

1 Executive summary

1.1 Background

Count Me In Too is a participatory action research project that seeks to identify contemporary LGBT need in Brighton & Hove. It is designed to include those who are normally not 'counted' in survey research. Brighton & Hove is sold as the 'gay capital' of England and many local service providers have expressed an interest in knowing the diverse needs of LGBT people in the city.

1.2 Research engagements and methods

The project is the result of two years of engagements with numerous stakeholders. It has been shaped by LGBT individuals in Brighton & Hove who took part in a community steering group and an action group.

There were 20 focus groups and 819 people completed the questionnaire (which contained 238 questions).

The research was analysed by the action group and the initial key findings are outlined in this report as part of an ongoing process.

Further reports will provide detailed findings on specific issues including older people, young people, bi people, trans people, health issues, drugs and alcohol, mental health and wellbeing, safety, and more.

1.3 Sample characteristics

The questionnaire respondents -

- 86% of the sample lived in Brighton & Hove and the remaining did not live in the city but 14% worked or used services in Brighton & Hove.
- 34% of the sample identified most closely as lesbians and gay women, 53% gay men, 6% bisexual, 3% queer. Questioning, unsure and hetero-sexual added up to under 2% of the sample and 'other' just over 2%.
- 5% of the sample were trans.
- 56% of the sample were male, 41% female with 3% defined as other gender categories.
- 60% of respondents were aged between 26 and 45, 15% (n. 122) were defined as young people (under 26) and those over 55 (10%, n. 78) were classified as older people.

- Just under 3% of the sample identified as BME and just over 3% identified as an 'other' (i.e. non white and not BME) ethnicity category.
- 15% of the sample had a disability. 3% of the sample identified as being deaf, deafened, hearing impaired or deaf blind. 7% of the sample had tested positive for HIV.
- 16% were parents or closely related to young children.
- 10% of the sample earned under £10,000 (here classed as low income), with 12% earned over £40,000 (high income).

The focus group participants were asked to identify their own social labels.

- 29 focus group participants identified as gay men, 20 lesbians and gay women and 8 as bisexual. 31 identified as males and 30 as females.
- 23 participants claimed disability allowances or identified as disabled.
- 21 were employed, 7 retired and 10 unemployed with 3 on incapacity benefits.
- 10 were aged between 16 and 25, 40 between the ages of 26 and 55, and 9 over 55.

1.4 Findings

Many of the findings in the executive summary vary by identity category and these differences are explored in the main report.

1.4.1 Brighton & Hove

- 74% of the sample thought that Brighton was better than other places they lived. Only 3% had not lived anywhere else. 76% stated that it was easy to live in Brighton & Hove as an LGBT person.
- 14% of the sample did not live in the Brighton & Hove but worked or used services there, and of these, 52% would like to live in the city.
- 90% of respondents have attended Pride in Brighton & Hove. This varied by identity.
- 62% of the sample currently undertake volunteer work or would like to do so.

1.4.2 Home, Neighbourhood, Homelessness

- 17% of the sample lives in St James Street and Kemptown.
- Focus groups highlighted incidents of bullying and abuse experienced by those who live in certain areas of the city. This was perpetrated both from outside and within the LGBT communities.

- Some focus group participants felt stigmatised by other LGBT people because of the area they lived in, and 20% of questionnaire respondents who lived in neighbourhood renewal areas did not tell other LGBT people where they lived.
- A variety of living arrangements were identified. 39% lived with same-sex partners, 30 % lived alone, 11% with gay / lesbian friends and 7% straight / hetero-sexual friends.
- 25% of the sample stated they have problems getting accommodation. 6% of these related this to the cost of housing.
- 21% of respondents have been homeless. 93% were homeless for less than 18 months and nearly a third were homeless for under a month.
- 18% of respondents who have been homeless have used sex to have somewhere to stay, compared with 5% of those who have not been homeless.

1.4.3 Relationships, civil partnerships, families

- 85% of questionnaire respondents usually have monogamous relationships, 14% choose other arrangements.
- Opinions regarding Civil Partnerships varied in the focus group data. The proportion of questionnaire respondents who state that they 'have or might want a civil partnership' ranges from 50% to 90% for different identity groups.
- 31% of those in a relationship do not have enough information about civil partnerships. 24% of those living with a partner have notified all the relevant agencies, 19% do not know why they should report their relationship. Of those who have reported their relationship status, 23% have experienced financial loss because of civil partnerships, and 15% are unsure whether they have experienced financial loss.
- 28% of parents said their child has been bullied or taunted because of their sexuality. In focus groups LGBT parents described incidences of exclusion and discrimination, both from other LGBT people and from the wider community. Half of the parents did not know where to get advice and support around being a parent, or the civil partnership act.
- 71% of respondents currently have good / very good relationships with their family of origin. Others have experienced rejection, and focus groups noted the importance, and difficulties of, family backgrounds and current relationships.

