Lesbian, Gay, Bisexual and Trans Equalities in Hastings, Rother & East Sussex

**LGBT Online Questionnaire -
Initial Findings Report**

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Synopsis of Key Findings

This report outlines and discusses initial findings from an online questionnaire exploring lesbian, gay, bisexual and trans (LGBT) lives and experiences in the Hastings, Rother, Wealden, Eastbourne and Lewes districts of East Sussex country in the UK. The findings are reported under the following headings:

Chapter 2: LGBT People and LGBT Equality: The research found that while some particular demographic categories were not well represented in the research – especially younger and older LGBT people, trans people, black and minority ethnic (BME) people and disabled people – it is clear that East Sussex's LGBT communities are varied and diverse. With regard to the Equality Act 2010 and the three public sector equality duties, respondents felt that this legislation was important but that compliance was not being evidenced, with Equality Duty C (fostering good relations) being particularly problematic.

Chapter 3: Local LGBT Lives: The research found that most respondents lived in the Hastings area, however all districts of East Sussex were represented. Most respondents felt that it was relatively easy to live in their area as an LGBT person, but the qualitative data offered important caveats. Hastings, Brighton and London were the most popular places for LGBT people to socialise, but many said that they avoided particular places and times. A wide spread of mental health difficulties were present in the research, and some issues surrounding support for LGBT people were evident, particularly with regard to counselling and therapy. Isolation proved a major feature of the research, with the majority of respondents feeling isolated – these feelings were also linked to race/ethnicity, experiences of mental health difficulties, and meeting/socialising with other LGBT people. Many LGBT people had experienced safety issues, hate incidents and hate crimes, but reporting levels were low, with many saying reporting would not help or that the issue was not felt to be important. Avoidance of some areas was evident, and respondents explained that 'safety' meant more than not experiencing violence. Finally, while a wide array of suggestions were made regarding 'one thing' to make life better for local LGBT people, more social events for LGBT people was the most popular.

Chapter 4: Making Changes For LGBT People: The research found that while many respondents rated their experiences with public services highly in terms of LGBT-friendliness, many were also unsure and there were significant numbers of respondents reporting negative experiences. Libraries appeared well-used by LGBT people, and LGBT-specific events and services considered important. The majority of respondents said they did not use Adult Social Care and additional work may be needed to improve such responses. LGBT respondents were overwhelmingly willing to give details

about the sexual and/or gender identities for monitoring purposes, provided these details were kept confidential and that the service was demonstrably LGBT-friendly. Some respondents did feel that they faced particular barriers when accessing public services, particularly regarding heteronormative or cisnormative assumptions. Regarding engagement, most respondents preferred to be engaged through voluntary groups such as the Hastings and Rother Rainbow Alliance (HRRA) or BourneOut, through questionnaires, or through social media. Equality Impact Assessments organised by local public services were considered important by respondents, but many were unaware of them or what impacts they could have. Public sector cuts were widely considered to weaken LGBT equality and respondents expressed concern about them. Finally, respondents demonstrated wide awareness of HRRA but understood that it could not be considered fully representative of all local LGBT people. Fewer respondents demonstrated awareness of BourneOut.

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1. Introduction

Lesbian, gay, bisexual and trans (LGBT) lives are marginalised and excluded in spatially uneven ways, with much research concentrating on urban lives or gay and lesbian 'hotspots'. This research focuses on LGBT lives beyond the urban, specifically in the areas of Hastings, Rother, Eastbourne, Lewes and Wealden in the county of East Sussex, in the south of the UK. Foregoing research specific to the area includes a 2004 survey of LGBT lives in Hastings and Rother (Fairley & Nouidjem 2004), which found that while significant proportions of people said they had not experienced discrimination at work (68%), significant minorities had experienced abuse, violence and/or harassment inside their homes (10%) and outside (26%). There was evidence of seeking to move from the area (36%) and few felt accepted by the local community (16%). The vast majority of respondents (84%) felt that their views were not taken into account by service providers. This report builds on such research and explores more recent LGBT lives and experiences, in a wider and more geographically diverse area.

1.1   Background to this research

In February 2010, an LGBT Equalities Day was organized by the Hastings & Rother Rainbow Alliance (HRRA), a local LGBT community group, and supported by the University of Brighton. The success of this Equalities Day led to the LGBT Equalities in Hastings, Rother & East Sussex project – a partnership between HRRA, University of Brighton researchers and public sector providers - which aimed to improve the lives of LGBT people in Hastings, Rother and East Sussex by creating strategic networks between academic institutions, local communities and services. Funding for this project was sought and won from 'On Our Doorsteps', a project linked to the Community University Partnership Programme (CUPP) which seeks to make the University of Brighton a better 'neighbour' to its local communities.

From 2010 to 2011, the LGBT Equalities in Hastings, Rother & East Sussex project developed and implemented a mapping exercise of local public sector LGBT equality policies and initiatives, in order to identify pockets of excellence in LGBT equalities work, as well as notable gaps (McGlynn & Browne 2011). Following this research, project members agreed to focus next on local LGBT communities, inviting them to share their views, experiences and stories with the aim of highlighting local LGBT needs, and providing them with a voice. This report discusses the development, implementation and results of this research, which took the form of a large, online questionnaire targeted at local LGBT people.

1.2   Methods and analysis

The development of this research began in May 2011, and was open for respondents from November 2011 until March 2012. Analysis of the gathered data then took place from April 2012 until December 2012.

Development: Questions for the online questionnaire were designed in partnership with the LGBT Equalities Forum in Hastings, Rother & East Sussex, over 4 forum meetings between May and November 2011. This forum forms the hub of the LGBT Equalities project and from 2010 to 2012 was held on a roughly bimonthly basis, and attended by a diverse group of activists, academics, community groups, statutory and voluntary service representatives, students and interested individuals with the aim of advancing LGBT equalities in Hastings, Rother and East Sussex. Groups and organisations with representatives on the forum include:

- East Sussex Healthcare NHS Trust

- East Sussex County Council (including Adult Social Care, Children's Services and Library & Information Service)

- Hastings Borough Council

- Rother District Council

- Wealden District Council

- NHS Hastings and Rother

- Sussex Police

- Sussex Partnership NHS Foundation Trust

- University of Brighton

- East Sussex Fire & Rescue Service

- Hastings & Rother Rainbow Alliance

- Her Majesty's Prison Service (HMP Lewes)

- Hastings & Rother Health & Social Care Forum

- Hastings Voluntary Action

- Care for the Carers

- Crime Reduction Initiative

The academic researchers suggested an initial series of questions which provided the thematic structure of the questionnaire - demographic information, health and wellbeing, safety, local neighbourhoods and spaces, policies and legislation, public services, and local community groups. This initial series of questions was based on the design of the Count Me In Too project (Browne 2007), as a foregoing example of successful local LGBT research which could be effectively utilised by public services and community groups alike. Forum members built on these but also offered new questions, and were invited to include a short list of questions specific to their own group,

organisation or service. It was agreed to include both qualitative and quantitative data collection, with the latter designed to be comparable with data gathered by local government and public services, with the qualitative data lending clarity and further detail. Members also made recommendations regarding language and jargon, to ensure that questions and answers would be useable and understandable by as many people as possible.

The questionnaire in its final form was lengthy, and piloting through the Hastings & Rother Rainbow Alliance (HRRA) indicated that respondents should expect to take around an hour in completing a questionnaire. Length was negotiated to some extent via the extensive use of routing, which allowed participants to bypass much of the questionnaire not relevant to them.

Data Collection: The online questionnaire was implemented via the popular survey website www.surveymonkey.com. To allow those without personal computers to participate, four 'drop-in' sessions were organised at which those wanting to complete the questionnaire were able to do so with the assistance of the researcher. Between November 2011 and March 2012, 174 respondents completed the questionnaire. Due to issues of funding and capacity the questionnaire was only available online and in English, without translation facilities. Future research in this area should strongly consider enabling data collection through other languages.

To address issues of privacy, an extensive ethical disclosure featured on the front page of the questionnaire, which included tips about internet privacy and security. To address issues of the potentially sensitive and upsetting nature of the questioning, the questionnaire provided contact details for sources of support in areas of sensitive information, at the beginning and end of the questionnaire and at the beginning of every new section. These were local support sources, suggested by members of the LGBT Equalities Forum.

Sampling was targeted through the contact lists and networks maintained by forum members. In particular, these networks included members of local LGBT group the Hastings & Rother Rainbow Alliance (HRRA), through the academic researchers' contacts within other local LGBT groups and networks, and through the 'mainstream' contact lists of public and voluntary sector representatives on the forum. Respondents were also invited to 'snowball' the sampling wider through their own networks. Finally, a small advertising campaign was undertaken through local media such as newspapers and websites, and the production of a flier distributed by forum members.

Data Analysis: The broader analysis process occurred through five meetings of a participatory analysis group, composed of eight members of the LGBT Equalities Forum with the academic researcher acting as facilitator. These meetings followed a structure which would allow participants to undertake analysis and make detailed recommendations based on the data without any statistical knowledge and with respect to participants' limited capacity. Data was explored with PASW statistical analysis software and manually checked and cleaned. Responses were tested for validity against two key criteria:

1.   Respondents should fall within the umbrella category of 'LGBT'.

2.   Respondents should either live, work or socialise mainly in East Sussex, but outside Brighton & Hove.

Implementing these criteria resulted in a final dataset of 128 valid responses.

The cleaned and validated **quantitative** data was subsequently analysed with the assistance of PASW. To ensure that statistics based on this quantitative data were accessible not only to the analysis group, but also to the report's intended audience of public sector workers and local LGBT communities, only simple statistics and related statistical tests were used. Due to the nature of the questionnaire, the generated quantitative data was categorical rather than numerical. Therefore SPSS was used to perform chi-square statistical tests to explore the data with regard to the null value hypothesis, and where necessary to indicate a measure of association between variables. The measure of statistical significance used was set at p-value < 0.05 – however, while this value is widely accepted as a measure of significance (and thus comes with a measure of explanatory, as well as political, power) it is ultimately a somewhat arbitrary value (Dancey & Reidy 2011:139-141, Loftus 1996), and so p-values close to this may also be included.

Where possible, **qualitative** responses to questions were categorised by analysis group members, allowing them to be represented in quantitative form. The resultant tables are not statistically tested, but along with direct qualitative quotes they can help to explain the quantitative data. Direct qualitative quotes are also used to further highlight issues for local LGBT people, allowing them to share their views and stories in their own words.

1.3   Key terms

This report uses a number of terms and phrases in a specific sense which may be used in different senses elsewhere, or which may require some explanation in advance. For this reason table 1.1, below, outlines some key terms.

Table 1.1: Key Terms

Key Term	Definition
LGBT	'Lesbian, Gay, Bisexual and Trans'. Used to address 'sexual orientation' and 'gender reassignment' from the Equality Act 2010 and to ensure that diversity within these already diverse communities is at least partially acknowledged. The writers recognise the difficulties of categorising gender and sexual identities in this way and how this can 'gloss over' bi and trans people.
Equality Act 2010	UK legislation relating to equalities across 9 'protected characteristics', including sexual orientation and gender reassignment. The Equality Act made several changes to UK equality law, particularly with regard to the equality duties of public sector services. The Act can be viewed at http://www.legislation.gov.uk/ukpga/2010/15.
Public Sector Equality Duty A	'Equality Duty A' is used in this report to refer to Equality Act 2010 149:1:a, the duty to 'eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act'.
Public Sector Equality Duty B	'Equality Duty B' is used in this report to refer to Equality Act 2010 149:1:b, the duty to 'advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it'.
Public Sector Equality Duty C	'Equality Duty C' is used in this report to refer to Equality Act 2010 149:1:c, the duty to 'foster good relations between persons who share a relevant protected characteristic and persons who do not share it'.

1.4 Outline of report

This report reveals the findings of the mapping exercise done as part of the LGBT Equalities in Hastings, Rother and East Sussex research project. Chapter 2, LGBT People and LGBT Equality, explores the demographics of respondents to the questionnaire and sets the legislative and policy context through discussion of the Equality Act 2010. Chapter 3, Local LGBT Lives, reveals in more detail some of the particular needs and experiences of LGBT people in East Sussex. Chapter 4, Making Changes for LGBT People, discusses LGBT people's opinions of and experiences using public sector services in East Sussex. This chapter also highlights respondents' thoughts about local LGBT community groups. Chapter 5 draws together the report's conclusions, before the report finishes with Chapter 6, a list of recommendations based on the findings from previous chapters.

2. LGBT People and LGBT Equality

2.1 LGBT People and LGBT Equality: Overview

This chapter outlines the demographics of the respondents to the questionnaire. It covers each of the key demographic questions asked, including regarding respondents' ages; gender, sexual and trans identities; race and ethnicity; faith and religious beliefs; employment and income; disabilities; and finally parenting and caring for children. In addition, this chapter captures the legislative context of the research by asking respondents about the Equality Act 2010 and local equality policies. Each section details the answers of respondents within these categories, and where relevant includes qualitative responses to further explore the demographic data and highlight complexities which cannot be captured by the quantitative data.

Overall, this research shows that while some particular demographic categories were not well represented in the research – especially younger and older LGBT people, trans people, black and minority ethnic (BME) people and disabled people – it is clear that East Sussex's LGBT communities are varied and diverse. With regard to the Equality Act 2010 and the three public sector equality duties, respondents felt that this legislation was important but that it compliance was not being evidenced, with Equality Duty C (fostering good relations) being particularly problematic.

2.2 Age

Table 2.1 shows that of those who responded to the questionnaire, the majority (27%, n. 33) were aged 36-45, closely followed by those aged 46-55 (24%, n. 30). The next largest age category was those aged 26-35 (18%, n. 23), then those aged 56-65 (15%, n. 18), and those aged 16-25 (9%, n. 11). The lowest numbers were found amongst those at the higher end of the age categories – those aged 66-75 (6%, n. 7) and 76+ (2%, n. 2). Those aged under 16 were not included in the questionnaire for ethical reasons – additionally, forum members advised that few public sector organisations collect data on under 16s and so they were unlikely to have been reached by our data sampling methods.

Table 2.1: What is your age?

		Frequency	Valid Percent
	16-25	11	8.9
	26-35	23	18.5
	36-45	33	26.6
	46-55	30	24.2
	56-65	18	14.5
	66-75	7	5.6
	76+	2	1.6
	Total	124	100.0
Missing	System	4	
Total		128	

The table suggests that the age profile of our questionnaire's sample is skewed to the middle. This is despite specific attempts access younger LGBT people by advertising the questionnaire through local university and college student populations, through LGBT youth events, etc. The areas of Hastings and Eastbourne in particular host colleges and campuses of the University of Brighton. Similarly, older LGBT people were not well represented. It seems clear that the questionnaire failed to engage these LGBT people in a significant way. Future research should attempt to better engage younger and older local LGBT people, making clear the benefits of the research to them. Given that much of the questionnaire's advertising took place through LGBT community groups and through local public services, this may also suggest that these groups and organisations could do more to reach younger and older LGBT people.

2.3 Sexual Orientations

In table 2.2, we can see that there was a roughly even split between those identifying as lesbians or gay women (42%, n. 51) and those identifying as gay men (39%, n. 47). Only a small number (9%, n. 11) identified as bisexual or as of another sexual identity, or none (10%, n. 12).

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Table 2.2: Which of the following do you most identify with? (sexual orientation)

		Frequency	Valid Percent
	Other/None	12	9.9
	Lesbian or Gay Woman	51	42.1
	Gay man	47	38.8
	Bisexual	11	9.1
	Total	121	100.0
Missing	System	7	
Total		128	

Responses as part of the 'other/none' category included *'queer'*, *'very queer'*, *'asexual'*, *'equal opportunities'*, *'transsexual'* and *'transvestite'*. Note that the latter two responses would not usually be understood as sexual identities.

Most respondents identified as gay male or lesbian. The comparatively low number of bisexual respondents in this kind of questionnaire is not unusual and has been noted in other LGBT research. Given the targeting of this questionnaire to LGBT communities, the low response rate could be due to local bisexual people not feeling part of these communities – research has shown that many bi people experienced discrimination and exclusion from supposedly 'LGBT' spaces, as well as from 'straight' or 'mainstream' spaces (Browne & Lim 2008a). Coupled with the lack of bi-specific policies and initiatives noted in the LGBT Equalities Forum's foregoing research on local public sector organisations (Browne & McGlynn 2011), the poor representation of bisexual people in this research suggests that more research and work may be needed to engage local bisexual people in Hastings, Rother, Wealden, Eastbourne and Lewes, and to move beyond the assumption that 'LGBT' communities and community groups will necessarily include or represent bi people.

2.4 Gender Identities

Table 2.3 shows that a small majority of respondents identified as female (52%, n. 62), followed by those identifying as male (45%, n. 54). A small number identified as of another gender or no gender (3%, n. 4).

Table 2.3: Which of the following do you most identify with? (gender identity)

		Frequency	Valid Percent
	Other or none	4	3.3
	Male	54	45.0
	Female	62	51.7
	Total	120	100.0
Missing	System	8	
Total		128	

Most respondents identified as male or female. Responses to the 'other' gender identity category included *'both'*, *'Gender Queer'* and *'I feel quite androgynous and in between genders'*. While those in the 'other or none' category are a small number, they indicate that gender cannot always be assumed to function within a male/female binary, which may have implications for service-user and staff monitoring documents.

2.5 Trans Identities

The data shown in Table 2.4 details responses to the question used to identify a broad range of trans respondents. Of those who responded, 11 people (9%) said that they had gone through or intended to go through such a process, and for the purposes of this questionnaire we identify them as 'trans'. 90% (n. 112) said that they had not gone through this process and did not intend to.

Table 2.4: Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to?

		Frequency	Valid Percent
	Yes	11	8.9
	No	112	90.3
	Don't know	1	.8
	Total	124	100.0
Missing	System	4	
Total		128	

We have used 'yes' responses to this question to indicate 'trans' respondents. The question used here was taken from a UK Equality and Human Rights Commission paper on ways to ask about trans identities across a range of perspectives (Balarajan et al 2011. The aim behind using this question was to enable respondents who would not necessarily identify themselves as 'trans' to be included in this research and to share their views. Therefore it should be noted that this question potentially

captured those who would not themselves identify as 'trans', as well as those who may actively desire not to be identified as trans – we did not use the word 'trans' in the question itself. As with bisexual people, trans people can experience discrimination and exclusion from supposedly 'LGBT' spaces and communities, and this may account for the lack of trans respondents in this research. More research and work may be needed to engage local trans people in Hastings, Rother, Wealden, Eastbourne and Lewes, and public services should consider that 'LGBT' communities and community groups do not necessarily include or represent trans people.

2.5.1 Trans Lives

Table 2.5 highlights a variety of stages of trans lives. It asked those who responded 'yes' in table 2.4 which of a list of options best applied to them. The majority (46%, n. 5) said that they had been through a process to change from the sex they were described as at birth. Equal numbers said that they were currently going through such a process (27%, n. 3) and that neither of these answers applied to them (27%, n. 3).

Table 2.5: Which of the following options best applies to you?

		Frequency	Valid Percent
	None of the above (please provide some further details)	3	27.3
	I am currently going through this process	3	27.3
	I have already been through this process	5	45.5
	Total	11	100.0
Missing	System	117	
Total		128	

The data in this table highlights that trans lives are not necessarily fixed and that trans and gender identities may change over time. The variety within the expressions of transsexuality and transgenderism within individual lives is brought out in more detail by some of the respondents' qualitative additions:

- *'I have partially feminised myself with self-medication to enhance my breasts'*
- *'I prefer to subvert gender by the choice of clothes I wear, but would not change my gender'*
- *'Just constant thoughts of preferring to be a boy than a girl.'*

These excerpts from trans people's own explanations of their lives further emphasise the variety within trans lives.

The questionnaire also asked respondents who replied 'Yes' in table 2.4, 'Please tell us what it is like to be a person who lives, or is thinking of living, as a sex different to how you were described at birth.' 9 responses were received, which are coded in table 2.6, below:

Table 2.6: What is it like to be a person who lives, or is thinking of living, as a sex different to how you were described at birth?

