500 young people have been supported through the variety of services in the last year.





Domestic Abuse Partnership

The Domestic Abuse Partnership (DAP) brings together five specialist LGBT organisations (Broken Rainbow, GALOP, Pace, Stonewall Housing and Switchboard) to provide a coordinated response to domestic abuse for LGBT people, with service users' needs central to service development to ensure rapid response to emerging needs. The service is acknowledged internationally as being an exemplar model of best practice. The DAP provides services to lesbian, gay, bisexual and Trans people whose needs are not being met by mainstream organisations.

LGBT specific services are key, as has been demonstrated by the continued high demand for the LGBT Domestic Abuse Partnership. Research by Safer Lives (2014) showed that few LGBT victims accessed help from mainstream domestic violence services, with only 1.3% of victims accessing other domestic violence services identified as LGB and none as Trans.

The DAP aims to tackle some of the common problems faced by LGBT people around domestic abuse, these include:

- *A Specialist Resource for LGBT People:* LGBT victims / survivors of domestic violence or abuse continue to be reluctant to approach mainstream services. There is an evidenced lack of trust in mainstream services and a fear of not being taken seriously resulting in gap in service provision. The DAP has provided a successful and respected service for LGBT people that has responded to this gap. Linked to this issue, the provision of specialist resources attempts to overcome the issue of secondary victimisation/discrimination when LGBT people present to mainstream services.

- *Identity Disclosure:* Accessing support requires service users disclosing their sexual and/or gender identity. People who contact the LGBT DAP do not have to explain their identity or experience discrimination that may result in a misunderstanding of their situation. The specialist service is tailored towards their needs and they know they'll be understood.
- *Utilising Extant Knowledge:* The DAP has brought added value and built on existing expertise held by the consortium's partners who have been serving the LGBT communities for many years. For example, assisting clients who've had a negative experience when reporting to the police to enable a successful criminal justice outcome.
- *A Confidential Resource:* Victims with Intersectional identities are often part of small communities where 'word gets around', brings for many of our clients the fear of being 'outed' or identified in their community/local borough, so they prefer to approach LGBT services outside of their local area.
- *Appropriate Referrals:* There are a small number of LGBT specific services to tackle complex needs such as mental health issues and substance misuse. The Domestic Abuse Partnership is able to refer to specialist LGBT agencies where they exist. Further, fewer LGBT clients coming to the attention of Multi Agency Risk Assessment Conferences (MARAC). The DAP has an active role in many local MARACs, such as through representing clients or taking referrals from MARAC. Additionally, refuges are not always appropriate for LBT women and often have ambiguous policies of admission of trans people. The DAP housing service helps find people alternatives and gives options available, e.g.



particularly for male survivors where there are very few options due to lack of refuge space.

LGBT Hate Crime Partnership

This is the largest partnership of LGBT organisations ever created and crossed England, Wales and Scotland. London is well represented on the Partnership with 7 organisations involved out of the 35, all of whom provide some form of hate crime service.

This Partnership has been funded by the *Equality and Human Rights Commission* and its work across London has focussed on the creation of effective referral pathways between LGBT organisations, providing joined up support routes for those most affected by LGBT hate crime, and inter-related issues. The Partnership is exploring how it builds on this co-delivery model so anyone facing hate crime issues across London can access the right service when they need it, wherever that is.

The Partnership, although still in its infancy, has already achieved interesting results in terms of impact, including:

- Two coordinated media campaigns have taken place, drawing together thirty five organisations into one campaign model in order to achieve greater impact within our LGBT communities and promote one sector voice.
- Early results from these two campaigns, which focussed on recognising and reporting LGBT hate crimes, are already showing a huge increase in LGBT coming forward to report hate crimes and incidents to LGBT third sector organisations such as GALOP who are reporting a 50% increase in contacts since the campaigns.