1.4.4 Going out

- 62% of respondents feel comfortable socialising in straight venues.
- 73% enjoy going to / using LGBT venues and events in Brighton & Hove. In contrast 42% of trans respondents and 55% of older people said they enjoyed going to / using the scene. Issues for young and bisexual people were also highlighted in focus groups.

- There was a demand for alternative LGBT social venues in focus groups and in the qualitative aspects of the questionnaire.
- There was a perception that Brighton & Hove lacked a central information source for LGBT people.

1.4.5 Difference, discrimination, exclusion

- 25% said they had experienced direct or indirect discrimination in the provision of goods, services or facilities. There was evidence, however, that equality legislation can have a valuable effect.
- Negative experiences and everyday oppressions were not always labelled 'homophobic / biphobic / transphobic'.
- 73% of respondents recorded experiencing some form of abuse related to their sexual or gender identities in the past five years. Experiences of prejudices influenced their life choices.
- LGBT people have different experiences of discrimination; different experiences of life in Brighton & Hove, and differing perceptions of the city (i.e. as easy to live in / difficult to live in). These can be related to these varied experiences of prejudice and oppression.
- There is evidence of discrimination perpetrated by LGBT people on other LGBT individuals and groups. Questionnaire respondents in specific marginalised groups were asked to cite examples of bullying, discrimination and abuse: in all cases, LGBT people, venues and events were more cited as sources of their experiences than other sources such as employment, education and housing.
- 34% of respondents reported that they felt isolated. Those more marginalised were more likely to say that they felt isolated.

1.4.6 Safety

- Although 73% of respondents reported experiencing some form of abuse classified as LGBT hate crime, 25% of respondents reported these incidents, and of these, 55% reported to the police.
- 31% of respondents had experienced domestic violence and abuse. Of these 22% reported these incidents.
- 63% of respondents were aware of the police community liaison officer, 19% knew about the community partnership community safety team, but 21% did not know of any safety initiative.
- There was a mixed response to the police and other safety services. The police were cautiously praised for recent initiatives in focus groups, with some recognition that past negative experiences continue to influence reporting and other engagements with this service. Of those who reported LGBT hate crime, 43% said the response was good, 32% said it was poor. Of those who reported domestic violence, 42% said the response was good, and 32% said the response was poor.

- The three priorities for future safety initiatives were: increased police presence in hate crime hotspots (73%); increased publicity for convictions of hate crime (66%); and LGBT awareness training for police and service providers (65%).

1.4.7 Health and wellbeing

- 10% of the questionnaire respondents experienced poor *physical* health in the last 12 months, 20% experienced poor *emotional* wellbeing. Particular identity groupings were significantly more likely to rate their emotional wellbeing as poor or very poor.
- 1 in 5 respondents reported that they had experienced no mental health difficulties in the past 5 years. The incidences of mental health difficulties varied by identity groupings.
- Of those who indicated that they had experienced the mental health difficulties listed, 54% said that they needed help and support around their mental health difficulties. 32% of these respondents were unable to find the help and support they needed.
- 23% of the sample had serious thoughts of suicide in the past five years; of these 26% have attempted suicide.
- 85% of the sample drinks alcohol and 33% smoke. 50% said that they had taken illegal drugs, or used legal drugs without a prescription or medical advice, in the last five years. Focus groups pointed to the use of drugs and alcohol as a coping mechanism for social and emotional difficulties by LGBT people.
- 57% of those who used drugs in the past five years agreed that there should be LGBT focused campaigns and information about drug use in Brighton & Hove.
- 79 questionnaire respondents (10% of respondents) have taken payment for sex.
- 60% of the sample are out to their GP's. Focus groups discussed the experiences of discrimination, fear of attending unfriendly GP's, and strategies used to find friendly GP's.
- The focus groups identified the lack of specialist knowledge about LGBT health, beyond gay male sexual health, in Brighton & Hove.
- 45% of respondents want a specialist GP service for LGBT people, 33% do not.
- 85% of the sample supported an LGBT Healthy Living Centre and those who earn under £10,000, who are isolated or have mental health difficulties are even more supportive. There were clear concerns voiced that this should not replace efforts to ensure that LGBT friendly mainstream (not LGBT specific) services are also available.
- Mental health (47%), sexual health (41%), drug use (38%) and alcohol use (36%) were the top health priorities for LGBT people in Brighton & Hove.