Category	Frequency
Positive	2
Negative	2
No difference	1
Struggle, challenge	4

Two respondents highlighted the positives in their trans lives, describing them as *'Life enhancing'* and *'pleasant, socially accepted, no embarrassment... Nothing adverse'*, and one described their life as *'The same as before'*. However, the other six respondents expressed varying degrees of struggle in their lives as trans people, describing their lives using words such as *'exhausting'*, *'horrible, terrifying, fearful, confusing, upsetting'* ,*'horrendous'*, *'challenging, annoying, frustrating'*- however this respondent also added that it was *'often amusing by the confusion it provokes!'*. To be 'out' as trans was considered risky by some respondents, not just for them but for their families:

- *'there is the ongoing dilemma of whether or not to out oneself, in some situations, never knowing what the consequences might be (not just potential risks to my safety but also risk of my grandchildren being bullied at school, for example)'*

Others highlighted the difficulties trans people can have with everyday issues such as health, employment and relations with others:

- *'many people are openly hostile, some are react with violence, most other people think its unimportant, and have little knowledge. Health concerns are important, sometimes this is denied. Workplace hassles, people lose jobs.'*
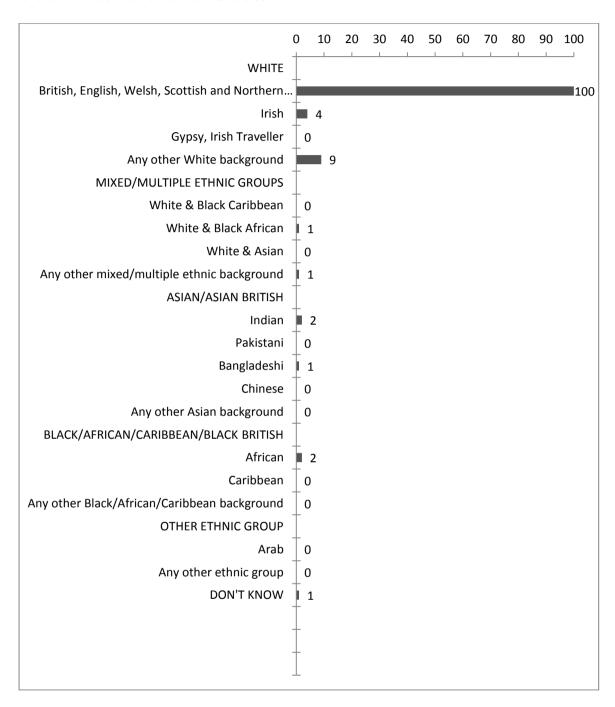
Our trans respondents' comments reveal that there are differing experiences of being trans in the local area. Trans lives are diverse and can be fully enjoyed – however, most of the respondents emphasised elements of day-to-day challenge at least, with others emphatically stating the feelings

of fear and stress which can come with being trans. Public sector and community organisations should not treat 'being trans' as a universal experience but as a complex and diverse set of identities and positions. However they should bear in mind the real and potentially traumatising situations trans people can experience on a day to day basis.

2.6 Race & Ethnicity

Chart 2.1, below, outlines the research's findings with regard to race and ethnicity. The questionnaire used the race and ethnicity question from the UK national census 2011, to ensure maximum comparability with public sector monitoring data. As this chart demonstrates, the vast majority of respondents identified as White UK [British, English, Welsh, Scottish or Northern Irish] (82%, n. 100). Nine people identified as coming from a White background other than White UK, Irish or Gypsy/Irish Traveller (7%, n. 9). The next most common category was Irish (3%, n. 4), followed by Indian (2%, n. 2) and African (2%, n. 2). One person identified as mixed White and Black African (1%, n. 1), and one identified as Bangladeshi (1%, n. 1). One other person said they did not know (1%, n. 1).

Chart 2.1: Racial and Ethnic identities

Identity	Value
WHITE	
British, English, Welsh, Scottish and Northern…	100
Irish	4
Gypsy, Irish Traveller	0
Any other White background	9
MIXED/MULTIPLE ETHNIC GROUPS	
White & Black Caribbean	0
White & Black African	1
White & Asian	0
Any other mixed/multiple ethnic background	1
ASIAN/ASIAN BRITISH	
Indian	2
Pakistani	0
Bangladeshi	1
Chinese	0
Any other Asian background	0
BLACK/AFRICAN/CARIBBEAN/BLACK BRITISH	
African	2
Caribbean	0
Any other Black/African/Caribbean background	0
OTHER ETHNIC GROUP	
Arab	0
Any other ethnic group	0
DON'T KNOW	1

In order to better emphasise the spread of racial and ethnic identities in our research, table 2.7 compares those in the 'White UK' category (eg. identifying as white and British, English, Welsh, Scottish or Northern Irish) with all other identities. As this table shows, the vast majority of the sample (82%, n. 100) identified as White UK, while only 18% (n. 22) identified otherwise.

Table 2.7: White UK vs all other racial and ethnic identities

		Frequency	Valid Percent
	White UK	100	82.0
	All other identities	22	18.0
	Total	122	100.0
Missing	System	6	
Total		128	

The data displayed in chart 2.1 and table 2.7 clearly demonstrates the overwhelmingly White nature of our sample. This is particularly significant due to the large BME communities in Hastings and Eastbourne in particular (ESCC 2012). It may suggest that BME LGBT people are not engaged with or well represented within local LGBT communities, and that this questionnaire's sampling strategies did not sufficiently engage with BME communities. It is also possible that this could be related to tensions between LGBT and BME communities and identities, as one of our respondents said:

- *'[I] am a frightened and depressed middle-class African Christian woman who dares not come out because of fear of judgement and rejection from my community'*

Note that 'community' here could possibly refer to a number of different communities – the respondent's African community, her Christian community, a specific African Christian community, or even a local LGBT community. It is important not to stigmatise BME communities as 'homophobic' – other research has demonstrated that LGBT scenes and communities themselves are often experienced as places of racist exclusion by BME LGBT people (Browne 2007: 63; Keogh et al 2004), which may have implications for feelings of isolation and mental health (see sections 3.4 and 3.5). Intersecting BME and LGBT identities can result in experiences of multiple marginalisation. This respondent's emotive comment, along with the low number of non-White respondents, suggests that further research and work should be carried out to build bridges between local BME and LGBT communities, and to increase engagement with BME LGBT people.

2.7 Faith & Religious Belief
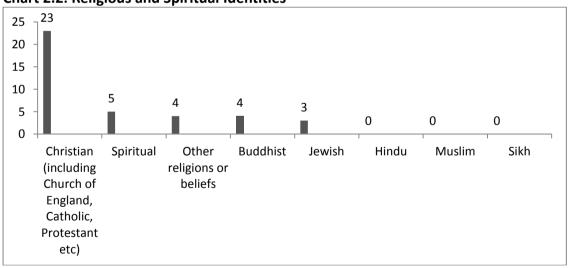
In table 2.8, we can see that while most respondents to this question did not regard themselves as belonging to any religions or religious beliefs (68%, n. 84), a significant minority did (30%, n. 37). 3 respondents said they did not know (2%).

Table 2.8: Do you regard yourself as belonging to any religions or beliefs?

		Frequency	Valid Percent
	Yes	37	29.8
	No	84	67.7
	Don't know	3	2.4
	Total	124	100.0
Missing	System	4	
Total		128	

Regarding specific religious beliefs, respondents were invited to tick which they felt the belonged to. Respondents could tick more than one option, to reflect the complex and multiple ways in which people identify with religion and faith. This means that these percentages are not cumulative. Chart 2.2, below, outlines the particular faiths and religions to which respondents said they belonged. Of those who responded 'Yes' in table 2.8, most identified with a Christian denomination (62%, n. 23. This was followed by those who described themselves as spiritual or in spiritual terms (14%, n. 5), Buddhist (11%, n. 4), as 'Other' (11%, n. 4) and Jewish (8%, n. 3). No respondents identified as Hindu, Muslim or Sikh in this question, though two respondents described themselves as Muslim in the qualitative data gathered in other parts of the questionnaire.

Chart 2.2: Religious and Spiritual Identities

The results here reveal that most respondents did not identify with a religion or faith. Of those who did, Christian denominations were the most popular. However, a number of respondents responding

with 'Other' said that they had 'spiritual' beliefs which were recoded and captured as per Chart 2.2 – this may suggest a shift away from involvement in organised religion.

The research did not capture any local LGBT people who identified as Muslim, Sikh or Hindu – this may be connected to the issues identified in section 2.6 regarding the questionnaire's poor engagement with regard to race and ethnicity. This report recommends that further research and work be undertaken to engage LGBT people of faith. Additionally, given some historical and contemporary tensions between sexual orientations, gender identities and some religious beliefs and institutions, some LGBT people may feel excluded from both LGBT and religious communities. Public and voluntary sector institutions as well as local community groups should work together to establish positive connections between these communities, and to recognise that some LGBT people are members of both communities.

2.8 Employment Status

Chart 2.3 highlights the variety of ways in which respondents described their employment status. Note that respondents could tick more than one option in the questionnaire, reflecting more complex and shifting modes of work and employment. This means that these percentages are not cumulative. 119 respondents answered this question. Half of all respondents to this question (50%, n. 61) said that they were in full-time employment. 14% (n. 17) were self-employed or worked for their family's business, and another 14% (n. 17) said they were retired. 10% (n. 12) were in full-time education, while 8% (n. 10) were volunteering. 7% (n. 8) said that they were in part-time employment, and 7% (n. 8) described another kind of employment status. Only 3% (n. 4) said that they were looking for work, and one person was not sure what their employment status was (1%, n. 1).

Chart 2.3: Employment and Volunteering

A number of respondents did tick more than one of these categories. Additionally, the qualitative data related to the 'Other' category reveals that some respondents do not fit comfortably into a single 'employment status' category, particularly with regard to retirement:

- *'Retired but have not ruled out possibility of working again'*
- *'Retired, but continuing to look for paid work'*
- *'Self employed and semi retired'*

Along with those who ticked more than one employment status, these three respondents demonstrate that work is not necessarily an 'either/other' situation, and that like others, local LGBT people are engaged in complex working lives.

2.9 Income

Table 2.9 shows the income brackets of the questionnaire's respondents. A slight majority of respondents to this question earned £20,001 to £30,000 a year (27%, n. 31) – however almost as many said that they earned £10,001 to £20,000 a year (25%, n. 29). 21% (n. 24) of respondents to this question earned less than £10,000 a year. An annual income of £30,001 to £40,000 was reported by 15% (n. 17), £40,001 to £50,000 by 6% (n. 7), and more than £50,001 by 4% (n. 5). Four respondents said that they did not know their annual income (3%).

Table 2.9: What is your yearly income from all sources before deductions?

		Frequency	Valid Percent
	Less than £10,000	24	20.5
	£10,001 to £20,000	29	24.8
	£20,001 to £30,000	31	26.5
	£30,001 to £40,000	17	14.5
	£40,001 to £50,000	7	6.0
	More than £50,001	5	4.3
	Don't know	4	3.4
	Total	117	100.0
Missing	System	11	
Total		128	

The high numbers of those earning under £20,000 per year, with almost a fifth of the sample earning less than £10,000 per year, indicates that the popular media image of universally wealthy gay people with large disposable incomes cannot be said to be true for East Sussex.

2.10 Disability

Table 2.10 reveals the questionnaire results regarding the question on disability. Following public sector monitoring questionnaires, this question asked, 'Do you identify yourself as having a long term health impairment or physical disability?'. 15 people identified as disabled under these conditions (12%), while 104 people did not (86%). 2 people said they did not know (2%).

Table 2.10: Do you identify yourself as having a long-term health impairment or physical disability?

		Frequency	Valid Percent
	Yes	15	12.4
	No	104	86.0
	Don't know	2	1.7
	Total	121	100.0
Missing	System	7	
Total		128	

The relatively broad conditions of the question, combined with the small number of people saying 'Yes', may suggest that further research and work is needed to engage local disabled LGBT people. It is also possible that this is due to a reaction against the stigmatising word 'disabled'. This report also recommends that further work to be done to build connections between local LGBT and disabled communities, to strengthen engagement with disabled LGBT people. Future work should incorporate a broad view of what counts as 'disability', focusing in particular beyond physical disability, such as mental health and learning disabilities.

2.11 Parents and Carers of Children

In table 2.11, this report outlines data regarding those who are either parents or carers/guardians of children. 17% of respondents to this question said that they were (n. 20), while 83% said that they were not (n. 100). No-one said that they did not know.

Table 2.11: Are a parent or carer of children?

		Frequency	Valid Percent
	Yes	20	16.7
	No	100	83.3
	Don't know	0	0
	Total	120	100.0
Missing	System	8	
Total		128	

Of these 20 respondents, 5 said that they had children under 5 years old. The questionnaire asked those who said 'yes' to the above question whether or not their children had been bullied due to their own sexual/gender identity. Table 2.12 outlines the findings for this question. While almost half said no (48%, n. 10), a third said yes (33%, n. 7) and almost fifth were unsure (19%, n. 4).

Table 2.12: Has a child in your care ever been bullied due to YOUR sexual and/or gender identity?

		Frequency	Valid Percent
	No	10	47.6
	Yes	7	33.3
	Don't Know	4	19.0
	Total	21	100.0
Missing	System	107	
Total		128	

Parents and guardians of children are unlikely to be able to know all of the details of their children's lives, so the 'No' responses should not necessarily be taken as an indication that no bullying/taunting has occurred. When asked to provide any further details about this bullying and taunting, all five of the additional responses said that this occurred at school, and sometimes in other social contexts:

- *'From other young people at school and in his football club. He was and still is unable to tell people his mother lives with a woman'*

- *'My daughter was made to feel uncomfortable at primary school by other children saying your Mum's a lesser & you might be too'*

This suggests that homophobic bullying does not attach only to younger LGBT people, but to those children in LGBT families or who have LGBT carers. Local anti-homophobia education and bullying initiatives should include information about the children of LBGT parents and carers. This report also recommends further research and work on bullying and the children of local LGBT parents and carers. Schools should work alongside LGBT community groups to develop anti-bullying work which recognises that homo-/bi-/trans-phobic bullying does not only affect young LGBT people.

Finally, the questionnaire asked LGBT parents and carers of children if they knew where to get advice about being an LGBT parents/carer. As can be seen in table 2.13, 50% of parents/carers (n. 10) said yes, while 45% said no (n. 9) and one person was unsure (5%, n. 1).

Table 2.13: Do you know where to get advice and support as an LGBT parent or carer?

		Frequency	Valid Percent
	Yes	10	50.0
	No	9	45.0
	Don't know	1	5.0
	Total	20	100.0
Missing	System	108	
Total		128	

Given that half of the responding LGBT parents and carers did not know where to find support or advice, further work is needed to raise awareness of what support and advice is available from schools and local authorities.

2.12 The Equality Act 2010

Section 2.12 of this report discusses the Equality Act 2010. This Act brought together the UK's laws and regulations regarding equality under one piece of legislation, referring to 9 'protected characteristics'. While all of these characteristics may refer to LGBT people, the most pertinent ones for the purposes of this report are 'sexual orientation' and 'gender reassignment'. See Section 1.3 of this report for further details. This section discusses the three duties which accrue to all public sector institutions from the Equality Act 2010. It begins by discussing how well LGBT people feel these duties are being upheld, and then shows LGBT people's responses when asked if they feel this legislation is important.

2.12.1 Equality Duty A – Eliminate Discrimination

For the purposes of this report, Equality Duty A refers to Equality Act 2010 149:1:a, the duty to *'eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act'*. Respondents were asked if they thought that local public services were upholding this duty with regard to LGBT people. Table 2.14 shows that while 32% said yes (n. 29) and 20% said no (n. 18), the majority said they did not know (49%, n. 45).

Table 2.14: In general, do you think your local public services are upholding the first duty of the Equality Act with regard to LGBT people?

		Frequency	Valid Percent
	Yes	29	31.5
	No	18	19.6
	Don't know	45	48.9
	Total	92	100.0
Missing	System	36	
Total		128	

The large number of those responding 'Don't Know' suggests that local LGBT people find it difficult to assess whether not this duty is being fulfilled by public services. Respondents were also asked to

provide any reasons for their answer. Some felt that the public sector had been engaging with this duty for a long time:

- *'I think they were already on the case ages ago.'*

However, others had more critical perspectives. Those responding 'No' and 'Don't Know' were categorised into Table 2.15, which shows that 11 said they needed to see more evidence that this duty was being upheld; 5 said that public services were not doing enough to meet the duty or not taking responsibility for it; and 3 said that they felt public services were only 'ticking boxes' and not adhering to the spirit of the legislation.

Table 2.15: Reasons for thinking Equality Duty A is NOT being upheld

Reason for answer	Frequency
Need to see more evidence	11
Not doing enough/shouldering the responsibility	5
Just box-ticking	3

Those who said they needed to see more evidence pointed out that they were simply unaware of any such work:

- *'I am aware of no such attempts'*
- *'I haven't seen much in the communications from local and county councils to indicate that they are being very active in work on the equality act, and nothing that I remember to indicate any work on LGBT discrimination.'*

Others asked for specific types of evidence:

- *'There is no real transparency around how the local services are meeting this duty. I feel that if this was the case there would be more evidence of how this is happening which would be evidenced in how the services present themselves and how they offer and assess people who need their services.'*

Finally, other respondents emphasised the need for public services to raise awareness of their work in this regard:

- *'How can I form an opinion of my local public services if they do not tell me what they have done?'*
- *'I don't know how to find out that information.'*

Finally, this respondent highlights the complexity of assessing how public services are meeting Equality Duty A:

- ***'Some efforts are visible and effective, some invisible and effective and others visible but not effective.'***

Here the respondent notes two key issues – being 'visible' and being 'effective'. Equality work must not only be 'effective' but must be seen. Without being shown clear evidence, or information about how to find that evidence, LGBT people will not acknowledge or recognise important equality work done by public services.

2.12.2 Equality Duty B – Advance Equality of Opportunity

For the purposes of this report, Equality Duty B refers to Equality Act 2010 149:1:b, the duty to *'advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it'.* Respondents were asked if they thought that local public services were upholding this duty with regard to LGBT people. Table 2.16 shows that fewer respondents were positive about this duty than Duty A in Section 4.8.2. Only 19% said yes (n. 17) and this time 30% said no (n. 27). Again, the majority said they did not know (42%, n. 47).

Table 2.16: In general, do you think your local public services are upholding the second duty of the Equality Act with regard to LGBT people?

		Frequency	Valid Percent
	Yes	17	18.7
	No	27	29.7
	Don't know	47	51.6
	Total	91	100.0
Missing	System	37	
Total		128	

The decline in 'Yes' responses compared to Equality Duty A in the previous section suggests that LGBT people find it even more difficult to assess adherence to this duty. Once again qualitative explanations were categorised into Table 2.17, below, which indicates an increase in those respondents saying they needed to see more evidence (n. 17). Responses to this question also included a number of indications that attempts to meet this duty were either ineffective or inconsistent (n. 8). Finally, there were a number of more positive responses which pointed out areas where services were at least trying to meet the duty (n. 9).

Table 2.17: Reasons for thinking Equality Duty B is NOT being upheld

Reason for Answer	Frequency
Need to see more evidence	17
Positive examples or evidence of services trying	9
Ineffective or inconsistent	8

2.12.3 Equality Duty C – Fostering Good Relations

For the purposes of this report, Equality Duty C refers to Equality Act 2010 149:1:c, the duty to *'foster good relations between persons who share a relevant protected characteristic and persons who do not share it'.* Respondents were asked whether or not they thought that local public services were upholding this duty with regard to LGBT people. Table 2.18 shows that responses to this question follow the trend revealed in the previous section – compared to both Equality Duty A and Equality Duty B, fewer respondents were positive about this duty (15%, n. 13), more said 'No' (33%, n. 29) and once more the majority said 'Don't Know' (53%, n. 47).

Table 2.18: In general, do you think your local public services are upholding the third duty of the Equality Act with regard to LGBT people?

		Frequency	Valid Percent
	Yes	13	14.6
	No	29	32.6
	Don't know	47	52.8
	Total	89	100.0
Missing	System	39	
Total		128	

This additional decline in respondents feeling this duty is being met may suggest that it is an area of particular difficulty for local public sector organisation. Once again, the attached qualitative data indicates that seeing evidence is key for local LGBT people. Table 2.19 shows that once more 17 people said that they needed to see more evidence, and 4 said that public sector approaches were either ineffective or inconsistent.

Table 2.19: Reasons for thinking Equality Duty C is NOT being upheld

Reasons for Answer	Frequency
Need to see more evidence	17
Ineffective or inconsistent	4

However, the qualitative data gathered through this question also highlighted a number of issues not raised regarding Equality Duty A or Equality Duty B. For instance, some questioned whether this was an appropriate duty to give to a public service:

- *'I don't know the Act inside out but I think this is for people to do themselves - within families, friendship circles, communities - and services are just part of that.'*
- *'I'm not sure what they are doing or what they would be expected to do. It actually seems like a strange duty to give a local authority.'*

While tackling discrimination (Equality Duty A) and improving equality of opportunity (Equality Duty B) may be considered more strictly within public services' remits, these quotes suggest that local LGBT people are themselves unsure how or even why this is to be achieved by public services. This may be connected to the decline in respondents feeling that this duty is being achieved – what evidence showing adherence to this duty might look like is unclear. This echoes the findings of previous research undertaken by the LGBT Equalities Forum, which found that some local public sector institutions found Equality Duty C the most difficult of the duties to understand and meet (McGlynn & Browne 2011).