- Building on models like the Domestic Abuse Partnership, the referral pathways created through this Partnership will mean LGBT people can tell their story once and this can be shared across specialist LGBT organisations, resulting in greater results for individuals facing hate crimes and incidents and receiving the support they want and need.
- Through its Budding Partnerships work, new working relationships are being developed between LGBT organisations and CJS agencies, resulting in better understanding of each other's work and the ability to refer quicker and more effectively so LGBT individuals facing hate crime and incidents receive a quick, safe and reliable service from all agencies.





Objective Four: Conclusion

The initiatives described in this section are by no means an exhaustive list of positive examples, but they are indicative illustrations of how through collaboration and participation service providers can come together in partnership to support LGBT people effectively both in terms of complex needs and geographical locations.

As previously described within this document, service providers are being faced with increased demand for services and those seeking supports present with increasing complex needs. In this way, a co-dependency between service provider and service user emerges: As service users present with increasingly complex needs, available service provision to meet these needs is declining, resulting in Local Authorities and service providers reduced ability to tackle LGBT communities' complex needs.

In order to overcome this veritable 'perfect storm', investment and support is required for the individual organisations that work with LGBT people and support is also required collaborative initiatives to help address complex needs.



Objective Four: Recommendations

Recommendation 4.1

Collaborative initiatives whose intention is to meet complex needs and provide specialist service provision for these should be supported in order to develop provision and increase their capacity to meet the needs of those accessing services.





Concluding Summary

The aim of this work is to present a living document from which the needs and requirements of both LGBT people living in the GLR and the issues faced by organisations serving these communities can better be understood. The data presented in this narrative were solicited from LGBT people and the service providers working with these diverse communities. With an intention of achieving four key objectives, the narrative aims to provide a foundation of understanding of the complexity of issues faced both by LGBT people and service providers.

Objective One: LGBT communities face a multitude of issues that require targeted support. Key among these are poverty and significant levels of prejudice (e.g., homophobia/transphobia) faced by LGBT people, both of which have far-reaching consequences for their overall health and well-being.

Objective Two: LGBT service provision is largely inadequate or unavailable within many London boroughs or regions, despite demand. There is a continued need for development of specific service provision, which acknowledges the diverse and complex requirements of LGBT communities, and is sensitive their changing needs over time. This is particularly pertinent for commissioners and funder as there is significant scope to provide support for otherwise neglected communities through partnership with existing and developing organisations

Objective Three: Service providers, both statutory and third-sector, face increasing challenges in achieving their missions to provide support to LGBT communities. Providing care to

diverse communities is inherently challenging. Yet some challenges emerge in an increasingly demanding context (e.g., funding restrictions) that hinders effective service provision. More considered decision making should take place when decisions regarding cut-backs and closure of services are being made.

Objective Four: Despite obstacles, a range of innovative initiatives are currently providing support to LGBT communities. These initiatives, and the organisations leading them, have positive impact on the lives of people who otherwise face significant hardship, including discrimination; marginalisation; and victimisation. These examples should serve as beacons of best practice from which both voluntary sector organisations and funders can benchmark initiatives and activities.

This report provides insight into contemporary challenges faced by LGBT service users and providers in the GLR, indicating clear evidenced based recommendations as to how they might be addressed. Yet it represents only a starting point.





Closing Statements

We encourage interested readers – in particular commissioners, funders and service providers – to see this report as a ‘living document’. The challenges faced by these individuals and organisations are responsive to the ever changing and dynamic context in which they are embedded. Ongoing longitudinal research, making use of the methodological framework and tools developed for this research, will provide a fuller and evolving picture of needs met.

This work should also serve as a call to action for both funding bodies (e.g., The Greater London Authority, Local Authorities, Commissioners, Charitable Trusts and Independent Providers) to work to improve engagement in activities regarding the collection of evidence, their engagement with minority community groups, their support (i.e., commissioning) of services and delivery.

This document should also be viewed, by LGBT service providers, as a motivation to engage in constructive collaboration and mutual participation in service delivery. The positive examples cited herein reflect participatory efforts of multiple stakeholders each able to work in partnership to provide support to LGBT people living in the Greater London Region.





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