1.4.8 Support, services, monitoring

- The majority of respondents give and receive support from friends, family partners and / or families. 11% said that no one supports them on a regular basis.
- 33% are uncomfortable using mainstream services.
- 33% of respondents said that their sexual and gender identities are unimportant when using services. This varies by social difference: gay men, who are not disabled or trans, are most likely to say that their sexuality / gender identity is unimportant when using services. In focus groups, concerns about LGBT specific services responding appropriately to some identity groups were identified.
- 86% of respondents will give monitoring information when services are considered LGBT friendly. Issues of confidentiality were highlighted in focus groups.
- 61% would like to see consultations undertaken by questionnaires, 47% by open public meetings and 38% by LGBT community forums.
- In both the qualitative data provided on questionnaires and in focus groups, there was a desire to see action on the findings of consultations.

2 Introduction

2.1 Outline of the research

Lesbian, gay, bisexual¹ and trans² (LGBT)³ individuals and communities have long been regarded as sexual and gender 'dissidents', resulting in their marginalisation and exclusion. This prejudice has led to legislation such as section 28, a dearth of appropriate services (see Platzer and Cull, 2006), along with more personal tragedies such as hate crimes and high suicide rates amongst this grouping (see Johnston *et al.*, 2007).

Count Me In Too is a community led participatory action research project examining marginalisation, exclusion, disenfranchisement and need amongst the lesbian, gay, bisexual and trans people (LGBT) in Brighton & Hove. During 2006 the 'Count Me In Too' project gathered information about needs, views and experiences from lesbian, gay, bisexual and trans people (LGBT people) who live, work, socialise and use services in Brighton & Hove about what they need and want. Recognising the changing political and social climate and the specific features of Brighton & Hove, the project sought to examine multiple forms of marginalisations and address the under-engagement of some individuals and groups within LGBT communities. It is a joint project involving the University of Brighton and Spectrum⁴, supported by Brighton & Sussex Community Knowledge Exchange with funding also provided by Brighton & Hove City Primary Care Trust and Brighton & Hove City Council.

The project was directed by a community led approach using volunteers from LGBT communities, who made up a steering group working on project design, and an action group engaging in data analysis. Five stakeholder meetings were also held at which individuals, statutory services and community and voluntary sector groups were invited to identify priority issues and themes for research, to interpret findings and evolve responses. From this community led approach, the research gathered information

¹ Sexual identity, rather than orientation, is addressed in this research. This of course excludes those who do not identify as lesbian, gay, bisexual and/or trans, however, it avoids the dubious categorisation of behaviours and 'desires' inherent to assessing 'orientation'. Sexual identity presumes a self awareness and understanding that is usually associated with processes of 'coming out'. The study did not preclude those who identified as heterosexual and trans, or heterosexual and had sex with members of the same sex.

² Gender variance is also a difficult concept. The complexity of this is homogenised under the term trans, however, there is a multiplicity of identifications and experiences. These are not essentialised to body composition or transitional 'stages' in this research. Consequently trans is the preferred term rather than transgender or trans sexual (see West, 2004; Whittle *et al.*, 2007).

³ The term LGBT is used for ease and understandability. The author/s recognise the difficulties of categorising sexualities and gender identities in this way. The term includes those who are questioning, unsure and do not identify with particular sexual or gender identities.

⁴ Spectrum is Brighton & Hove's Lesbian, Gay Bisexual & Transgender Community Forum established in 2002 to provide infrastructure and community development support to LGBT communities and promote partnership work and community engagement in the planning of services and policy. www.spectrum-lgbt.org

about diverse aspects of the lives and experiences of Brighton & Hove's estimated 35,000 LGBT residents and those who socialise, work or use services in the city. This participatory approach will continue, with a variety of dissemination activities.

2.2 Background

Count Me In Too builds on the award-winning 'Count Me In' survey carried out in 2000, which led to a 5 year LGBT Community Strategy 2001-2006 that was actioned by Brighton & Hove City Council, the local Primary Care Trust, and other local service providers and LGBT groups. Count Me In Too is much more than an updated repeat of the original Count Me In survey. As well as providing detailed, up-to-date statistics that can be compared with the 2000 findings, it also looks at newly emerging issues such as the impact of and opinions about Civil Partnerships. The survey has been designed to explore the perspectives of LGBT people from marginalised groups within the LGBT communities who are usually overlooked in social surveys due to 'insignificant numbers' taking part, a lack of understanding of their specific issues, and the challenges of facilitating access with people who do not access / complete questionnaires (such as young people who were under-represented in Count Me In), and use different means of communication e.g. British Sign Language.