Another respondent pointed out the problematic collective of 'LGBT' when it comes to meeting this duty:

- *'From what I have read or heard I have seen no evidence of this locally. Sometimes I think they are putting us in yet another closet by lumping us all together as "victims". I think many people find it confusing to get to grips with the very different lifestyles of "LGB or T" people. We're different genders for a start!'*

By emphasising difference and specifying *'LGB or T'*, as well as the *'lumping together'* of individuals, this respondent reminds us that LGBT communities are not always experienced as homogeneous entities. Neither should they necessarily be considered such in a legal sense, since the Equality Act recognises 'sexual orientation' and 'gender reassignment' as separate protected characteristics. Therefore public sector work aimed at meeting Equality Duty C could also productively try to foster good relations between LGB people and Trans people. Sections 2.6 and 2.7 of this report have already emphasised that connections between LGBT communities and other local communities based on 'protected characteristics' (such as local BME communities, faith-based and religious communities and disabled communities) may be lacking. Meeting Equality Duty C could also involve

building bridges across the diverse communities of East Sussex – however it is clear that further work needs to be undertaken to develop clear, practical approaches to tackling this duty.

2.12.4 – Is the Equality Act 2010 Important for LGBT People?

The questionnaire asked respondents whether or not they felt that legislation like the Equality Act 2010, and its three public sector equality duties, are important for LGBT people. Table 2.20 shows that the vast majority of respondents think that it is important (79%, n. 71), while 20% were unsure (n. 18). Only one person said it was definitely not important (1%, n. 1).

Table 2.20: Do you think that legislation like the Equality Act 2010 and its three equality duties are important for LGBT people?

		Frequency	Valid Percent
	Yes	71	78.9
	No	1	1.1
	Don't know	18	20.0
	Total	90	100.0
Missing	System	38	
Total		128	

A number of the qualitative additions suggested that while this legislation was important, wider societal changes were also needed:

- *'At least it's a step in the right direction but there's a long way to go still to become equals'*
- *'Of course they are. At least we now have legislation to challenge any discriminatory treatment, if we have the energy and support to take up a case. But I think service providers in this area need much more training on understanding how homophobic/lesbophobic attitudes are part of the wider structure of heterosexism.'*
- *'To a certain extent, I say yes. But you cannot legislate discrimination. Only education and understanding can do that.'*

The phase *'at least'* indicates that legislative change, while important, is in some ways of lesser importance to LGBT people than wider societal change – legislative change is posited as unable to achieve this wider change, and only *'education and understanding'* will do. Therefore while legislation such as the Equality Act 2010 and its attached public sector equality duties are certainly seen to be important for LGBT people, respondents also indicated that a different kind of change

was needed which legislation would not necessary be able to enact. This feeling may be connected to respondents' discussion of Equality Duty C in the previous section – societal change can be felt to fit poorly with legislation, and some feel that legislation may not be the appropriate way to generate it. However, given that this societal change is considered to be of great importance, it may be worth considering Equality Duty C in greater detail.

2.12.5 – Equality Duties Discussion

The report notes a trend whereby LGBT respondents become less convinced that public services are meeting the duties of the Equality Act 2010 as we move from duty A to duty C. Given the links made through the qualitative and quantitative data regarding visible evidence, and the fact that the majority of respondents said they did not know if the duty was being fulfilled, this report recommends that public sector work designed to meet all three public sector equality duties should be better publicised to local LGBT people and 'mainstream' communities, and local LGBT people should be made aware of how to access relevant evidence to empower them to hold public services to account. Additionally, local LGBT equalities work should be clearly linked to the Equality Act where possible – widening awareness of national legislation and rights and reminding local LGBT people what they are entitled to expect from public services, while simultaneously encouraging constructive criticism from LGBT communities.

Finally, due to the particular issues raised through the data surrounding Equality Duty C (the duty to foster good relations), this report makes additional recommendations with regard to adherence to this duty. Further work should be undertaken to assess how to meet this duty and how to measure or assess this. Such work should closely engage a variety of local communities and community groups, and attend to fostering good relations between communities of different 'protected characteristics' such as religious, disabled and BME communities. It should also be aware of differences within the LGBT grouping and foster good relations between different sexual and gender identities.

2.12 LGBT People and LGBT Equality: Conclusions

Of those who responded to the questionnaire, the majority (27%, n. 33) were aged 36-45, closely followed by those aged 46-55 (24%, n. 30). The next largest age category was those aged 26-35 (18%, n. 23), then those aged 56-65 (15%, n. 18), and those aged 16-25 (9%, n. 11). The lowest

numbers were found amongst those at the higher end of the age categories – those aged 66-75 (6%, n. 7) and 76+ (2%, n. 2). Those aged under 16 were not included in the questionnaire. Future research should attempt to better engage younger and older local LGBT people, making clear the benefits of the research to them. Given that much of the questionnaire's advertising took place through LGBT community groups and through local public services, this may also suggest that these groups and organisations could do more to reach younger and older LGBT people.

Most respondents identified themselves as either gay male (39%, n. 47) or lesbian (42%, n. 51). The comparatively poor representation of bisexual people in this research (9%, n. 11) suggests that more research and work may be needed to engage local bisexual people in Hastings, Rother, Wealden, Eastbourne and Lewes, and to move beyond the assumption that 'LGBT' communities and community groups will necessarily include or represent bi people.

Most respondents identified as either male (45%, n. 54) or female (52%, n. 62). However, a small number of respondents identified as of a gender identity other than 'male' or 'female' (3%, n. 4), showing that gender cannot always be assumed to function within this binary. This may have implications for future service-user and staff monitoring procedures.

In this report we identified 9% (n. 11) of respondents as trans. More research and work may be needed to engage local trans people in Hastings, Rother, Wealden, Eastbourne and Lewes, and public services should consider that 'LGBT' communities and community groups do not necessarily include or represent trans people. The research found trans lives and experiences to be highly diverse - public sector and community organisations should not treat 'being trans' as a universal experience but as a complex and diverse set of identities and positions. However they should bear in mind the real and potentially traumatising situations trans people can experience on a day to day basis.

The vast majority of the sample (82%, n. 100) identified as White UK, while only 18% (n. 22) identified otherwise, despite large BME communities in Hastings and Eastbourne in particular. Further research and work should be carried out to build bridges between local BME and LGBT communities, and to increase engagement with BME LGBT people.

While most respondents did not regard themselves as belonging to any religions or religious beliefs (84%, n. 68), a significant minority did (30%, n. 37). 3 respondents said they did not know (2%). Of those who responded 'Yes', most identified with a Christian denomination (62%, n. 23. This was followed by those who described themselves as spiritual or in spiritual terms (14%, n. 5), Buddhist (11%, n. 4), as 'Other' (11%, n. 4) and Jewish (8%, n. 3). No respondents identified as Hindu, Muslim

or Sikh. The report recommends that further research and work be undertaken to engage LGBT people of faith. Additionally, public and voluntary sector institutions as well as local community groups should work together to establish positive connections between these communities, and to recognise that some LGBT people are members of both communities.

Half of all respondents to the question on employment (50%, n. 61) said that they were in full-time employment. 14% (n. 17) were self-employed or worked for their family's business, and another 14% (n. 17) said they were retired. 10% (n. 12) were in full-time education, while 8% (n. 10) were volunteering. 7% (n. 8) said that they were in part-time employment, and 7% (n. 8) described another kind of employment status. Only 3% (n. 4) said that they were looking for work, and one person was not sure what their employment status was (1%, n. 1).

A slight majority of respondents earned £20,001 to £30,000 a year (27%, n. 31) – however almost as many said that they earned £10,001 to £20,000 a year (25%, n. 29). 21% (n. 24) of respondents to this question earned less than £10,000 a year. An annual income of £30,001 to £40,000 was reported by 15% (n. 17), £40,001 to £50,000 by 6% (n. 7), and more than £50,001 by 4% (n. 5). Four respondents said that they did not know their annual income (3%). This indicates that the popular media image of wealthy gay people with large disposable incomes cannot be said to be true for East Sussex.

15 people identified as disabled (12%), while 104 people did not (86%). 2 people said they did not know (2%). Further research and work is needed to engage local disabled LGBT people and to build connections between local LGBT and disabled communities, to strengthen engagement with disabled LGBT people. Future work should incorporate a broad view of what counts as 'disability', focusing in particular beyond physical disability, such as mental health and learning disabilities.

Regarding parents and carers of children, 17% of respondents to this question said that they were (n. 20), while 83% said that they were not (n. 100). Of these 20 respondents, 5 said that they had children under 5 years old. While almost half said their children were never bullied or taunted because of the respondent's own sexual and/or gender identity (48%, n. 10), a third said yes (33%, n. 7) and almost fifth were unsure (19%, n. 4). Local anti-homophobia education and bullying initiatives should include information about the children of LBGT parents and carers. This report also recommends further research and work on bullying and the children of local LGBT parents and carers. Schools should work alongside LGBT community groups to develop anti-bullying work which recognises that homo-/bi-/trans-phobic bullying does not only affect young LGBT people. Asked if they knew where to get advice about being an LGBT parents/carer, 50% of parents/carers (n. 10)

said yes, while 45% said no (n. 9) and one person was unsure (5%, n. 1). Further work is needed to raise awareness of what support and advice is available from schools and local authorities.

Equality Duty A refers to Equality Act 2010 149:1:a, the duty to *'eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act'*. Asked if this duty was being upheld, 32% said yes (n. 29) and 20% said no (n. 18), but the majority said they did not know (49%, n. 45). Equality Duty B refers to Equality Act 2010 149:1:b, the duty to *'advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it'.* Fewer respondents were positive about this duty compared to Duty A. 19% said it was being upheld (n. 17) and 30% said it was not (n. 27). Again, the majority said they did not know (42%, n. 47). Equality Duty C refers to Equality Act 2010 149:1:c, the duty to *'foster good relations between persons who share a relevant protected characteristic and persons who do not share it'.* Compared to both Equality Duty A and Equality Duty B, fewer respondents were positive about this duty (15%, n. 13), more said 'No' (33%, n. 29) and once more the majority said 'Don't Know' (53%, n. 47). Regarding all three duties, respondents said they needed to see more evidence of these duties being upheld. Public sector work designed to meet all three public sector equality duties should be better publicised to local LGBT people and 'mainstream' communities, and local LGBT people should be made aware of how to access relevant evidence to empower them to hold public services to account. Additionally, local LGBT equalities work should be clearly linked to the Equality Act where possible. This report makes additional recommendations with regard to adherence to Equality Duty C. Further work should be undertaken to assess how to meet this duty and how to measure or assess this. Such work should closely engage a variety of local communities and community groups, and attend to fostering good relations between communities of different 'protected characteristics' such as religious, disabled and BME communities. It should also be aware of differences within the LGBT grouping and foster good relations between different sexual and gender identities.

The questionnaire asked respondents whether or not they felt that legislation like the Equality Act 2010, and its three public sector equality duties, are important for LGBT people. The vast majority of respondents said that it is important (79%, n. 71), while 20% were unsure (n. 18). Only one person said it was definitely not important (1%, n. 1). Respondents indicated that a different kind of change was needed which legislation would not necessary be able to enact. Given that this 'societal change' was considered to be of great importance, it may be worth considering Equality Duty C in greater detail.

3.   Local LGBT Lives

3.1   *Local LGBT Lives: Overview*

Chapter 3 describes a variety of ways in which respondents described their everyday lives. First, this chapter outlines where local LGBT people said they lived and socialised. It also discusses the mental health difficulties described by some respondents, and the help and support respondents received or wanted to receive. It then moves on to discuss issues of isolation. The final part of the chapter discusses experiences of hate crime and abuse by local LBGT people, including details of reporting these incidents, and then respondents' feelings and ideas of safety in the local area more generally. Each section details the answers of respondents, and where relevant includes qualitative responses to further explore the data and highlight complexities which cannot be captured by the quantitative data.

Most respondents lived in the Hastings area, however all districts of East Sussex were represented. Most respondents felt that it was relatively easy to live in their area as an LGBT person, but the qualitative data offered important caveats. Hastings, Brighton and London were the most popular places for LGBT people to socialise, but many said that they avoided particular places and times. A wide spread of mental health difficulties were present in the research, and some issues surrounding support for LGBT people were evident, particularly with regard to counselling and therapy. Isolation proved a major feature of the research, with the majority of respondents feeling isolated – these feelings were also linked to race/ethnicity, experiences of mental health difficulties, and meeting/socialising with other LGBT people. Many LGBT people had experienced safety issues, hate incidents and hate crimes, but reporting levels were low, with many saying reporting would not help or that the issue was not felt to be important. Avoidance of some areas was evident, and respondents explained that 'safety' meant more than not experiencing violence. Finally, while a wide array of suggestions were made regarding 'one thing' to make life better for LGBT people, more social events for LGBT people was the most popular.

3.2 Where LGBT People Live

The questionnaire asked respondents which areas of East Sussex they mainly lived in – the phrasing of this question was designed in acknowledgement of the fact that some people may have more than one home or place of residence, or no fixed place of residence. The areas listed accord with the local city, district and borough council divisions in East Sussex, and thus comprise Hastings, Rother, Wealden, Eastbourne, Lewes and Brighton & Hove. In Table 3.1 we see that the majority of

respondents said they lived mainly in Hastings (43%, n. 39), while 14% lived in Brighton & Hove (n. 13). This was followed by Rother (13%, n. 12), Eastbourne (11%, n. 10), Lewes (10%, n. 9) and finally Wealden (8%, n. 7). One person did not live in East Sussex (1%, n. 1).

Table 3.1: Which of these areas do you mainly live in?

		Frequency	Valid Percent
	Hastings	39	42.9
	Rother	12	13.2
	Wealden	7	7.7
	Eastbourne	10	11.0
	Lewes	9	9.9
	Brighton & Hove	13	14.3
	Not in East Sussex	1	1.1
	Total	91	100.0
Missing	System	37	
Total		128	

Since those who primarily lived, worked AND socialised in Brighton & Hove were excluded from the sample, the large LGBT population of this area is less well represented than might otherwise be expected. However, the quantitative data here suggests that further work may be needed to engage LGBT people living in certain areas of East Sussex – particularly Rother, Wealden, Eastbourne and Lewes.

The questionnaire also asked respondents to rate how easy they felt it was to live in their area, as an LGBT person. Table 3.2 reveals that the majority of respondents said it was easy (30%, n. 28) or neither easy nor difficult (30%, n. 28). However, almost as many said it was very easy (27%, n. 25). One person was unsure (1%, n. 1) and no-one said it was very difficult (0%, n. 0). One person was unsure (1%, n. 1).

Table 3.2: As an LGBT person, how easy is it for you to live in your area?

		Frequency	Valid Percent
	Very easy	25	27.2
	Easy	28	30.4
	Neither easy nor difficult	28	30.4
	Difficult	10	10.9
	Very difficult	0	.0
	Don't know	1	1.1
	Total	92	100.0
Missing	System	36	
Total		128	

This appears to present a relatively positive picture, backed up by some very positive qualitative responses through which respondents described reasons or examples for their answers:

- *'Friendly neighbours, able to be 'out' at home and in the town. HRRA activities and social life very positive.'*
- *'I'm a lesbian, my landlord (next door) is gay, the ladies next to him are lesbians. We're definitely an LGBT friendly patch! We are not excluded by other neighbours and always invited to parties or dinner.'*
- *'Quiet and peaceful, no hassles at all.'*

Few respondents (n. 10) say it is difficult or very difficult to live in their area as an LGBT person. This challenges the idea that non-urban and rural areas are necessarily unwelcoming for LGBT people. However, the qualitative data also offers some important caveats. For instance, some respondents noted the importance of 'passing':

- *'My partner and I can pass. We don't make our sexuality blatant, but neither do we act in any other way than as a couple. I don't know how easy it would be if we 'came out' more.'*
- *'Easy provided I do not disclose my trans status and sexual orientation to anyone other than close friends. I don't feel it would be safe for me (or my loved ones) to be out, beyond that small trusted circle.'*

These respondents emphasise that living in their area is easy for them so long as others in the area are not aware of their LGBT identities. This can involve either simply not raising the issue by not 'disclosing' the identity, or through wider moderation of behaviour by not being 'blatant'. LGBT people should not feel forced to hide their identities or moderate their behaviour in order to get by

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in their local area of residence. It is important that statistics are not taken at face value as they may hide important caveats like this.

Additionally, a degree of geographic specificity was raised by some respondents. Some felt that rurality was a factor in feeling it was easy to live in their area. These three respondents were from Wealden:

- *'I live in a rural area - I don't really have much engagement in local village life and tend to access Brighton for most services.'*
- *'I live in the countryside. LGBT issues are not discussed.'*
- *'Rural location and lack of local facilities, groups for LGBT make it difficult to meet people for support... In a small community it is perhaps more difficult to be out and open about my sexuality.'*

Others highlighted more specific geographies of their local area:

- *'We now live in the Old Town of Hastings thank god, as for the rest of Hastings not very gay friendly, intimidation, rude comments.'*

The report recommends that rural public services should raise awareness of LGBT services and events through their local communities. Additionally, further research is needed to uncover the particular needs of rural LGBT people in East Sussex.

3.3 Where LGBT People Socialise

The questionnaire also asked respondents which areas of East Sussex they mainly socialised in. These results are shown in Table 3.3. As with Section 3.2 regarding where people live, Hastings was the most common place for LGBT people to socialise (39%, n. 36). However, a larger number of people said that they mainly socialised in Brighton & Hove (29%, n. 27). This was followed by Eastbourne (10%, n. 9), Rother (8%, n. 7), Wealden (3%, n. 3) and Lewes (2%, n. 2). Additionally, 4 people said that they mainly socialised outside of East Sussex (4%, n. 4) and 1 person said they were unsure (1%, n. 1).

Table 3.3: Which of these areas do you mainly socialise in?

		Frequency	Valid Percent
	Hastings	36	39.1
	Rother	7	7.6
	Wealden	3	3.3
	Eastbourne	9	9.8
	Lewes	2	2.2
	Brighton & Hove	27	29.3
	Not in East Sussex	4	4.3
	Don't know	1	1.1
	N/A	3	3.3
	Total	92	100.0
Missing	System	36	
Total		128	

The greater number of those who socialise in Brighton, as opposed to those who live there, is expanded on through the attached qualitative data.

- *'Hastings Old Town, the gayest place in E. Sussex, other than Brighton, that I know of.'*
- *'I only live down the road from Brighton which is supposed to be more LGBT friendly, however due to financial commitments I couldn't afford train fare, to stay over and go out that evening. I could be looking at £100 which isn't viable for one night.'*
- *'London or Brighton where attitudes are different.'*

These respondents indicate that Brighton can be a more desirable place for LGBT socialising than elsewhere in East Sussex. The first quote, however, highlights the potential cost involved if non-Brighton residents wish to socialise there regularly. This may suggest that while Brighton is not the main area for LGBT socialising, perhaps partly due to expense, it is still an area which is visited for this purpose.

Respondents were also asked to indicate the types of places they mostly visited for the purposes of socialising. Table 3.4 categorises these responses. 24 people said that they mostly socialised in bars, pubs or clubs; 14 said that they visited the houses of family and friends; 10 used local community groups or centres; 8 socialised at theatres or cinemas; and 5 mainly socialised in cafes.

Table 3.4: Where do you go to socialise?

Place Where You Socialise	Frequency
Bars, pubs or clubs	24
Houses of family/friends	14
Community groups or centres	10
Theatre or cinema	8
Cafes	5

This table indicates a marked predominance of LGBT people socialising in bars, pubs or clubs. Local groups and organisations, including public sector organisations with LGBT-specific initiatives, should identify accessible, LGBT-friendly spaces for socialising.

The questionnaire continued by asked LGBT people if there were places they wouldn't not go to socialise. Table 3.5 shows that almost half said that there were such places (48%, n. 46) while 40% said there were no places they wouldn't go to socialise (n. 37). 13% said they were unsure (n. 12).

Table 3.5: Is there anywhere you won't go to socialise?

		Frequency	Valid Percent
	Yes	46	48.4
	No	37	38.9
	Don't know	12	12.6
	Total	95	100.0
Missing	System	33	
Total		128	

Respondents also specified particular areas, places or types of places where they would not socialise. Table 3.6 shows that the most common type of place LGBT people said they would not socialise in was particular bars, pubs or clubs (n. 17). Hastings town centre was also noted by some respondents as a place they avoided (n. 11), while others said Hastings more generally (n. 5). Some other respondents avoided West Street in Brighton (n. 5), with smaller numbers saying that they would not go to loud places (n. 3), St Leonards (n. 2), Eastbourne (n. 1) or the LGBT or gay scene (n. 1).

Table 3.6: Is there anywhere you won't go to socialise? (qualitative)

Place You Would Not Socialise	Frequency
Particular pubs/bars	17
Hastings centre	11
Brighton (West St)	5
Hastings (general)	5
Loud places	3
St Leonards	2
Eastbourne	1
Gay or LGBT 'scene'	1

While earlier table 3.4 suggests that bars, pubs and clubs are some of the more popular places for LGBT socialising, Table 3.6 points out that not all such spaces are felt to be good places to go for LGBT people. This may suggest a desire for a non-pub social space for LGBT people, but work should be considered to develop the LGBT-friendliness of pubs and bars.

The final part of this section on socialising explores respondents' answers when asked if they have, in the past year, travelled away from where they live specifically for the purpose of socialising with other LGBT people. As table 3.7 shows, the majority had done so once or twice within the past year (41%, n. 39) while equal numbers said that they had done so several times a month (28%, n. 27) or that they had not done so at all (28%, n. 27).

Table 3.7: In the past year, have you ever gone away from where you live to socialise with LGBT people?

		Frequency	Valid Percent
	Once or twice a year	39	41.1
	Several times a month	27	28.4
	No	27	28.4
	Don't Know	1	1.1
	N/A	1	1.1
	Total	95	100.0
Missing	System	33	
Total		128	

When asked to describe what places they travelled to, the majority said either Brighton (n. 24) or London (n. 21). Smaller numbers visited Hastings (n. 5) and Eastbourne (n. 5) – see table 3.8, below.

Table 3.8: In the past year, have you ever gone away from where you live to socialise with LGBT people? (qualitative)

Place Travelled To	Frequency
Brighton	24
London	21
Hastings	5
Eastbourne	5

The data gathered through the questionnaire suggests that LGBT people in East Sussex may be relying on Brighton for socialising with other LGBT people. It is possible that this may create a vicious circle leading to fewer LGBT social opportunities in their local area. Public sector organisations should work with local LGBT community groups to raise awareness of local LGBT socialising opportunities and events.

3.4 Mental Health Difficulties

Section 3.2 explores the questionnaire's findings regarding respondents' experiences of mental health difficulties. It begins by outlining this report's use of the term 'mental health difficulties' and their prevalence within the sample of local LGBT people. It then discusses the kind of support received for these difficulties, if any. Finally, this section shows what respondents said about the kind of support they would *like* to receive.

3.4.1 Experiences of Mental Health Difficulties

Table 3.9, below, shows which respondents said that they had experienced mental health difficulties in the past year. The questionnaire suggested a variety of potential mental health difficulties, including significant emotional distress, depression, anxiety, isolation, confidence/self-esteem, stress, anger management issues, insomnia, fears/phobias, problem eating/eating distress, panic attacks, self harm, addictions/dependencies and or/ suicidal thoughts. Following from the Brighton-based Count Me In Too research project (Browne 2007), the phrase 'mental health difficulties' was adopted to avoid the potential stigma surrounding issues of mental health, and to enable those who had not been 'officially' diagnosed with a particular condition to share their mental health experiences. The list of mental health difficulties was designed to be expansive to reflect the everyday issues related to mental health which people may struggle with. As table 3.9 shows, the majority of respondents to this question (65%, n. 78) said that they had experienced at least one of these mental health difficulties. 35% (n. 42) said that they had not.

Table 3.9: Have you experienced any of the listed mental health difficulties in the past year?

		Frequency	Valid Percent
	Yes	78	65.0
	No	42	35.0
	Total	120	100.0
Missing	System	8	
Total		128	

The high number of 'yes' responses is supported by many other studies which attest to the prevalence of mental health difficulties amongst LGBT populations (Browne & Lim 2008b; King et al 2003; Meyer et al 2008). The questionnaire invited respondents to list some specific mental health difficulties which they had experienced. These are detailed below in Chart 3.1. Note that respondents could tick more than one mental health difficulty. This means that these percentages are not cumulative. Of those who responded 'yes' in table 3.9, 63% (n. 49) had experienced anxiety; 59% (n. 46) had experienced stress; 49% (n. 38) had experienced confidence or self-esteem issues; 47% (n. 37) had experienced depression; 33% (n. 26) had experienced insomnia; 26% (n. 20) had experienced significant emotional distress; 23% (n. 18) had experienced isolation; 21% (n. 16) had experienced suicidal thoughts; 17% (n. 13) had experienced panic attacks; 15% (n. 12) experienced difficulties with addictions or dependencies; 9% (n. 7) experienced anger management issues; 9% (n. 7) experienced difficulties with fears or phobias; 8% (n. 6) experienced difficulties with self-harm; and 6% (n. 5) experienced problem eating or eating distress.

Chart 3.1: Mental health difficulties experienced

It is clear that a wide range of mental health difficulties are experienced by local LGBT people.

3.4.2 Receiving Support for Mental Health Difficulties

Table 3.10 describes whether or not respondents who received any kind of support or help for these difficulties. 41% of those who had experienced mental health difficulties in the past year had received support (n. 32). However, the majority had not (58%, n. 45). One person was unsure (1%).

Table 3.10: Did you receive any support or help for any of these difficulties?

		Frequency	Valid Percent
	Yes	32	41.0
	No	45	57.7
	Don't know	1	1.3
	Total	78	100.0
Missing	System	50	
Total		128	

The fact that the majority of those who had experienced mental health difficulties had not received any kind of support for them, suggests that further work may be needed to advertise and provide such support. It may also be important to reduce any sense of stigma attached to seeking such support.

The questionnaire asked those who responded 'yes' to this question what type of support they received. Some respondents received more than one type of support. Their qualitative responses were categorised into table 3.11, below. This table demonstrates that the most commonly-received forms of support were some form of counselling or therapy (n. 16), or medication (n. 11). Other types of support included some form of assistance from their families (n. 2), meditation exercises (n. 1), alternative therapies (n. 1) and doing physical exercise (n. 1).

Table 3.11: What kind of help or support did you receive?

Type of Support	Frequency
Counselling/therapy	16
Medication	11
Family assistance	2
Meditation	1
Alternative therapy	1
Exercise	1

Finally, the questionnaire asked these respondents where they had received this support from. Table 3.12 shows that the majority had received this support from their doctor or GP (n. 15). Others had received support from a professional counsellor or therapist (n. 6), from their friends (n. 5),

from local mental health support groups (n. 4), from their work or place of study (n. 4), or from their families (n. 2). That counselling or therapy is the most common form of support suggests that it is important for local counselling and therapy services to be LGBT-friendly.

Table 3.12: Please tell us where you got support or help from.

Who the support was from	Frequency
Doctor/GP	15
Professional counsellor/therapist	6
Friends	5
Local MH support group	4
Work/place of study	4
Family	2

From this categorised qualitative data, GPs emerge as important gatekeepers for those seeking support for their mental health difficulties, along with counsellors and therapists themselves. The significance of this emerges through some respondents' accounts of seeking support when they do not have a good relationship with their local medical professionals – for example:

- ***'I actually feel I receive little real help. My doctor is disappointing and I have difficulty relating my feelings to him. This [is] after 1st class medical care prior to moving to Hastings'***

Hence it is important that both GPs and counsellors are LBGT-friendly and understanding of LGBT issues. This report recommends that clear signage indicating LGBT-friendliness be present in all GP surgeries and health provider spaces. Additionally, GPs and counsellors should be involved in staff development and training organised by local LGBT community groups, who may be able to speak about these issues from personal experience.

3.4.3 Seeking Further Support for Mental Health Difficulties

Those who said that they had experienced mental health difficulties within the past year were asked if they would like to get more support. This could be on top of any support they may already be receiving. Table 3.13 outlines answers to this question. Less than half said that they would not like any more support than they were currently receiving (47%, n. 37). 32% of those asked said that they *would* like to get additional support or help for their mental health difficulties (n. 25). A further 21% were unsure (n. 16).

Table 3.13: Would you like to get more support or help regarding these difficulties?

		Frequency	Valid Percent
	Yes	25	32.1
	No	37	47.4
	Don't know	16	20.5
	Total	78	100.0
Missing	System	50	
Total		128	

This suggests that additional support is desired by a large number of those local LGBT people who said that they had experienced mental health difficulties in the past year. When asked what kind of support they would like, respondents gave a number of suggestions. The qualitative data from these suggestions were coded into the categories in table 3.14, below. Note that individual respondents often made more than one suggestion, and so may fit in multiple categories – categories are not mutually exclusive. The most popular form of additional support requested was counselling or therapy (n. 11). After this, a smaller number of respondents made a large number of suggestions, with two respondents each requesting help socialising, a non-counsellor to talk to, LGBT-specific support services, and low-cost assistance. One respondent each requested meditation, self-care, relaxation classes, better public awareness of LGBT issues, financial assistance, and access to a support group. Despite being one of the most commonly-received forms of support for mental health difficulties (see table 3.11), table 3.14 shows that no-one (n. 0) requested more support in the form of medication.

Table 3.14: What kind of support or help would you like to receive?

Kind of support you would like to receive	Frequency
Counselling/therapy	11
Help socialising	2
Person to talk to (non-counsellor)	2
LGBT-specific support	2
Low-cost assistance	2
Meditation	1
Self-care	1
Relaxation classes	1
Better public awareness	1
Financial help	1
Support group	1

Cost was an issue for some respondents who requested more counselling:

- *'More easily available public counselling services (had paid for private counselling in the past but can't afford it at the moment)'*

Others said that help meeting other people, particularly in LGBT-friendly spaces, would help them tackle their mental health difficulties:

- *'Perhaps local LGBT friendly venues / nights locally would assist. Very difficult to find somewhere Hastings / Rother area that I would feel comfortable attending, for instance, with a partner or otherwise overtly LGBT'*

This respondent suggests that support services are not the only, or even main way for some to deal with their mental health difficulties. Socialising and feeling 'comfortable' as an LGBT person in a particular space could itself be beneficial. For some, however, there was no support which would encourage them to keep living in the area:

- *'None, we are saving up to move back to Brighton'*

Here the respondent suggests that moving to Brighton will itself tackle their mental health difficulties – this could be through better access to LGBT-specific support services in Brighton, a perceived atmosphere of tolerance, or better support networks.

Given that access to counselling is both the most commonly-received and most commonly-requested form of support for local LBGT people with mental health difficulties, this report recommends that additional support should include counselling services. These should be advertised as LGBT-friendly, and procedures should be put in place to ensure this LBGT-friendliness.

3.5 Isolation

Respondents' feelings of isolation are detailed in table 3.15. This question was recoded to simplify analysis, merging those who responded 'Yes, always' or 'Yes, sometimes' to the original question under 'Yes'. While 39% of those who responded to this question said that they never felt isolated (n. 47), 59% said that they sometimes or always felt isolated (n. 71). 2% were unsure (n. 2).

Table 3.15: Do you ever feel isolated?

		Frequency	Valid Percent
	Yes	71	59.2
	No	47	39.2
	Don't know	2	1.7
	Total	120	100.0
Missing	System	8	
Total		128	

Contrary to assumptions that everyone will feel isolated sometimes, a large number said that they never felt isolated. However, the majority did at least sometimes experience feelings of isolation, suggesting that this may be a key problem for local LGBT people and communities. In order to explore this data further, feelings of isolation were crosstabulated against responses to other questions. Table 3.16 explores feelings of isolation by race and ethnicity, crosstabulating those who identified as White British/English/Welsh/Scottish/Northern Irish ('White UK') against those who identified with other races or ethnicities. According to table 3.16, just over a half of those identified as White UK sometimes felt isolated (55%, n. 54), while 44% said that they did not (n. 43) and one person did not know (1%, n. 1). However, the vast majority of those who identified with another race or ethnicity said that they sometimes felt isolated (81%, n. 17), and only a small number did not (14%, n. 3).

Table 3.16: Feelings of isolation by race and ethnicity (White UK/Other) - P=0.026

			Race and Ethnicity	
			White UK	Other races or ethnicities
Feelings of Isolation	Yes	Count	54	17
		% within Race and Ethnicity	55.1%	81.0%
	No	Count	43	3
		% within Race and Ethnicity	43.9%	14.3%
	Don't know	Count	1	1
		% within Race and Ethnicity	1.0%	4.8%
Total		Count	98	21
		% within Race and Ethnicity	100.0%	100.0%

This table indicates that there is a clear connection between feelings of isolation amongst LGBT people, and identifying with an ethnic group other than 'White UK'. Further work to build bridges between BME communities and LGBT communities should be engaged in to tackle this.

Additionally, feelings of isolation were also explored through respondents' experiences of mental health difficulties, as outlined above in section 3.4. Table 3.17 outlines the crosstabulated results, showing that of those who have experienced any of the listed mental health difficulties in the past year, almost three quarters (74%, n. 58) said they felt isolated at least sometimes, and less than a quarter (24%, n. 19) did not. One person did not know (1%, n. 1). Conversely, less than a third of those who have not experienced any of the listed mental health difficulties in the past year said that they sometimes felt isolated (31%, n. 13), and more than two thirds said they did not (67%, n. 28). Again, one person said they did not know (2%, n. 1).

Table 3.17: Feelings of isolation by experiences of mental health difficulties - P<0.001

			Have you experienced any mental health difficulties in the past year?	
			Yes	No
Do you ever feel isolated?	Yes	Count	58	13
		% within Mental Health	74.4%	31.0%
	No	Count	19	28
		% within Mental Health	24.4%	66.7%
	Don't know	Count	1	1
		% within Mental Health	1.3%	2.4%
Total		Count	78	42
		% within Mental Health	100.0%	100.0%

This table finds that there is also a connection between isolation and experiencing mental health difficulties. This highlights the particular problems that feelings of isolation can present, and indicates a clear need to tackle isolation in the local area.

Isolation was not found to be statistically significant in relation to which part of East Sussex respondents said they lived in (Hastings, Rother, Eastbourne, Wealden, Lewes or elsewhere), nor in relation to whether they lived in a rural or urban area. Isolation is not just a feature of rural areas, and can be as much a problem in Hastings or Eastbourne as elsewhere.

The questionnaire also asked local LGBT people to tell us in their own words about their experiences and feelings of isolation. Their qualitative responses were categorised into table 3.18 for additional clarity and explanation of the quantitative data. Many people associated feelings of isolation with their difficulty socialising with others (n. 16) or specifically due to not having LGBT friends or colleagues (n. 11). Geographic isolation was also a factor for those living in rural areas or who could not travel easily (n. 9). Some felt isolated in the workplace (n. 6), from 'LGBT' communities (n. 6) or said that being LGBT is inherently isolating (n. 6). Being single (n. 5) and living away from immediate family (n. 5) were also discussed in terms of feeling isolated. Finally, a number of people said that they felt isolated due to an aspect of their identity other than being LGBT, such as race, Deafness, age, gender identity and religious belief (n. 9).

Table 3.18: Respondents' feelings of isolation.

Experiences of feeling isolated	Frequency
Difficulty socialising	16
Not being with/having LGBT friends/colleagues	10
Geographically isolated and difficulty travelling	9
Isolated at work	6
Isolated from L/G/B/T communities	6
Being LGBT is inherently isolating	6
Being single	5
Isolated from family	5
Isolated due to mental health difficulty	4
Isolated due to age	4
Isolated due to living alone	3
Isolated due to race/ethnicity	2
Isolated due to being trans	1
Isolated due to being Deaf	1
Isolated due to lack of money	1
Isolated due to my religion	1

Socialising and being around other LGBT people was discussed by a number of respondents. For example:

- *'Live rurally, work long hours, not made any new friends in LGBT community since moving to latest location 8 years ago. Travel quite far to socialise with friends and further to see my immediate family.'*

- *'Socially isolated. Small circle of friends, none of whom are gay/bi males. Feels like nowhere to go. Heading to Brighton means having to catch last train home at 2330, meaning nights out are of limited value to enjoy night life. No local LGBT friendly venues to attend that I am aware of.'*

These respondents speak of their particular desire to socialise with other LGBT people, suggesting that this may be important in staving off feelings of isolation. That the former respondent has not made new LGBT friends in 8 years, and considers this a factor in their isolation, speaks of the difficulties which may be involved. Additionally, the latter respondent highlights the intersecting difficulties of the perceived lack of local LGBT social options, and the difficulty in travelling to gay 'hotspots' such as Brighton. The proximity of Brighton, the 'gay capital' of the UK, does not mean that all LGBT socialising needs are automatically met. Similar concerns surrounding LGBT socialising in East Sussex were noted in Section 3.3. Socialising, particularly with other LGBT people, should not be considered insignificant or an 'extra' to people's lives. These respondents show that it is a factor in isolation, which in turn relates to local LGBT people's mental health (see Table 3.17). Safe spaces for LGBT socialising are needed in East Sussex, beyond those available in Brighton & Hove. Efforts to create such spaces could also benefit from work improving LGBT people' feelings of safety in 'mainstream' areas, for example through improving relations and understanding between different local communities, such as LGBT, faith and BME communities.

However, even access to LGBT social spaces does not always provide an antidote to feelings of isolation. Other respondents discussed how they felt isolated even from supposedly 'LGBT' communities:

- *'Bisexuality is invisible both within and without the LGBT community. I feel isolated from my children, who have never accepted it. Partners are suspicious of it and relatives and friends tend to ignore it because it seems invisible.'*
- *'It is very difficult for me to participate in the Gay community as a deaf person, which causes experiences of isolation. I feel the community is heavily based on the music industry, which is inaccessible.'*

Given respondents frequently discussed isolation in terms of the need to socialise with other LGBT people, these comments should make us consider the importance of exclusion within LGBT scenes and communities. Other respondents discussed feeling isolated from these spaces due to race, religion, age and lack of money. Efforts to tackle isolation amongst local LGBT people should take into account these intersecting factors resulting in potential exclusion, and where possible work to establish greater connections between relevant communities.

Finally, one respondent discussed his own situation as an older gay man:

- *'When you are a gay man, with no children, and not much family left, and your partner of 40 years dies, this is someone who you gave up your full time job to care for them 24/7 because they had Parkinson's disease and dementia, then when they suddenly go, I have to say that the day after he died, I had never felt so alone and old and useless.'*

Clearly isolation is not an isolated condition – it can be connected to a variety of other issues and problems such as age, mental health, race and ethnicity, etc. Additionally, this report found that isolation was by no means limited to 'rural' areas of East Sussex, and LGBT people could also experience isolation in larger towns such as Hastings It is vitally important that isolation is tackled amongst local LGBT communities. Public sector organisations should work with local LGBT communities and community groups to raise awareness of isolation issues. However, since LGBT people who feel isolated may also be isolated from these very communities, it is important that 'mainstream' services are also utilised to raise this awareness.

3.6 Safety, Hate Incidents and Hate Crimes

Section 3.6 details the findings regarding negative experiences from others due to the respondents sexual and/or gender identities. These experiences include verbal abuse, physical violence, criminal damage, harassment, sexual assault, negative comments, teasing and bullying. Such experiences may fit into the categories of 'hate incidents' or 'hate crimes' depending on their nature. This section begins by outlining what might fall under each of these categories. It then moves on to outline the prevalence of particular experiences, the location of the experiences, feelings regarding the experiences, and issues of reporting.

3.6.1 Defining Hate Incidents and Hate Crimes

The Association of Chief Police Officers (ACPO) distinguishes between 'hate incidents' and 'hate crimes'. A hate incident is defined as 'Any non-crime incident which is perceived by the victim or any other person, as being motivated by hostility or prejudice based on a person's sexual orientation.' A hate crime is defined as 'Any hate incident, which constitutes a criminal offence, perceived by the victim or any other person, as being motivated by prejudice or hate based on a person's sexual orientation.' (EHRC 2009). While it is not possible in this research to define exactly which respondents experienced hate crimes and which experienced hate incidents, it should be noted that even non-criminal behaviour (eg. hate incidents) can have a strong impact on LGBT lives.

3.6.2 Types of Negative Experiences from Others

Table 3.19 shows the numbers of respondents who said that they had experienced at least one of the following in the last 5 years due to their sexual and/or gender identity - verbal abuse, physical violence, criminal damage, harassment, sexual assault, negative comments, teasing or bullying. 44% (n. 52) of respondents to this question said that they had, while 55% (n. 65) said that they had not. 2% (n. 2) said they didn't know – this could be due to not knowing the reason for the experience, or that they were not sure it was directed at them.

Table 3.19: Have you experienced verbal abuse, physical violence, criminal damage, harassment, sexual assault, negative comments, teasing or bullying in the last 5 years that was due to your sexual and/or gender identity?