During the summer of 2006, the Count Me In Too project gathered information about the needs, views and experiences of lesbian, gay, bisexual and trans people (LGBT people) who live, work, socialise or use services in Brighton & Hove, through a questionnaire which used routed sections to collect in-depth information about specific groups (e.g. bi people) and experiences (e.g. homelessness), and through 20 focus groups, most of which brought together people with common backgrounds / experiences (e.g. BME people, LGBT parents, Hate Crime victims, Deaf LGBT people).

Further examination of the data is planned, looking in more detail at themes including older people, young people, bi people, trans people, health issues, drugs and alcohol, mental health and wellbeing, safety, and more. A series of themed dissemination events are planned involving local statutory and voluntary services, who are looking to use this opportunity to evaluate and plan their activities, and to assess changes since the Count Me In survey carried out in 2000.

2.2.1 Marginalisation and intersecting social differences

The conceptualisation of Count Me In Too differed from Count Me In. This was in part recognition of the success that had been attained from Count Me In and also due to the very different political climate, which saw the introduction of civil partnerships in December 2005 and the equalities bill in April 2007. Specifically Count Me In Too began from the premise that alongside welcome legislative and local changes, prejudice and discrimination are still significant aspects of LGBT lives in Brighton & Hove. However, this may not solely be attributable to sexualities, and there is a need to explore multiple and mutually informing forms of discrimination, prejudice and exclusion, such as age, race and disability. However, it should be recognised that this research is sensitive and potentially divisive.

There may be a fear that the gains made could be lost if there is too much emphasis on the negative aspects of LGBT lives, and a backlash against specific individuals or groups. In addition, there continues to be homophobia, transphobia and biphobia and prejudice manifest in institutions as well as in everyday life.

Nevertheless, there is a lack of research that engages with multiple forms of marginalisation. Moreover, this is the first study to engage with LGBT need and marginalisation in Brighton & Hove since Count Me In, and the first study to address the local and national changes to LGBT rights since 2000.

2.2.2 Specificities of Brighton & Hove

The city of Brighton & Hove has a rich and diverse history of embracing (and policing) diverse sexualities, some of which is recorded by the Brighton Ourstory Project (www.brightonourstory.co.uk). There is however little or no discussion of bisexual and trans histories of the city. Currently the city boasts a 'large' LGBT population with current estimates peaking at 35,000 people, 14% of the city's population.

The city sells itself as diverse, alternative and vibrant. Incorporated into this image are the 'gay capital' and 'Britain's number one gay resort' assertions (Gay.brighton.co.uk, accessed 30th April 2007). These are associated with the 'diverse scene' and the unofficial 'gay village' of Kemptown. The council website sells 'gay Brighton' in relation to its clubs, bars, shops, saunas, beaches and services (including estate agents, local voluntary groups and the police). The city is also promoted by its large Pride event which happens annually in the city on the first weekend of August.

Recently (since early 2000) the statutory services such as the council, police and primary care trust have been further engaging with LGBT communities and financially supporting organisations such as Pride in Brighton & Hove, Spectrum and other local community groups. Count Me In Too is the result of the collaborative partnership work that has been developed by Spectrum and others. It also addresses the desire by certain statutory services to engage with local 'communities of interest' and find out about their needs. Spectrum, the community partners in this project, are seeking to engage further with services and the voluntary sector, in order to ensure that the needs identified in this and further analysis lead to lasting social change in the city.

2.3 Purpose and outline of the Academic Report

This report presents the key findings as designated by the action group. These will be developed and explored in further analysis and participatory dissemination events. The report structure follows that of the community report and the purpose of this academic report is to provide further detail regarding the issues outlined in the community report. In contrast to the community report, this report does not offer comment or detailed interpretations. The academic report and the community report do not offer recommendations, and follow the partnership ethos of the project which engages with ongoing work.

The next section of the report details the research process, including the data analysis, data collection and the partnership work that has been central to the construction of this research.

In the findings chapters, the report initially addresses where and how participants live In Brighton & Hove (Brighton & Hove; Home, neighbourhoods and housing; Relationships, civil partnerships, families; Going out; Difference, discrimination, exclusion) before moving on to discuss services and support (Safety; Health and wellbeing; Support, services, monitoring). The contents of each findings section are summarised in the table of contents at the front of this document.