		Frequency	Valid Percent
	Yes	52	43.7
	No	65	54.6
	Don't know	2	1.7
	Total	119	100.0
Missing	System	9	
Total		128	

The following bar chart (Chart 3.2) details the particular experiences of people who responded 'yes' in Table 3.19. Note that respondents could tick more than one experience. This means that these percentages are not cumulative. The chart shows that 38% (n. 48) of all respondents had experienced verbal abuse, negative comments and/or teasing; 7% (n. 9) had experienced harassment; 4% (n. 5) had experienced bullying; 4% (n. 5) had experienced another type of negative experience; 3% (n. 4) had experienced physical violence; 2% (n. 3) had experienced criminal damage; and 2% (n. 3) had experienced sexual assault due to their sexual or gender identity within the past 5 years.
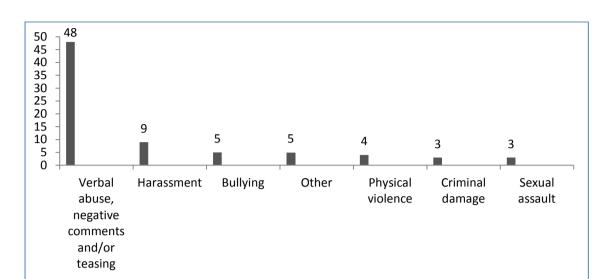
Chart 3.2: Which of these negative experiences occurred to you?

The most common experiences were those of a verbal nature – abuse, negative comments and/or teasing – these were experienced by almost all of those who replied 'Yes' in table 3.19 (92%, n. 48). However, it is clear that ostensibly more serious incidents related to sexual and gender identities still occur. Additionally, when asked about the nature of the 'Other' negative incidents, all five respondents had experiences which they themselves described as 'everyday' or minor.

Table 3.20: Other negative incidents experienced due to sexual and/or gender identity

Type of negative experience	Frequency
'Everyday' or minor but intimidating/distressing	5

However, the respondents could still find these 'everyday' incidents distressing, as this lesbian respondent tells us:

- *'I had 'LES' written on my car when it was covered in snow. This may not sound much, but I found it very distressing knowing that some people in the area that I live feel that they need to insult and hurt me.'*

This respondent emphasises that even something as supposedly simple as 'LES' written on a snow-covered car can contribute to feelings of distress. The questionnaire also asked for further qualitative details of all incidents reported. These details also suggest that many such incidents are experienced as minor, 'everyday' or to be expected:

- *'Just comments to others when I was in earshot'*

- *'Just name calling'*
- *'Just strangers shouting things like 'look at the gays' and stuff.'*
- *'Nothing major'*
- *'The usual stuff like, ""You're not a lesbian"" or ""You're just afraid of commitment"" etc'*
- *'Was just an everyday thing'*

These respondents downplay the importance of their experiences with words like 'just' and 'nothing major', seeming to mark them as unimportant due to their frequency ('just an everyday thing') and their expected nature ('the usual stuff'). Here negative comments and verbal abuse in particular are trivialised by some LGBT respondents. Another respondent suggests that these experiences can be felt as inclusive or as just 'banter' which should not be taken too seriously:

- *'Banter and teasing are sometimes good things. I would feel very left out in some situations if my team mates in sport or work colleagues were giving each other banter and not me. Sometimes not being included in such things is more negative. Everyone has something that can be teased about and everyone has to learn to deal with it – it's what makes us strong and able to cope in life. People also have their own opinions and if that means they disagree with who I am then that's fine - as long as it's not extreme or insulting.'*

Here negative comments, teasing and verbal abuse can be experienced as either inclusive or as something LGBT people must learn to put up with – unless the comments are 'extreme' or 'insulting'. However, this respondent continues:

- *'Wrapping up people in cotton wool and becoming too 'pc', I feel is just as damaging as going too far the other way where nothing gets challenged such as saying 'That's gay' when someone does a horrible or 'uncool' thing.'*

This quote reveals the difficulty in pinning down what can be considered merely inclusive/harmless 'banter' and what is 'extreme or insulting'. Use of the phrase 'That's gay' as a pejorative would seem to be exactly the kind of phrase often defended as harmless banter, a linguistic device supposedly not really connected with negative feelings towards homosexuality. For this respondent, however, it needs to be challenged. This respondent's shared views in the questionnaire, along with the earlier story told by the respondent with the snow-covered car, attests to the harm that this even 'everyday' or insignificant verbal abuse can cause, and to the fact that what is considered insignificant by one LGBT person may highly significant to another. Furthermore, while certain

language may be accepted as everyday and 'put up with' for now, a breaking point may come one day. Foregoing research has already confirmed links between such 'minor' incidents and experiences of physical and mental health difficulties (Kelleher 2009, Meyer 1995). Therefore this report recommends that local communities and public sector organisations should not assume that 'minor' incidents are unimportant or that they do not have an impact – this includes issues of 'third person discrimination' where an individual is exposed to offensive, insulting or harmful language between others.

3.6.3 Where these experiences took place

Table 3.21 shows how the qualitative data regarding where experiences in section 3.4.2 took place – this data has been categorised for the purposes of analysis.

Table 3.21: Where did the negative experiences take place?

Location	Frequency
Public place/street	16
Place of study/work	15
At/near home	7
'Everyday'	4
In LGBT space	1
Professional/service	1

This table reveals that the most common location for experiencing the kinds of incidents outlined in section 3.4.2 was in a public place or street (n. 16), closely followed by respondents' places of study or work (n. 15). 7 respondents had these experiences at or near their homes, and 4 described them as regular or 'everyday' experiences:

- *'Part of daily life for the LGBT community in my experience.'*

This corresponds with previous qualitative data which suggests LGBT people can experience such incidents on a regular, everyday basis. Finally one person said that it had been from a professional, and one person had these experiences in an LGBT space:

- *'Experienced some negative comments around my sexuality, from within the female gay community on a lesbian dating site.'*

This respondent reminds us that spaces for sexual minorities are not necessarily universally welcoming and may themselves be spaces of exclusion and abuse for some LGBT people.

3.6.4 What effects these experiences had

This section reveals what effects these negative incidents had on them and on others. The data gathered for this question was qualitative and has been categorised per Table 3.22, below. It reveals that 13 people said the incident made them feel angry or annoyed; 11 felt distressed or anxious; 8 said that there was no effect or they 'laughed it off'; 6 said that it affected others close to them; 5 said that they felt a loss of confidence; 5 said that they felt afraid; 3 felt depressed; and 3 expressed a desire to move away from the local area.

Table 3.22: What effect the negative experiences had

Effect of Incident	Frequency
Angry/annoyed	13
Distressed/anxious	11
Laughed off / no effect	8
Affected people close to me	6
Lost confidence	5
Fear	5
Depressed	3
Left area or desired to	3

Some of the respondents highlighted the profound emotions and effects which experiencing these kinds of incidents can have:

- *'Caused me a great stress and I had to call the police one time, and was frightened when a lot of young people gathered opposite my house and made threatening comments.'*
- *'Felt angry and humiliated, want to move but we were here first.'*
- *'Frightening for me and my friend - and for strangers around us in the dark street. Left us feeling angry, vulnerable, disempowered, difficult to sleep.'*

However, it is not only the incident itself but the support received which matters:

- *'I did not feel supported by management or colleagues who took the line that this was part of the job.'*
- *'[The incidents] seriously impacted on my ability to engage in my studies. Felt very angry and let down. Also was made to feel that I was making a fuss. Felt that I had to educate university staff. Very stressful time.'*

Not only does this latter respondent feel personally distressed – with a knock-on effect on their studies – but the poor support means that they also feel the burden of having to 'educate' those

who should be supporting them. The poor support thus exacerbates the issue by not dealing with the original incident, and then by making the student feel that they must struggle with the staff too. Finally, some respondents explained how the incidents had little effect on them:

- *'Laughed them off - am very used to them by now after 15 years as an out gay man.'*
- *'None - I'm used to it and it doesn't hurt me now.'*

While both of these respondents suggest that the incidents had no effect, they make it clear that their resilience has been built up over time through regularly experiencing such incidents. It is possible that young or newly-'out' LGBT people will not have had a chance to build up this kind of resilience, and even those who have been 'out' for a long time may not have developed it. Therefore indications that these negative incidents have no effect on some LGBT people should not be taken to suggest that all LGBT people can or should develop such resilience. Neither should they be taken to suggest that such incidents are acceptable or welcomed – it is likely that even the most blasé respondents would not choose for them to continue, and it is possible that such regular abuse may have effects in the future.

3.6.5 Reporting of Experiences

Table 3.23, below, shows the numbers of people who reported any of these incidents – this could be to the police, the local Partnership Community Safety Team, or any other group or organisation (see following section for details). The table indicates that of those who said they had experienced an incident in section 3.4.2, only 24% (n. 12) had reported an incident. 75% (n. 38) said that they had not, while one person (2%) was unsure.

Table 3.23: Did you report any of these incidents?

		Frequency	Valid Percent
	Yes	12	23.5
	No	38	74.5
	Don't know	1	2.0
	Total	51	100.0
Missing	System	77	
Total		128	

The questionnaire also invited those respondents who did report an incident to detail who they reported to. Some respondents reported to more than one group or organisation. Table 3.24 collates this qualitative data, revealing that the police were the most common means of reporting (n. 8), and 3 respondents reported to their place of work/study. 1 respondent reported to their local MP, 1

spoke to an LGBT community group, 1 used the True Vision online hate crime reporting service, and 1 reported to the local Partnership Community Safety Team (PCST).

Table 3.24: Who did you report the incident to?

Who the incident was reported to	Frequency
Police	8
Place of work/study	3
MP	1
PCST	1
True Vision	1
LGBT community group	1

These responses indicate that local LGBT people choose a number of different avenues when reporting hate crimes and hate incidents, though the police appear to be the most common resource when reporting.

Those respondents who reported an incident were asked to give details of their experiences of reporting. These qualitative responses were categorised as either 'positive overall' or 'negative overall', as shown in table 3.25:

Table 3.25: Experiences of reporting

Reporting Experience	Frequency
Positive overall	6
Negative overall	4

Some of those who reported to the police in particular seemed very satisfied with their experience, with one describing it as '*very good'* and another as *'excellent'*. However others described a more complex path to a satisfactory resolution:

- ***'At first I don't think I was treated seriously - I felt I was perceived as a middle aged woman living on her own who was just making a fuss over nothing. Later though I felt my situation was taken more seriously and things really improved when I had all the different agencies involved: the police, victim support, HRRA (Hastings and Rother Rainbow Alliance), and the social housing landlords.'***

This respondent highlights a multi-agency approach to resolving hate crime which involves the local public sector (Sussex Police), the voluntary sector (Victim Support), local LGBT community groups (HRRA) and commissioned landlords. Indeed this respondent cites the multi-agency approach as being key to her satisfaction. However, not all respondents had good experiences:

- *'On one occasion the police responded, with two police cars and was a 'hot fuzz response' but too late. I tried to report it as a transphobic incident, which does not seem to help, as they did not appear to have much knowledge and seemed unaware of the hate crime motive. As yet I do not feel confident in their reaction to stating and discussing the hate crime aspect... The experience is not at all whatsoever like homophobia.'*

Here we are reminded that there are different kinds of hate crime and incident, not just regarding the nature of the incident but also whether it is homophobic, biphobic or transphobic. These are not the same thing and good practice surrounding homophobic hate crime reporting may not necessarily translate into biphobic or transphobic hate crime reporting.

Finally, the questionnaire also asked about incidents which were not reported, inviting respondents to explain why they didn't report. Their qualitative data was then categorised into Table 3.26, below. This table highlights the most common reasons given for not reporting the incidents. The most common reason was that the incident wasn't important enough to report (n. 15), while almost as many respondents said they felt reporting would not help resolve their situation or the incident (n. 14). Smaller numbers said they were afraid reporting would make things worse (n. 4) or that they dealt with it themselves (n. 4). Others had come to accept the incidents as normal or to be expected (n. 3), felt uncomfortable reporting (n. 3), wanted to ignore the incident (n. 1) or said that reporting was too much effort (n. 1).

Table 3.26: Why did you not report the incident?

Reason for Not Reporting	Frequency
Felt it wasn't important enough	15
Felt it wouldn't help	14
Fear of making things worse	4
Dealt with it by myself	4
Accept it as normal	3
Ashamed/felt uncomfortable	3
Wanted to ignore it	1
Too much effort	1

These respondents explain feeling some of the most common reasons for not reporting:

- *'There was no way they'd find the people, and it just feels like wasting my time and the police's time. It's not just water off a duck's back, it still feels wrong, but I suppose the police probably have more important things to do.'*
- *'There wouldn't be any point reporting someone for shouting insults in the street, it happens all the time.'*

Here the most common incidents – verbal abuse, negative comments and teasing – are ubiquitous and 'feel wrong', but neither respondent feels that there is no point in reporting them.

Since less than a quarter of those who experienced negative incidents based on their sexual and/or gender identities reported the incidents, this report recommends that further work is needed to increase reporting rates of hate incidents and hate crimes against LGBT people.

Reporting organisations such as the police should also show that reporting 'minor' issues is important and productive. Organisations involved in hate crime reporting procedures should work to increase local communities' awareness of how hate incidents as well as hate crimes can be responded to, and should respond to hate incidents robustly and publicise these responses to local LGBT and 'mainstream' communities. Additionally, given changes to the hate crime reporting procedures in East Sussex in 2012, it is important that there is clarity and wide awareness of these changes.

3.6.5 Feelings of Safety in East Sussex

This section of this chapter explores respondents' feelings about safety. The questionnaire invited respondents to give some details about their overall feelings of safety in Hastings, Rother and wider East Sussex – these details were coded into Table 3.27, below. Many respondents said that there were specific times of day or particular places in the local area which they would avoid to feel safe (n. 34). Some also said that overall they generally felt safe (n. 29). A number said that they felt safe mainly when 'passing' as straight or cisgendered (n. 9), and 3 people said that being a woman, rather than being LGBT, made them feel unsafe (n. 3).

Table 3.27: How safe do you feel in East Sussex?

Overall feelings about safety in Hastings, Rother and wider East Sussex	Frequency
I regularly avoid particular places or particular times	34
I mostly feel safe	29
I feel safe when 'passing' as straight or cis	9
Being a woman makes me feel unsafe	3

Given the quite high number of qualitative responses stating that local LGBT people felt mostly safe in the local area (n. 29), we may question the idea that rural areas or areas of deprivation like Hastings are necessarily unsafe or unwelcoming spaces for LGBT people. Some of the qualitative

responses themselves brought these ideas out in greater detail, with some respondents feeling that parts of Hastings, at least, were both safe and LGBT-friendly:

- *'I feel very safe in my locale which incorporates Hastings Old Town, which is very gay friendly. I'm comfortable to be seen as part of a same sex couple locally. In other parts of Hastings and St Leonards, I would be more cautious.'*

Others similarly presented a differentiated geography of Hastings, in which the town centre at specific times can be an unsafe area:

- *'Hastings Town Centre is unsafe at weekends during the night. I would not walk alone in any parts over night. I would find it difficult/unsafe to socialise in an LGBT venue in Hastings.'*

These respondents reveal that 'safety' is both temporal and geographical, involving more than particular towns or areas taken as a whole. The example given by these respondents, Hastings, is felt to be both safe and unsafe in different areas. Neither are feelings of what is 'safe' for LGBT people simple. One respondent compared their home in rural Rother to experiences in Hastings:

- *'Feel fairly safe in my immediate rural surroundings but less so in Hastings town centre, particularly in the evening.'*

Here it is rural areas which are felt to be more safe, and more built-up areas – often thought of as necessarily more inviting for LGBT people – which are felt to be less safe. The nearby 'gay capital' of Brighton was also mentioned by a number of respondents:

- *'Only in Brighton do I really relax and feel as though I have rights and that I'd be OK if something did kick-off.'*
- *'Obviously, I have no problem being openly gay if I'm in Brighton. But, I would err on the right side of caution elsewhere in East Sussex.'*
- *'I live in Brighton where as a lesbian I feel safe.'*

Not only is Brighton considered to be *'obviously'* safe, but its influence is felt responsible by one respondent for feeling safe in wider East Sussex:

- *'East Sussex benefits from the strong communities there are in Brighton and so therefore I do not have any fears for safety.'*

However, one respondent complicates this picture also:

- *'Where I live, in Seaford, [I'm] unaware of any "hate crimes/queer bashing" but as there's precious little in the way of ANYTHING for the gay community in either Seaford/Eastbourne, you have to go further & expose yourself to possible dangers ie. Brighton.'*

This respondent suggests that, rather than being a place of 'obvious' LGBT safety, Brighton can be experienced as dangerous by some LGBT people. Meanwhile Seaford and Eastbourne are felt to be safe, but this respondent feels forced to visit more risky Brighton due to the lack of LGBT community in these towns.

These respondents' discussions reveal that experiences of 'safety' in East Sussex are more complex than simply considering particular towns as a whole (such as Hastings) to feel unsafe, or than positing rural areas as necessarily LGBT-unfriendly. Neither is Brighton necessarily a panacea – while its influence may be experienced beyond its geographical boundaries, it can itself be experienced as risky or dangerous by local LGBT people who nevertheless feel they have nowhere else to go. The relative proximity of Brighton should not be assumed to naturally promote feelings of safety for LGBT people, and neither should rural areas be assumed to be naturally hostile to LGBT people.

3.6.7 The Meaning of 'Safety' for Local LGBT People

Making a final point about safety, this section reveals what local LGBT people said the word 'safety' meant to them. Once more this data was qualitative in nature, and responses were categorised into the following table. Two types of response dominated. 52 people said that 'safety' meant not having to fear experiencing abuse, including verbal abuse, based on their sexual and/or gender identities. 14 people said that it meant feeling free or being able to be themselves or express themselves, particularly with regard to sexual and/or gender identities.

Table 3.28: What does 'safety' mean for you?

Meaning of 'Safety'	Frequency
Not being afraid of experiencing abuse (including verbal)	52
Being able to be or express yourself	14

One LGBT respondent suggested that feelings of what constitutes 'safety' for LGBT people might not be something which occurs to non-LGBT people:

- *'I suppose it's about having what straight people have - the knowledge that your sexuality won't be used as a weapon against you. It probably wouldn't occur to a straight person that that might be what an LGBT person considers safety!'*

Here safety is not necessarily about violence or crime, but with sexuality or sexual identity itself as the crucial factor, it being something with which one can be attacked. Others emphasised the importance of safety going beyond that which might be explicitly identified as violence or crime:

- *'This is about an internal experience as well as an external one. The legislation we have in place is important and I feel supported by this and value it, but I think safety and feeling ok about myself is about more than this.'*

For local LGBT people, safety is not just a matter of crime or physical violence – it is also about experiences of being LGBT and the fear of abuse, including verbal abuse, received due to being LGBT. This further attests to the need, raised throughout section 3.4, of understanding the potential impact of 'minor' hate incidents such as negative comments and verbal abuse.

3.7 What Would Make Your Life Better?

In this section of Chapter 3, the report describes LGBT people's responses when asked 'With regard to your sexual and/or gender identity, what would make life better for you in East Sussex?' The data gathered was entirely qualitative, but Table 3.29 categorises the answers.

Table 3.29: What would make life better for you?

What Would Make Life Better?	Frequency
More social events / socialising	20
General tolerance	7
More positive LGBT imagery	2
More health services	1
LGBT people taking responsibility	1
Less drunkenness	1
Clean streets	1
Support for elderly LGBT people	1
Better safety	1
A partner	1
More groups to join	1
Better transport	1
More LGBT services	1
In Vitro Fertilisation for lesbians	1

The highly diverse set of responses reminds us that there are many issues which are felt to be the 'most important thing', highlighting the diversity of LGBT lives in the local area and the fact that a 'one size fits all' approach will not work. However, clearly socialising is an issue of importance to many local LGBT people, with 20 respondents citing it as the key thing which would make their life better. Some of the qualitative responses particularly emphasise a geographic issue surrounding LGBT socialising, such as the issues facing more rural areas described by these respondents from Wealden and Lewes, respectively:

- *'More of us! Everyone gravitates to the big cities leaving an imbalance in rural areas and small towns.'*
- *'Knowing more LGBT people closer to where I live.'*

However, other respondents pointed out that this inability to socialise is not limited to these areas, with respondents from Hastings also indicating that they face difficulty in meeting and being with other LGBT people:

- *'More openess in towns such as Hastings . I find it amazing that in a town that has a big student (young) population amongst whom are many gay young men and women, that there is no real openly gay social scene... Somebody needs to invest in setting up a gay friendly bar/cafe where the community could meet up.'*
- *'To have more LGBT things in the area. All I hear is that something happens and then it stops. We need more.'*

In addition to the findings regarding isolation in section 3.5, the findings in this section point to the importance of socialising with other LGBT people for the questionnaire's respondents. For many this is not seen as a luxury or an optional extra, but as the key thing to make life better for them as an LGBT person in East Sussex. This report recommends that local public services and community groups be aware of the importance afforded to LGBT socialising, and to consider how they can support opportunities for socialising amongst local LGBT communities.

3.8 What Did The Questionnaire Not Ask About?

The final section of Chapter 3 highlights respondents' answers when asked 'With regard to your sexual and/or gender identity, is there anything else that should have been included in this research?' This question gave respondents an opportunity to speak back to the researchers and raise issues left invisible in the rest of the questionnaire. The most common response related to issues of marriage and civil partnerships:

- *'Attitude to Civil Partnerships, marriage, whether we are in a CP, how long we have been with our partners, etc.'*
- *'I am in a civil partnership.'*
- *'Surprised that Civil Partnerships, and the way they are conducted, and recognised, and understood by public servants, didn't feature in the questionnaire - this was VERY important to us, giving us legal, property, kinship rights etc.'*

Relationships and civil partnerships are clearly considered important by these respondents, not least for the legal reasons noted in the final quote. Future research should include questions concerning relationships, civil partnerships and marriages.

Some other responses noted the importance of understanding issues of intersectionality and dual discrimination / multiple marginalisation:

- *'I would be particularly interested to see the needs of aging LGBT people better met'*
- *'It is important to keep in mind that we all have multiple identities (ie. ethnicity, sexual orientation, age, gender…) and it can be difficult to study just one aspect of ourselves & make it meaningful. For example, if I am experiencing discrimination can I be sure that it is because I am gay or a woman or French?'*
- *'Looking at LGBT identity in isolation excludes my experience. I am not just a lesbian.'*

Similarly, one other respondent asked the researchers to consider in greater depth those for whom identities are not certain:

- *'Although I identify as a lesbian, I have had relationships with men (most gay women have) and both my children have a natural father within a relationship. So many LGBT people are frustrated by labels. We conformed because we were confused and had the huge fear of rejection by family, friends or colleagues. Then we become unsure whether we're gay or bi, because of those experiences and labels.'*

This respondent invites us to consider the complexities of LGBT identifications. 'Coming out' even to one's self is not a one-step process, nor is it necessarily ever completed. LGBT lives and identities do not necessarily fit into the boxes which questionnaires such as this one construct.

3.9 Local LGBT Lives: Conclusion

The majority of respondents said they lived mainly in Hastings (43%, n. 39), while 14% lived in Brighton & Hove (n. 13). This was followed by Rother (13%, n. 12), Eastbourne (11%, n. 10), Lewes (10%, n. 9) and finally Wealden (8%, n. 7). One person did not live in East Sussex (1%, n. 1). Further work may be needed to engage LGBT people living in Rother, Wealden, Eastbourne and Lewes.

The majority of respondents said it was easy (30%, n. 28) or neither easy nor difficult (30%, n. 28). However, almost as many said it was very easy (27%, n. 25). One person was unsure (1%, n. 1) and no-one said it was very difficult (0%, n. 0). One person was unsure (1%, n. 1). However, the qualitative data offered important caveats, particularly regarding the ability to 'pass' as straight or cisgendered, and rural communities may need particular support. The report recommends that rural public services should raise awareness of LGBT services and events through their local communities. Additionally, further research is needed to uncover the particular needs of rural LGBT people in East Sussex.

Hastings was the most common place for LGBT people to socialise (39%, n. 36). However, a larger number of people said that they mainly socialised in Brighton & Hove (29%, n. 27). This was followed by Eastbourne (10%, n. 9), Rother (8%, n. 7), Wealden (3%, n. 3) and Lewes (2%, n. 2). Additionally, 4 people said that they mainly socialised outside of East Sussex (4%, n. 4) and 1 person said they were unsure (1%, n. 1). The qualitative data revealed a preference for socialising in bars, pubs or clubs. Additionally, the questionnaire asked if there were places people would not go to socialise. Almost half said that there were such places (48%, n. 46) while 40% said there were no places they wouldn't

go to socialise (n. 37). 13% said they were unsure (n. 12). Finally, the majority had travelled away to socialise with other LGBT people once or twice within the past year (41%, n. 39) while equal numbers said that they had done so several times a month (28%, n. 27) or that they had not done so at all (28%, n. 27). The majority travelled to Brighton or London. LGBT people in East Sussex may be relying on Brighton for socialising with other LGBT people. It is possible that this may create a vicious circle leading to fewer LGBT social opportunities in their local area. Public sector organisations should work with local LGBT community groups to raise awareness of local LGBT socialising opportunities and events.

The majority of respondents to this question (65%, n. 78) said that they had experienced at least one of the listed mental health difficulties. 35% (n. 42) said that they had not. Of those who responded 'yes' in table 3.9, 63% (n. 49) had experienced anxiety; 59% (n. 46) had experienced stress; 49% (n. 38) had experienced confidence or self-esteem issues; 47% (n. 37) had experienced depression; 33% (n. 26) had experienced insomnia; 26% (n. 20) had experienced significant emotional distress; 23% (n. 18) had experienced isolation; 21% (n. 16) had experienced suicidal thoughts; 17% (n. 13) had experienced panic attacks; 15% (n. 12) experienced difficulties with addictions or dependencies; 9% (n. 7) experienced anger management issues; 9% (n. 7) experienced difficulties with fears or phobias; 8% (n. 6) experienced difficulties with self-harm; and 6% (n. 5) experienced problem eating or eating distress. It is clear that a wide range of mental health difficulties are experienced by local LGBT people. 41% of those who had experienced mental health difficulties in the past year had received support (n. 32). However, the majority had not (58%, n. 45). One person was unsure (1%). Further work may be needed to advertise and provide such support. It may also be important to reduce any sense of stigma attached to seeking such support.

The most commonly-received forms of support for mental health difficulties were some form of counselling or therapy (n. 16), or medication (n. 11). Other types of support included some form of assistance from their families (n. 2), meditation exercises (n. 1), alternative therapies (n. 1) and doing physical exercise (n. 1). The majority had received this support from their doctor or GP (n. 15). Others had received support from a professional counsellor or therapist (n. 6), from their friends (n. 5), from local mental health support groups (n. 4), from their work or place of study (n. 4), or from their families (n. 2). This report recommends that clear signage indicating LGBT-friendliness be present in all GP surgeries and health provider spaces. Additionally, GPs and counsellors should be involved in staff development and training organised by local LGBT community groups, who may be able to speak about these issues from personal experience.

Less than half said that they would not like any more mental health support than they were currently receiving (47%, n. 37). 32% of those asked said that they *would* like to get additional support or help for their mental health difficulties (n. 25). A further 21% were unsure (n. 16). The most popular form of additional support requested was counselling or therapy (n. 11). Despite being one of the most commonly-received forms of support for mental health difficulties, no-one (n. 0) requested more support in the form of medication. This report recommends that additional mental health support for LGBT people should include counselling services. These should be advertised as LGBT-friendly, and procedures should be put in place to ensure this LBGT-friendliness.

While 39% said that they never felt isolated (n. 47), 59% said that they sometimes or always felt isolated (n. 71). 2% were unsure (n. 2). This was connected to race and ethnicity - just over half of those identified as White UK sometimes felt isolated (55%, n. 54), while 44% said that they did not (n. 43) and one person did not know (1%, n. 1). However, the vast majority of those who identified with another race or ethnicity said that they sometimes felt isolated (81%, n. 17), and only a small number did not (14%, n. 3). Further work to build bridges between BME communities and LGBT communities should be engaged in to tackle this. Of those who have experienced any of the listed mental health difficulties in the past year, almost three quarters (74%, n. 58) said they felt isolated at least sometimes, and less than a quarter (24%, n. 19) did not. One person did not know (1%, n. 1). Conversely, less than a third of those who have not experienced any of the listed mental health difficulties in the past year said that they sometimes felt isolated (31%, n. 13), and more than two thirds said they did not (67%, n. 28). Again, one person said they did not know (2%, n. 1). Finally, the qualitative data revealed that LGBT socialising could be a factor in isolation, and that isolation was by no means limited to 'rural' areas of East Sussex. Public sector organisations should work with local LGBT communities and community groups to raise awareness of isolation issues. However, since LGBT people who feel isolated may also be isolated from these very communities, it is important that 'mainstream' services are also utilised to raise this awareness.

Regarding experiences of hate crime and hate incidents from others, 44% (n. 52) of respondents to this question said that they had experienced this, while 55% (n. 65) said that they had not. 2% (n. 2) said they didn't know. 38% (n. 48) of these respondents had experienced verbal abuse, negative comments and/or teasing; 7% (n. 9) had experienced harassment; 4% (n. 5) had experienced bullying; 4% (n. 5) had experienced another type of negative experience; 3% (n. 4) had experienced physical violence; 2% (n. 3) had experienced criminal damage; and 2% (n. 3) had experienced sexual assault due to their sexual or gender identity within the past 5 years. The qualitative data revealed that even 'minor' or everyday incidents could be distressing and damaging. This report recommends

that local communities and public sector organisations should not assume that 'minor' incidents are unimportant or that they do not have an impact.

The most common location for experiencing the kinds of incidents outlined in section 3.4.2 was in a public place or street (n. 16), closely followed by respondents' places of study or work (n. 15). 7 respondents had these experiences at or near their homes, and 4 described them as regular or 'everyday' experiences.

Of those who said they had experienced an incident in section 3.4.2, only 24% (n. 12) had reported an incident. 75% (n. 38) said that they had not, while one person (2%) was unsure, with the police being the most common means of reporting. The most common reasons for not reporting were that the respondent felt it wasn't important enough (n. 15) or that they felt reporting would not help (n. 14). This report recommends that further work is needed to increase reporting rates of hate incidents and hate crimes against LGBT people. Organisations involved in hate crime reporting procedures should work to increase local communities' awareness of how hate incidents as well as hate crimes can be responded to, and should respond to hate incidents robustly and publicise these responses to local LGBT and 'mainstream' communities. Additionally, given changes to the hate crime reporting procedures in East Sussex in 2012, it is important that there is clarity and wide awareness of these changes.

Qualitative data gathered revealed that experiences of 'safety' in East Sussex are more complex than simply considering particular towns as a whole (such as Hastings) to feel unsafe, or than positing rural areas as necessarily LGBT-unfriendly. Neither is Brighton necessarily safe. The relative proximity of Brighton should not be assumed to naturally promote feelings of safety for LGBT people, and neither should rural areas be assumed to be naturally hostile to LGBT people.

When asked 'What would make life better for you?', the majority of respondents (n. 20) indicated more LGBT social events or socialising. This report recommends that local public services and community groups be aware of the importance afforded to LGBT socialising, and to consider how they can support opportunities for socialising amongst local LGBT communities – in particular to tackle isolation and mental health difficulties.

Finally, qualitative data revealed that respondents considered their relationships and civil partnerships an important omission in the research. Future research should include questions concerning relationships, civil partnerships and marriages.

4.   Making Changes For LGBT People

4.1   *Making Changes For LGBT People: Overview*

Chapter 4 outlines the questionnaire's findings regarding the experiences of local LGBT people in connection with various types of LGBT equalities work. It begins by discussing LGBT people's use of local public sector services, with additional details on local libraries and Adult Social Care. The chapter then discusses LGBT service user monitoring by local public services, and preferred means of engagement and the use of Equality Impact Assessments. Then the report reveals findings regarding public sector cuts and the national context of 'austerity'. Finally it details responses given to questions about two local LGBT community groups – the Hastings and Rother Rainbow Alliance (HRRA) and BourneOut. Each section details the answers of respondents, and where relevant includes qualitative responses to further explore the data and highlight complexities which cannot be captured by the quantitative data.

Overall many respondents rated their experiences with public services high in terms of LGBT-friendliness, but many were also unsure and there were significant numbers of respondents reporting negative experiences. Libraries appeared well-used by LGBT people, and LGBT-specific events and services considered important. The majority of respondents said they did not use Adult Social Care and additional work may be needed to improve such responses. LGBT respondents were overwhelmingly willing to give details about the sexual and/or gender identities for monitoring purposes, provided these details were kept confidential and that the service was demonstrably LGBT-friendly. Some respondents did feel that they faced particular barriers when accessing public services, particularly regarding heteronormative or cisnormative assumptions. Regarding engagement, most respondents preferred to be engaged through voluntary groups such as the Hastings and Rother Rainbow Alliance (HRRA) or BourneOut, through questionnaires, or through social media. Equality Impact Assessments organised by local public services were considered important by respondents, but many were unaware of them or what impacts they could have. Finally, respondents demonstrated wide awareness of HRRA but understood that it could not be considered fully representative of all local LGBT people. Fewer respondents demonstrated awareness of BourneOut.

4.2 Experiences with Public Services

Section 4.2 explores the questionnaire's findings regarding respondents' experiences with local public sector services. First, it discusses how 'LGBT-friendly' some services were felt to be, and then how comfortable respondents felt in being 'out' about their sexual and/or gender identities to staff at these public services. Next it outlines some findings regarding two particular departments within East Sussex County Council – specifically Library and Information Services and Adult Social Care – suggested by LGBT Equality Forum attendees. The section then concludes by discussion monitoring issues and any barriers LGBT respondents faced when using public sector services.

4.2.1 The LGBT-Friendliness of East Sussex Public Sector Organisations

This section describes respondents' answers to the following question – **'On a scale of 1-5, with 1 being the least LGBT-friendly and 5 being the most LGBT-friendly, how LGBT-friendly do you find the following services?'**. The services listed included East Sussex hospitals, your GP, Sussex Police, Your local district council, East Sussex Fire & Rescue Service, East Sussex County Council - social worker, East Sussex County Council - social care provider, East Sussex County Council - residential services, East Sussex County Council - Children's Services, East Sussex County Council - Library & Information Service, and East Sussex County Council - other services/departments. However, the number of responses to some of these categories proved extremely low. It is possible that some respondents were not sure which providers they were accessing for particular services. For instance, respondents may not have known whether their county or their local district or borough council provides a service. Due to this, this report focuses on the findings regarding five of these services, specifically East Sussex Fire and Rescue Service, Sussex Police, Your Local Hospital, Your GP and Your Local Library. Note that these results are filtered to exclude those who said they do not use these services.

Beginning with East Sussex Fire & Rescue Service, table 4.1 shows that the majority (47%, n. 24) were unsure about the LGBT-friendliness of this organisation. 22% rated the organisation 4 (n. 11), and 16% (n. 8) rated it a 5. 10% (n. 5) rated it a 3, 4% (n. 2) rated it 2, and only 2% (n. 1) rated it as 1.

Table 4.1: How LGBT friendly is East Sussex Fire & Rescue Service?

		Frequency	Valid Percent
	1	1	2.0
	2	2	3.9
	3	5	9.8
	4	11	21.6
	5	8	15.7
	Unsure	24	47.1
	Total	51	100.0
Missing	System	77	
Total		128	

Table 4.2 moves on to discuss Sussex Police. In this table we can see that once again the highest percentage was for 'unsure', with a quarter of respondents to this question (25%, n. 17). Following in decreasing order, 22% (n. 15) rated Sussex Police as 4 for LGBT-friendliness, 21% (n. 14) as 3, 15% (n. 10) as 5, 12% (n. 8) as 2, and 5% (n. 3) as 1.

Table 4.2: How LGBT friendly are Sussex Police?

		Frequency	Valid Percent
	1	3	4.5
	2	8	11.9
	3	14	20.9
	4	15	22.4
	5	10	14.9
	Unsure	17	25.4
	Total	67	100.0
Missing	System	61	
Total		128	

Table 4.3 outlines these results with regard to respondents' local hospital. This time the most common result was 4 (27%, n. 22), followed closely by 'unsure' (23%, n. 19), then 3 (20%, n. 16), 5 (18%, n. 15), 2 (10%, n. 8) and 1 (2%, n. 2).

Table 4.3: How LGBT friendly is your local hospital?

		Frequency	Valid Percent
	1	2	2.4
	2	8	9.8
	3	16	19.5
	4	22	26.8
	5	15	18.3
	Unsure	19	23.2
	Total	82	100.0
Missing	System	46	
Total		128	

In table 4.4, we can see these results with regard to respondents' GPs. Just over a quarter rated their GP 4 (27%, n. 25), and slightly less rated them 5 (25%, n. 23). The next most common result was 'unsure' (20%, n. 19), followed by 3 (17%, n. 16), 2 (7%, n. 7) and 1 (4%, n. 4).

Table 4.4: How LGBT friendly is your GP?

		Frequency	Valid Percent
	1	4	4.3
	2	7	7.4
	3	16	17.0
	4	25	26.6
	5	23	24.5
	Unsure	19	20.2
	Total	94	100.0
Missing	System	34	
Total		128	

Finally, in table 4.5, the LGBT-friendliness of respondents' local libraries were rated by more than a third as 5 (37%, n. 25). A quarter said they were unsure (25%, n. 17), and just over a fifth rated them as 4 (22%, n. 15). Then in decreasing order, local libraries were rated 3 (n. 12%, n. 8), 2 (6%, n. 4) and no-one rated the LGBT-friendliness of their local library as 1 (0%, n. 0).

Table 4.5: How LGBT friendly is your local library?

		Frequency	Valid Percent
	1	0	0.0
	2	4	5.8
	3	8	11.6
	4	15	21.7
	5	25	36.2
	Unsure	17	24.6
	Total	69	100.0
Missing	System	59	
Total		128	

These findings suggest that while the LGBT-friendliness of these services is generally rated reasonably highly (as 4 or 5), indicating that effective work has been undertaken to build such feelings, many respondents described themselves as 'unsure', and there continue to be not inconsiderable numbers of respondents who feel that these services are not LGBT-friendly (1 or 2), or indicate that they could do more to be LGBT-friendly (3). This was backed up by a number of negative experiences described through qualitative questions which asked respondents for further information:

- *'Very bad experience with Eastbourne [District General Hospital] in relation to my partner visiting me when I was in there. It felt that we would not have been treated in this way had we been a heterosexual couple. The nurse dismissed the fact that my partner was my partner but allowed another heterosexual couple [to] have a visit out of visiting time. Very unpleasant.'*
- *'GPs and hospitals never raise the question about sexuality and don't give you the opportunity to discuss it, therefore they do not gain a whole picture of the person and their treatment needs. Most of these agencies low profile sexuality and do not feature it as part of their promotion, no images of Gay people, thereby ignoring its existence. Some are slightly better than others'*
- *'I am not comfortable around having to out myself to all the relevant agencies and from my experience there is no evidence of the organisation being available to LGBT people. It seems that I have to raise the LGBT needs when I make contact with the services.'*

However there was also qualitative evidence revealing examples of good practice within different services:

- *'My civil partner committed a crime against me and the Police were very helpful and sympathetic.'*

- *'The first time I rang up to register for council tax, I mentioned my partner, but was non-gender specific. The woman made no assumptions, used gender-neutral terms and when I revealed the partner was a she, was totally normal and accepting. Fantastic!'*

These responses highlight some particular areas of good practice exhibited by front-line workers, such as not making assumptions about the gender of service users' partners and being 'totally normal and accepting' of same-sex couples.

These findings suggest that further work is needed to improve feelings amongst local LGBT service users that services are LGBT-friendly. Good practice is clearly evident in some areas and this should be developed. Additionally, since 'unsure' responses are consistently high, services should work to make their LGBT-friendliness clearer – for instance via appropriate signage in public-accessible areas, as well as in mainstream as well as LGBT-targeted literature and materials.

4.3 Library and Information Services

This section briefly describes local LGBT people's feelings regarding local libraries, as part of East Sussex County Council Library and Information Services. Table 4.6 shows that the majority of those who answered this question said that they did use library services in East Sussex (57%, n. 55), while 42% (n. 40) said that they did not. One person did not know (1%, n. 1).

Table 4.6: Do you use any library services in East Sussex?

		Frequency	Valid Percent
	Yes	55	57.3
	No	40	41.7
	Don't know	1	1.0
	Total	96	100.0
Missing	System	32	
Total		128	

These results suggest that local library services are relatively well used by local LGBT people – this may be connected to the consistently high opinions of libraries' LGBT-friendliness shown in section 4.2. The questionnaire also asked respondents to rate the importance for them, as LGBT people, of some particular LGBT-related services or events offered by local libraries. Table 4.7 shows that 30% of respondents to this question felt that regular LGBT-focused events were very important (n. 27), another 30% felt them important (n. 28), and 22% felt them neither important nor unimportant (n. 20). 8% said they were unimportant (n. 7), and 2% rated them very unimportant (n. 2).

Table 4.7: How important are regular LGBT-focused events?

		Frequency	Valid Percent
	Very important	27	29.0
	Important	28	30.1
	Neither important nor unimportant	20	21.5
	Unimportant	7	7.5
	Very unimportant	2	2.2
	Don't know	9	9.7
	Total	93	100.0
Missing	System	35	
Total		128	

Table 4.8 shows that 43% of respondents to this question felt that the promotion of LGBT interest material in library displays was very important (n. 40), 29% felt them important (n. 27), and 15% felt them neither important nor unimportant (n. 14). 3% said they were unimportant (n. 3), and 1% rated them very unimportant (n. 1).

Table 4.8: How important is the promotion of LGBT-interest material in library displays?

		Frequency	Valid Percent
	Very important	40	42.6
	Important	27	28.7
	Neither important nor unimportant	14	14.9
	Unimportant	3	3.2
	Very unimportant	1	1.1
	Don't know	9	9.6
	Total	94	100.0
Missing	System	34	
Total		128	

Finally, table 4.9 shows that 35% of respondents to this question felt that the promotion of relevant library news promoted directly to LGBT individuals and organisations was very important (n. 33), 29% felt them important (n. 27), and 21% felt them neither important nor unimportant (n. 20). 3% said they were unimportant (n. 3), and 2% rated them very unimportant (n. 2).

Table 4.9: How important is relevant library news being promoted directly to LGBT individuals and organisations?

		Frequency	Valid Percent
	Very important	33	35.1
	Important	27	28.7
	Neither important nor unimportant	20	21.3
	Unimportant	3	3.2
	Very unimportant	2	2.1
	Don't know	9	9.6
	Total	94	100.0
Missing	System	34	
Total		128	

These results suggest that while library services are considered important to many local LGBT people, and all three LGBT-specific services or events received considerably support from respondents, it is the promotion of LGBT-interest material in library displays which is considered of most importance by questionnaire respondents. This report recommends wider use of LGBT imagery and the display of LGBT imagery not just in local libraries, but across public service spaces.

4.4 Adult Social Care Support Services

This section outlines local LGBT people's use of services attached to East Sussex County Council Adult Social Care. These services were listed in the questionnaire - home care, personal assistant, day opportunities and other voluntary services. Table 4.10, below, shows that the majority (92%, n. 93) of those who answered this question said that neither they nor anyone they cared for used any Adult Social Care support services. Only 7% (n. 7) said that they or someone they cared for used these services, and one person did not know (1%, n. 1).

Table 4.10: Have you or someone you care for used any Adult Social Care support services?

		Frequency	Valid Percent
	Yes	7	6.9
	No	93	92.1
	Don't know	1	1.0
	Total	101	100.0
Missing	System	27	
Total		128	

It is possible that this small number of 'yes' responses suggests that local respondents are not aware they are using Adult Social Care services specifically – such services may be considered to be part of East Sussex County Council's service provision more broadly, rather than coming under the specific Adult Social Care department. It may also suggest that further work may be needed to engage LGBT users of Adult Social Care support services, or to possibly encourage local LGBT people to access these services.

4.5 LGBT User Monitoring by Public Services

Section 4.5 shows respondents' answers to questions about the monitoring of LGBT service users by local public sector services. Table 4.11, shows that 44% (n. 43) were always willing to give information about their sexual and/or gender identity, and 46% (n. 45) were sometimes willing to give such information. Only 8% (n. 8) said that they would never be willing to give this information when using public services, and one person was not sure (1%, n. 1). Note that for the purposes of this question some respondents described their response as 'Other' with a qualitative explanation – six of these have been recoded as 'Yes, Sometimes' or 'No' depending on the response.

Table 4.11: When using or accessing public services, are you willing to give information about your sexual and/or gender identity for monitoring purposes?

		Frequency	Valid Percent
	Yes, always	43	44.3
	Yes, sometimes	45	46.4
	No	8	8.2
	Don't know	1	1.0
	Total	97	100.0
Missing	System	31	
Total		128	

These results show that local LGBT people are overwhelmingly willing to give information about their sexual and/or gender identities for monitoring purposes, with the vast majority (90%, n. 88) saying they would sometimes or always give this information. This report recommends that local public sector services begin to collect service user monitoring data regarding sexual and gender identities, if they are not doing so already.

However, the following questions reveal some caveats. The questionnaire also asked respondents how important it was for them that this LGBT monitoring information was kept anonymous and confidential. In Table 4.12 we see that more than half of the respondents (55%, n. 53) considered this very important, and a further 22% (n. 21) considered it important. 12% (n. 11) said that anonymity and confidentiality was neither important nor unimportant. 8% (n. 8) said this was unimportant, and 1% (n. 1) said it was very unimportant. Two people were unsure (2%, n. 2).

Table 4.12: How important to you is it that LGBT monitoring information is kept anonymous and confidential?

		Frequency	Valid Percent
	Very important	53	55.2
	Important	21	21.9
	Neither important nor unimportant	11	11.5
	Unimportant	8	8.3
	Very unimportant	1	1.0
	Don't know	2	2.1
	Total	96	100.0
Missing	System	32	
Total		128	

That LGBT monitoring data is kept confidential is either important or very important to the vast majority of respondents (77%, n. 74). While local public services are diverse and do not all use or maintain such data in the same way, this report recommends that LGBT service users should be kept fully informed about the exact confidentiality and anonymity status of their details.

An additional caveat regarding the collection of LGBT service user monitoring within the public sector comes from Table 4.13, below. In this question respondents were asked to rate the importance of believing a service to be LGBT-friendly before giving LGBT monitoring data. For the majority of respondents this was considered very important (50%, n. 48) or important (27%, n. 26). 15% said that this was neither important nor unimportant (n. 14), 5% said it was unimportant (n. 5) and one person said it was very unimportant (n. 1). Two people were unsure (2%, n. 2).

Table 4.13: How important to you is it that you believe the service is LGBT-friendly?

		Frequency	Valid Percent
	Very important	48	50.0
	Important	26	27.1
	Neither important nor unimportant	14	14.6
	Unimportant	5	5.2
	Very unimportant	1	1.0
	Don't know	2	2.1
	Total	96	100.0
Missing	System	32	
Total		128	

These results suggest that believing a service is LGBT-friendly is important for LGBT service users who are asked for monitoring data regarding their sexual and/or gender identities – the vast majority (77%, n. 74) said it was important or very important. Therefore this report recommends that public services which wish to collect LGBT service user data should ensure that their service is LGBT-friendly, and that it can be seen to be so through the use of clear LGBT signage and imagery.

Finally, the questionnaire asked respondents if there was anything else which they considered important before feeling comfortable giving information about their sexual and/or gender identities to public services for monitoring purposes. This qualitative data was categorised into Table 4.14, which shows the most common themes. 9 people said that knowing the data was relevant to the service at hand was important; 7 said that knowing that the data would be used and useful was important; and 5 said that the knowledge and attitude of the staff asking for the information was important for them to feel comfortable giving data about their sexual and/or gender identity.

Table 4.14: Is there anything else that you consider important for you to feel comfortable giving information about your sexual and/or gender identity to public services for monitoring purposes?

What else is considered important?	Frequency
Relevance of this data to the service	9
Knowing that the data will be used	7
Staff knowledge and attitude when asking for data	5

Though only 5 people mentioned the importance of the knowledge/attitude of staff, their quotes highlight some issues worth consideration. For instance, this respondent suggests that heterosexist assumptions are still prevalent:

- *'A positive response without heterosexual assumptions, many professionals do not have the training.'*

Linking the staff attitude to the need for training, this respondent suggests that thoughtless assumptions and the 'default' treatment of LGBT people as straight or cis can detract from receiving good LGBT monitoring data. Another respondent expressed frustration at the particular words used by staff:

- *'I don't want to be told "You don't have to answer this" or "Sorry, we have to ask this" when I'm giving that information! I HATE it when they do that!'*

As with the previous quote, this suggests that assumptions about sexual and gender identities (ie. that asking about them is necessarily embarrassing) makes some LGBT people feel less comfortable about giving relevant monitoring information. Finally, one trans respondent highlights a feeling of uselessness in giving such data:

- *'I have filled in a lot of these surveys. In real life it has not made any improvements, in fact during 2009 and 2010 we had a rise in transphobic crime. 2011 and 2012 have not seen a decrease. Some people say it's still hard to access appropriate medical care, and the employment situation has not improved. What are the people like who have access to this information, why don't they act on it to make changes?'*

If local LGBT people do not feel that the data they give results in visible changes and improvements to LGBT lives and equalities, they may resist giving data. Services should be able to demonstrate that their LGBT monitoring data is both useful and used, explaining how it can be used to promote positive changes and linking this to clear results. Additionally, it is recommended that public sector staff involved in monitoring receive training and support regarding how to ask these questions appropriately – this should involve building their confidence to ask LGBT monitoring questions, and providing support for them when they do so.

4.6 Barriers to Using Public Services

The questionnaire asked respondents to tell us if they felt they faced any particular barriers when using local public services. Table 4.15 shows that while most did not (68%, n. 67), a sizeable minority did feel that they faced barriers (20%, n. 20) and others were unsure (11%, n. 11).

Table 4.15: Do you feel that you face any particular barriers when using public services?

		Frequency	Valid Percent
	Yes	20	20.4
	No	67	68.4
	Don't know	11	11.2
	Total	98	100.0
Missing	System	30	
Total		128	

Respondents were also asked to provide further details about the kinds of barriers they felt they faced. In Table 4.16 the report categorises these responses. 11 said that the heteronormative (treating heterosexual lives as the default) or cisnormative (treating non-trans lives as the default) assumptions of staff were a barrier; 6 were unsure that they would receive good or respectful treatment based on their sexual and/or gender identities; and 4 felt that staff's lack of knowledge about 'dual discrimination' as a barrier. Here 'dual discrimination' refers to particular challenges due to the convergence of more than one 'protected characteristic', such as black gay women or elderly trans men.

Table 4.16: Barriers faced when using public services

Barrier faced	Frequency
Heteronormative / cisnormative assumptions of staff	11
Unsure of getting good/respectful treatment	6
Dual discrimination	4

The concern with the assumptions and lack of knowledge of public sector staff builds on the findings in section 4.5 regarding staff asking for monitoring information. Here other respondents express concern about the lack of knowledge or assumptions:

- *'Hospitals assume that you are heterosexual.'*
- *'I think that staff teams are less aware of diversity issues, particularly in relation to race awareness. This is what makes me feel uneasy.'*
- *'People always assume you are straight because you have a child.'*
- *'The thoughtless heteronormativity of society at large. I am a small, white-haired elderly woman - probably the very last person anyone would expect to be a lesbian - so the burden of constantly coming out and challenging that assumption can be rather wearing.'*

The staff working within public sector services are a key part of how LGBT equality within services is experienced. These quotes suggest that a lack of knowledge or training, or 'thoughtless'

assumptions, are felt to be barriers to accessing services by local LGBT people. Services should work to ensure that staff do not make heteronormative or cisnormative assumptions when dealing with service users. Local LGBT organisations should form a key resource in staff development to tackle normative assumptions.

4.7 Public Service Engagement with Local LGBT People

The questionnaire asked respondents to comment on the best way for local public services to engage them, for instance regarding consultation work or the dissemination of relevant information. Respondents were allowed to select more than one option. This means that these percentages are not cumulative. Of those who answered this question, the most popular means of engagement was through voluntary or representative groups such as HRRA or BourneOut (53%, n. 50), closely followed by questionnaires (49%, n. 46) and through social media (48%, n. 45). A smaller number suggested engagement through public meetings (37%, n. 35). The least popular means of engagement was through face to face meetings between service users and service providers (32%, n. 30).
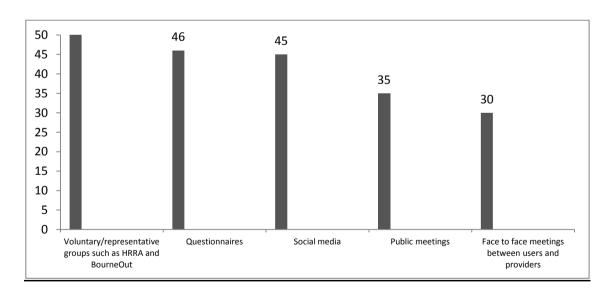
Chart 4.1: What is the best way for local public services to engage you?

Here the data reveals that 'voluntary/representative groups (such as HRRA and BourneOut)' were considered the most popular ways for local public services to engage with LGBT people, therefore these groups should be recognised and valued as an important means of engaging with local LGBT

people and disseminating relevant information. However, one respondent was adamant that such groups should not be the only means of engagement:

- *'Definitely not HRRA - they do not represent the whole local LGBT community, only a minority.'*

It is important for local public services to remember that groups such as HRRA cannot and do not claim to be representative of all local LGBT people (see section 4.10.1 for further information). Other local LGBT groups – such as the newer HRRA-affiliated trans group, HRRA-T – should be involved in any engagement efforts. Social media and questionnaires were also considered useful by respondents, and public services should consider utilising them in their engagement.

4.8 Austerity and Public Sector Funding Cuts

In the same year as the Equality Act 2010 was implemented, a coalition government comprising the Conservative Party and the Liberal Democrats came to power in the UK. This government enacted an austerity-based economic programme which resulted in heavy cuts to public sector funding from the year 2011 onwards. These cuts continue at the time of writing of this report. The questionnaire asked local LGBT people if they thought that these cuts would affect the LGBT equality of their local public services. As can be seen in table 4.17, more than half of respondents thought that the cuts would weaken LGBT equality in their local public services (56%, n. 50), while almost a quarter were unsure (24%, n. 22). 19% thought that they would not affect LGBT equality in the public sector, while one person thought they cuts would positively affect LGBT equality (1%, n. 1).

Table 4.17: Do you think that the financial cuts to the public sector will affect the LGBT equality of your local public services?

		Frequency	Valid Percent
	Yes, they will improve LGBT equality	1	1.1
	Yes, they will weaken LGBT equality	50	55.6
	No	17	18.9
	Don't know	22	24.4
	Total	90	100.0
Missing	System	38	
Total		128	

Asked to give any additional reasons for their answer, respondents provided qualitative responses which were coded into Table 4.18. This table highlights the fact that 25 respondents believed equality would be weakened because the cuts would lead to fewer resources and/or less time and energy dedicated to LGBT equality work within public services.

Table 4.18: Reasons for thinking public sector cuts will affect LGBT equality

Reason	
Will lead to less resources and energy put into LGBT equality	25
LGBT people should accept the cuts to equalities work	3

The qualitative data revealed clear concerns about the impact of the cuts:

- *'Definitely a bad thing. I think they were just at the tip of the iceberg of LGBT equality and now they're not going to have the money to do anything about it anymore.'*

- *'Everyone is facing cuts, and LGBT equality will be at the bottom of the pile.'*

- *'Reduced funding (and staff) for staff training and activities aimed at meeting the 2nd and 3rd duties. HRRA already receiving less financial support from local public sector orgs, which threatens its survival beyond the next couple of years. Bourne Out has virtually no resources and the rest of East Sussex has no LGBT representative org at all.'*

Here resources are seen as a key issue – there is a sense that the successes made towards achieving LGBT equality made so far will be stymied by the loss in resources not only within the public sector, but also through the decline in public sector funding made available to important local LGBT organisations. Other expressed concern that some parts of East Sussex would be disproportionately affected:

- *'I have already seen evidence of it in St James Street in Brighton. I no longer recognise the street. If it is this bad in central Brighton, how will it be in surrounding suburbs?'*

Brighton is taken to be the 'best case scenario', but cannot be taken to be the most important geographical area for LGBT people within East Sussex. Finally, some also pointed out that cuts to more 'mainstream' services were also a concern:

- *'It's too early to give examples but the swingeing cuts in services provided by the local voluntary sector have already made an impact on the community and local LGBT people*

> *will be affected disproportionately. Examples are : Survivors of Suicide (gay men have a*
> *higher suicide rate), NSPCC counselling in schools (gay children are subject to homophobic*
> *bullying and attacks, etc.'*

- *'The cuts in general services for the mainstream will disproportionately affect LGBT people because we are additionally vulnerable and frequently lack the complex of social and familial support that is available to others.'*

These respondents not only point out that 'mainstream' services also cater to LGBT people, but also note that LGBT people may in fact rely on these 'mainstream' services more than others due to the effects of homo-, bi- and trans-phobia and the potential for them to lack familial support structures.

Based on these findings, and the clear concern about the impact of austerity policies on local LGBT equalities, public sector services should demonstrate their continued financial support for LGBT equalities, which may include developing a specific LGBT equality and/or equality and diversity budget. Public services should also publicise any research they have undertaken regarding how the cuts will impact on their LGBT equality work.

4.9 Equality Impact Assessments

This section of this chapter discusses respondents' thoughts regarding the Equality Impact Assessments implemented by public sector organisations to assess the potential impact of their policies and initiatives on local communities, for instance LGBT people. Respondents were first asked if they had heard of Equality Impact Assessments performed by their local public services. As Table 4.19 shows, the majority had not heard of these (60%, n. 53), while just over a third had heard of them (36%, n. 32). 4 people were unsure (5%, n. 4).

Table 4.19: Have you heard of the Equality Impact Assessments carried out by your local public services?

		Frequency	Valid Percent
	Yes	32	36.0
	No	53	59.6
	Don't know	4	4.5
	Total	89	100.0
Missing	System	39	
Total		128	

Respondents were also asked if they thought that these Equality Impact Assessments were important for LGBT people. Table 4.20 reveals that equal numbers considered them important (47%, n. 41) and said that they were unsure (47%, n. 41). 7% said they were not important (n. 6).

Table 4.20: Do you think that Equality Impact Assessments are important for LGBT people?

		Frequency	Valid Percent
	Yes	41	46.6
	No	6	6.8
	Don't know	41	46.6
	Total	88	100.0
Missing	System	40	
Total		128	

The questionnaire also invited respondents to provide any reasons for their answers. Some respondents made clear that they simply did know enough about the implementation or nature of Equality Impact Assessments:

- *'Are they doing Equality Impact Assessments?'*
- *'I don't really know what they are.'*

Other respondents noted that it could be difficult for LGBT communities to judge Equality Impact Assessments:

- *'These are often very long, jargon-filled documents that few people will ever have the time or inclination to read. Multiply that by the number of public service providers and the large number of different services some of them deliver, and you realise that no LGBT person could ever hope to get a handle on whether the EIAs are effective.'*

This respondent highlights a number of issues – document length, institutional jargons and the sheer number of Equality Impact Assessments. The capacity and ability of local LGBT people to understand and assess these documents will be limited, and even dedicated local LGBT organisations may not have the capacity to do so. However, it is clear from both the qualitative and quantitative data that Equality Impact Assessments are considered of at least potential value to local LGBT people:

- *'Without them, stereotyping and making assumption would replace the facts. They also enable to work on recommendations for service improvement and actions to follow.'*

Based on these findings, this report recommends that public services should make Equality Impact Assessments, or other similar documents, available on their websites and should raise awareness of them. They should also work to make these documents accessible and comprehensible to local LGBT communities, for example via a brief 'community summary'. Public services should not rely on community groups such as HRRA to disseminate or interpret such documents as they will not necessarily have the capacity or expertise to do so.

Finally, members of the LGBT Equalities Forum noted that as of December 2012, current government guidance regarding the Equality Act 2010 suggests that Equality Impact Assessments will no longer be required to demonstrate compliance with equalities legislation. Therefore this report also recommends that should Equality Impact Assessments be phased out in local public services, a clear and accessible means of monitoring and evaluating impacts of policies and initiatives on local LGBT lives be put in their place.

4.10 Local LGBT Community Groups

4.10.1 – The Hastings & Rother Rainbow Alliance (HRRA)

The Hastings and Rother Rainbow Alliance (HRRA) is an East Sussex based LGBT community organisation which was founded in 2003, to support local LGBT communities. The questionnaire asked respondents who either lived, worked or socialised in Hastings or Rother if they were aware of HRRA. Table 4.21 shows that of these respondents, the majority (81%, n. 59) were aware of HRRA, while just under a fifth (19%, n. 14) were not.

4.21: Are you aware of the Hastings and Rother Rainbow Alliance (HRRA)?

		Frequency	Valid Percent
	Yes	59	80.8
	No	14	19.2
	Total	73	100.0
Missing	System	55	
Total		128	

These results demonstrate that HRRA is widely known amongst LGBT people in its area, but also that by no means all local LGBT people have heard of it. This suggests that while HRRA is indeed a well-known LGBT community group and therefore a key target for engagement, it should not be assumed to be fully representative of all local LGBT people. Neither should LGBT community engagement via HRRA be assumed to reach all local LGBT people. This was confirmed by some of

the qualitative data, whereby respondents were asked to suggest what other activities or services HRRA should provide:

- *'HRRA needs to have many more young people from the 20-30 age group on the committee to be inclusive in the services it provides. There are estimated to be 6000 LGBT people in Hastings and Rother. The question should be asked why aren't at least half of them members of HRRA.'*
- *'More with young people would be good, or in conjunction with a gay youth group.'*
- *'[The] simple fact is there's not enough LGBT people want to get involved or enough funding to carry out what is needed.'*

These responses at once indicate a recognition that HRRA is not fully representative of local LGBT people – particularly younger people – and also a desire to make it more so.

4.10.2 – BourneOut

BourneOut is an Eastbourne-based LGBT community forum which was founded in 2009 in association with Eastbourne Borough Council. It aims to unite and provide a voice for Eastbourne's LGBT community. The questionnaire asked respondents who either lived, worked or socialised in Eastbourne if they were aware of BourneOut. In Table 4.22, we see that just under half (49%, n. 24) were aware of BourneOut, while a slightly smaller percentage (47%, n. 23) were not. Two people (4%, n. 2) were unsure whether they had heard of them or not.

Table 4.22: Are you aware of BourneOut?

		Frequency	Valid Percent
	Yes	23	46.9
	No	24	49.0
	Don't Know	2	4.1
	Total	49	100.0
Missing	System	79	
Total		128	

Some of those LGBT people who live, work and/or socialise in Eastbourne were aware that Eastbourne was at the time of data collection a relatively new group, and expressed hope for future engagement:

- *'I participated in one of their meetings. It seems to be a good initiative and I am looking forward to the next meeting.'*
- *'They are only really beginning to get going so I have only been to a couple of their events, I wish them luck.'*

However, the qualitative data also indicated that some may not feel connected with BourneOut:

- *'Just heard of them.'*
- *'Just know they are there.'*
- *'I am aware of them, but never had a need to use any of their services or attend any events.'*

Since less than half of those living, working and/or socialising in Eastbourne were aware of BourneOut, this report recommends that further work be undertaken to raise the profile of this group and to increase a feeling of connection between the group and local LGBT people.

4.11 Making Changes For LGBT People: Conclusion

Asked to rate the LGBT-friendliness of organisations on a scale from 1 to 5, the majority of respondents (47%, n. 24) were unsure about the LGBT-friendliness of East Sussex Fire & Rescue Service. 22% rated the organisation 4 (n. 11), and 16% (n. 8) rated it a 5. 10% (n. 5) rated it a 3, 4% (n. 2) rated it 2, and only 2% (n. 1) rated it as 1. Regarding Sussex Police, once again the highest percentage was for 'unsure', with a quarter of respondents to this question (25%, n. 17). Following in decreasing order, 22% (n. 15) rated Sussex Police as 4 for LGBT-friendliness, 21% (n. 14) as 3, 15% (n. 10) as 5, 12% (n. 8) as 2, and 5% (n. 3) as 1. The most common result for respondents' local hospital was 4 (27%, n. 22), followed closely by 'unsure' (23%, n. 19), then 3 (20%, n. 16), 5 (18%, n. 15), 2 (10%, n. 8) and 1 (2%, n. 2). Just over a quarter rated their GP 4 (27%, n. 25), and slightly less rated them 5 (25%, n. 23). The next most common result was 'unsure' (20%, n. 19), followed by 3 (17%, n. 16), 2 (7%, n. 7) and 1 (4%, n. 4). Finally, the LGBT-friendliness of respondents' local libraries were rated by more than a third as 5 (37%, n. 25). A quarter said they were unsure (25%, n. 17), and just over a fifth rated them as 4 (22%, n. 15). Then in decreasing order, local libraries were rated 3 (n. 12%, n. 8), 2 (6%, n. 4) and no-one rated the LGBT-friendliness of their local library as 1 (0%, n. 0). This report recommends further work to improve feelings amongst local LGBT service users that services are LGBT-friendly. Since 'unsure' responses are consistently high, services should work to

make their LGBT-friendliness clearer – for instance via appropriate signage in public-accessible areas, as well as in mainstream as well as LGBT-targeted literature and materials.

The majority of those who answered questions about local library services said that they did use library services in East Sussex (57%, n. 55), while 42% (n. 40) said that they did not. One person did not know (1%, n. 1). 30% felt that regular LGBT-focused events were very important (n. 27), another 30% felt them important (n. 28), and 22% felt them neither important nor unimportant (n. 20). 8% said they were unimportant (n. 7), and 2% rated them very unimportant (n. 2). 43% felt that the promotion of LGBT interest material in library displays was very important (n. 40), 29% felt them important (n. 27), and 15% felt them neither important nor unimportant (n. 14). 3% said they were unimportant (n. 3), and 1% rated them very unimportant (n. 1). 35% felt that the promotion of relevant library news promoted directly to LGBT individuals and organisations was very important (n. 33), 29% felt them important (n. 27), and 21% felt them neither important nor unimportant (n. 20). 3% said they were unimportant (n. 3), and 2% rated them very unimportant (n. 2). This report therefore recommends wider use of LGBT imagery and the display of LGBT imagery not just in local libraries, but across public service spaces.

The majority (92%, n. 93) of respondents said that neither they nor anyone they cared for used any Adult Social Care support services. Only 7% (n. 7) said that they or someone they cared for used these services, and one person did not know (1%, n. 1). This report recommends that further work may be needed to engage LGBT users of Adult Social Care support services, or to possibly encourage local LGBT people to access these services.

Regarding monitoring, 44% (n. 43) were always willing to give information about their sexual and/or gender identity, and 46% (n. 45) were sometimes willing to give such information. Only 8% (n. 8) said that they would never be willing to give this information when using public services, and one person was not sure (1%, n. 1). Therefore this report recommends that local public sector services begin to collect service user monitoring data regarding sexual and gender identities, if they are not doing so already. More than half of the respondents (55%, n. 53) considered the anonymity and confidentiality of this data very important, and a further 22% (n. 21) considered it important. 12% (n. 11) said that anonymity and confidentiality was neither important nor unimportant. 8% (n. 8) said this was unimportant, and 1% (n. 1) said it was very unimportant. Two people were unsure (2%, n. 2). This report recommends that LGBT service users should be kept fully informed about the exact confidentiality and anonymity status of their details. Additionally, for the majority of respondents the perceived LGBT-friendliness of the organisation was considered very important (50%, n. 48) or important (27%, n. 26). 15% said that this was neither important nor unimportant (n. 14), 5% said it

was unimportant (n. 5) and one person said it was very unimportant (n. 1). Two people were unsure (2%, n. 2). Therefore this report recommends that public services which wish to collect LGBT service user data should ensure that their service is LGBT-friendly, and that it can be seen to be so through the use of clear LGBT signage and imagery. The qualitative data regarding monitoring also indicated that services should be able to demonstrate that their LGBT monitoring data is both useful and used, explaining how it can be used to promote positive changes and linking this to clear results. Additionally, it is recommended that public sector staff involved in monitoring receive training and support regarding how to ask these questions appropriately – this should involve building their confidence to ask LGBT monitoring questions, and providing support for them when they do so.

While most respondents felt that they did not face any particular barriers with regard to using public services (68%, n. 67), a sizeable minority did feel that they faced barriers (20%, n. 20) and others were unsure (11%, n. 11). While a variety of barriers were described, the qualitative data clearly indicated that a lack of knowledge or training, or 'thoughtless' assumptions, were felt to be barriers to accessing services by local LGBT people. Services should work to ensure that staff do not make heteronormative or cisnormative assumptions when dealing with service users. Local LGBT organisations should form a key resource in staff development to tackle normative assumptions.

The most popular means of public sector engagement was through voluntary or representative groups such as HRRA or BourneOut (53%, n. 50), closely followed by questionnaires (49%, n. 46) and through social media (48%, n. 45). A smaller number suggested engagement through public meetings (37%, n. 35). The least popular means of engagement was through face to face meetings between service users and service providers (32%, n. 30).

More than half of respondents thought that the cuts to the public sector would weaken LGBT equality in their local public services (56%, n. 50), while almost a quarter were unsure (24%, n. 22). 19% thought that they would not affect LGBT equality in the public sector, while one person thought they cuts would positively affect LGBT equality (1%, n. 1). Based on these findings, and the clear concern about the impact of austerity policies on local LGBT equalities, public sector services should demonstrate their continued financial support for LGBT equalities, which may include developing a specific LGBT equality and/or equality and diversity budget. Public services should also publicise any research they have undertaken regarding how the cuts will impact on their LGBT equality work.

The majority of respondents had not heard of public sector Equality Impact Assessments (60%, n. 53), while just over a third had heard of them (36%, n. 32). 4 people were unsure (5%, n. 4). Equal numbers considered them important (47%, n. 41) and said that they were unsure (47%, n. 41). 7%

said they were not important (n. 6). This report recommends that public services should make Equality Impact Assessments, or other similar documents, available on their websites and should raise awareness of them. They should also work to make these documents accessible and comprehensible to local LGBT communities, for example via a brief 'community summary'. Public services should not rely on community groups such as HRRA to disseminate or interpret such documents as they will not necessarily have the capacity or expertise to do so. Should Equality Impact Assessments be phased out in local public services, a clear and accessible means of monitoring and evaluating impacts of policies and initiatives on local LGBT lives be put in their place.

The questionnaire asked respondents who either lived, worked or socialised in Hastings or Rother if they were aware of HRRA. The majority (81%, n. 59) were aware of HRRA, while just under a fifth (19%, n. 14) were not. However, the qualitative data indicated that while HRRA was well-regarded it should not be assumed to be fully representative of all local LGBT people. Neither should LGBT community engagement via HRRA be assumed to reach all local LGBT people.

The questionnaire asked respondents who lived, worked or socialised in Eastbourne if they were aware of BourneOut. In Table 4.22, we see that just under half (49%, n. 24) were aware of BourneOut, while a slightly smaller percentage (47%, n. 23) were not. Two people (4%, n. 2) were unsure whether they had heard of them or not. This report recommends that further work be undertaken to raise the profile of this group and to increase a feeling of connection between the group and local LGBT people.

5.   Recommendations

This report uses the evidence presented here, discussions in the LGBT Equalities forum and the legal duties under the Equality Act (2010) to make detailed recommendations for two groups – public services and any related commissioned services, and LGBT communities and community groups. These are key recommendations in addition to those detailed in the conclusion to each chapter.

5.1 Public Services and Related Commissioned Services

5.1.1 Service Improvement

Based on the findings outlined in this report, it is recommended that public services and related commissioned services:

- Develop ways of engaging with key LGBT constituencies not well captured in this research – particularly bisexual, trans and disabled people, and those aged 16-25 and 66+;

- Develop specific, targeted initiatives to promote understanding and opportunities for engagement between LGBT communities, faith communities and BME communities, in order to tackle prejudice, further partnership work and improve community cohesion;

- Consult with local LGBT communities and groups regarding LGBT-related staff development programmes, particularly for front-line workers. Where possible, LGBT people themselves should be included in staff development programmes and workshops;

- Develop a strategy for engaging in further partnership research, targeting specific LGBT issues – including physical health, mental health and disability;

- Develop clear and achievable means of meeting the third public sector equality duty (the duty to foster good relations), and of measuring compliance – for instance through improved monitoring of LGBT lives and engagement with particularly marginalised groups, such as trans people.

5.1.2 User Experiences

Based on the findings outlined in this report, it is recommended that public services and related commissioned services:

- Display and highlight clear, positive LGBT statements and imagery (eg. posters and photography in literature) and symbols (eg. the rainbow flag) in all working environments and user-accessible spaces;

- Include counselling services when providing support for LGBT people with mental health difficulties. These should be ensured to be LGBT-friendly by commissioners and encouraged to clearly market themselves as such with appropriate imagery and symbols;

- Include befriending services when providing support for isolated LGBT people (e.g. in rural areas or in care homes). These should be ensured to be LGBT-friendly by commissioners and encouraged to clearly market themselves as such with appropriate imagery and symbols;

- Ensure referral arrangements are in place to enable LGBT service users to get any specialist support that they may need;

- Raise awareness of the three public sector equality duties amongst local LGBT and 'mainstream' communities, and demonstrate clearly how these are being met;

- In light of concern surrounding austerity policies on LGBT equality, demonstrate continued financial support for LGBT equality and show how services will positively enhance outcomes for local LGBT people;

- Ensure that Equality Impact Assessments (or similar means of demonstrating compliance with equality legislation) are publically available, accessible and understandable by local LGBT people;

- Develop a programme of activity in partnership with other public services to explain Equality Impact Assessments or similar means of demonstrating compliance to local LGBT people. This must empower local LGBT people by providing them with the tools and knowledge to assess and critique these means of demonstrating compliance.

5.1.3 Safety and Security

Based on the findings outlined in this report, it is recommended that public services and related commissioned services involved in LGBT hate crime reporting (including the police and local authorities):

- Engage in targeted work to raise awareness of hate crime reporting procedures amongst local LGBT people. This should include clear details of where, why and how to report, and what response can be expected;

- Publicise responses to hate crimes and hate incidents amongst local LGBT communities and in the local press;

- Publicise regular and accessible details of reporting figures.

5.2 LGBT Communities & Community Groups

Based on the findings outlined in this report, it is recommended that local LGBT communities and community groups:

- Develop strategies to support partnership work and understanding between diverse local communities;

- In partnership with local public sector organisations and other local community groups, develop appropriate training to raise awareness of the diverse needs of different communities;

- Hold public services to account regarding LGBT equalities through raising awareness of the public sector equality duties and the ways services should demonstrate compliance;

- Continue to engage with those public services which are trying to improve services in line with their own equality-related aims.

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Appendix - Questionnaire

This appendix to the report shows a text version of the online questionnaire through which data was gathered, in addition to the information and guidance attached to the questionnaire. Routing is noted where applicable.

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Questionnaire Information

Introduction: You are being asked to take part in research that looks at lesbian, gay, bisexual and trans (LGBT) equalities in Hastings, Rother & East Sussex using a detailed questionnaire. It will ask you about:

- Yourself and your identity
- Your health
- Your safety
- Your public services
- Your local community groups
- LGBT laws and policies
- Where you live, work and socialise

Before you decide whether you want to do the questionnaire, we will give you some information about it and how it will be used. Please take time to read the following information carefully and decide if you want to take part. You do not have to take part, but we hope that you will feel able to. **No one should force you to take part in this research.** If they do and you do not wish to be involved, please let us know using any of the write-in data boxes and we will remove your answers.

Please contact the researcher, Nick McGlynn (n.mcglynn2@brighton.ac.uk, tel. 01273 641993) or his supervisors (Dr Kath Browne, k.a.browne@brighton.ac.uk, tel. 01273 642377) if there is anything that isn't clear or if you want more information. **If you decide to take part, your consent to be involved is implied in submitting the questionnaire.**

What is this research about?: This research is going to get a picture of LGBT equalities and lives in Hastings, Rother and also in the rest of East Sussex. We aim to use your answers to better understand the current state of LGBT equalities in Hastings, Rother and East Sussex, particularly regarding public services.

What happens if I take part?: If you agree to fill in the questionnaire, your anonymous answers will be recorded by the website.If you are being helped to complete this questionnaire or someone is filling it in for you, please ensure that you grant your full consent for the answers to be submitted before they do so.

How old do I need to be to take part?: Only those aged 16 and above should complete this questionnaire. If you are a young LGBT person, you may be interested in Anything But, a local LGBT youth group. Visit http://www.connexions360.org.uk/thingstodo/LGBTU/Pages/anythingbut.aspx for details.

How long will this take?: Completing the questionnaire should take you **around an hour**. **You will not be able to save your answers, so please make sure you will have enough time.** If you want to stop filling in the questionnaire and withdraw your answers just close the browser window and your answers will not be recorded.

Will I be named or identifiable?: No – your answers will be kept anonymous. You will be given a number and every effort will be made to ensure you cannot be identified by your words. If you wish to ensure that others using your computer do not find out about your answers, you should either use a computer in a public place (such as your local library), or delete your internet history after submitting the questionnaire. If you'd like to find out how to do this, see 'Tips for private computer use', below.

What if I change my mind?: You are free to withdraw from the questionnaire while answering it. Simply close the browser window – your answers will not be recorded. Once your answers have been submitted it is not possible to withdraw.

What if I find the questionnaire upsetting/distressing?: You might find replying to some of the questions upsetting or distressing. If you do, there are a number of places you can go to find support. In particular, you may wish to contact the

Hastings & Rother Rainbow Alliance (info@hrra.org.uk, tel. 07505 819344), the Hastings & Rother Gay Helpline (01424 444777) or Sussex Police (0845 60 70 999). We will give you some contact details at the start of each section, and let you know what we'll be asking about.

What are the benefits of this research?: The potential benefits of taking part in this research may include:
- helping your local public services find out more about LGBT equalities in this area;
- highlighting LGBT equalities issues which public services are not aware of or are not dealing with;
- raising awareness of LGBT lives outside of big cities and places which have a gay 'reputation';
- investigating the real impact of LGBT equality laws and policies;
- finding out how the economic cuts are affecting LGBT equality.

How will my answers be used?: A findings report based on this questionnaire will be released, which may include data and quotes from your answers. Your answers might also be used in future published reports, press releases, events and presentations from the LGBT Equalities Forum, and they might also be used in academic publications investigating LGBT equalities and public services in Hastings, Rother and wider East Sussex. The reason for these reports is to make public services and others think about LGBT equalities and how they might make things better for LGBT people. Academic publications will help to people to think about LGBT equalities nationally and internationally. Your detailed answers and any details that might say who you will not discussed by the researchers outside of formal research discussions.

How will what I say be stored?: The University of Brighton will own, store, maintain and control access to your data. Your data will be stored securely during and after the study, in locked drawers and password-protected computer files, in a secure building. Only University of Brighton researchers will have access to the complete data. After 10 years the data will be securely archived and maintained in consultation with LGBT communities , in order to assist historical and longitudinal studies.

Further information, problems and complaints: If you want to be told about what the research finds out, get in touch. You will also be able to leave your contact details once you complete the questionnaire but this will not be stored with or linked to your answers. If you have any questions, problems or complaints let Nick McGlynn know (n.mcglynn2@brighton.ac.uk, tel.). If you would like to speak to a different person, please contact Kath Browne (k.a.browne@brighton.ac.uk tel. 01273 642377), or the School of Environment & Technology at the University of Brighton (entec@brighton.ac.uk, tel. 01273 642288), who will be able to assist you or direct you to someone who can.

Please click here to confirm that you have read and understood the above information, and that you consent to taking part in this research.

If you are worried about who might see that you have come to this site or see your answers then here are some tips: As you surf the Internet your Internet browser (e.g. Internet Explorer) will save certain information such as which sites you have visited, files you've downloaded and images you've viewed. If you are worried that someone may have access to your computer, do one of the following:
1) Use a public computer (such as at a local library or internet café) or a trusted friend's computer;
2) Follow the private browsing tips, below, when using your own computer.

USING A PUBLIC COMPUTER:
If using a computer in a public place and you do not wish to be seen, choose a computer that will let you sit with your back to a wall if possible, and make sure your screen cannot be seen by other users. The public computer will erase your information and your internet history when you log out. Look out for drop-in sessions specifically for this research where you will be able to complete the questionnaire and not be overlooked.

PRIVATE BROWSING TIPS:
Deleting Cookies, Files and Internet History: If you know what browser you are using then skip to the relevant instructions below. If you don't know the type of browser you are using, click Help on the toolbar at the top of the browser screen. A drop down menu will appear, the last entry will say About Internet Explorer, About Mozilla Firefox or something similar. The entry refers to which browser type you are using. You should then refer to the relevant instructions below

Internet Explorer 6.0
- Click the Tools drop down menu and select Internet Options
- On the General tab under Temporary Internet Files:
- Click Delete Cookies
- Click Delete Files
- Under History click Delete History
- On the Content tab under Personal Information click AutoComplete
- Click Clear Forms and then click OK
- Click OK again to close Internet Options and save your changes

Internet Explorer 7.0

- Click Tools drop down menu and select Internet Options
- Under Browsing History click Delete
- Delete browsing history by clicking each delete button as required or click the Delete All button
- Click Close and then Click OK to confirm the deletion

Mozilla Firefox / Netscape

- Click the Tools drop down menu and select Options
- Click on the Privacy option
- Under Private Data click Clear Now
- Place a tick in all the options available and click Clear Private Data Now
- Click OK to confirm

Opera

- Click the Tools drop down menu and select Preferences
- Click the Advanced tab and select History on the left hand menu
- Click the Clear and Empty Now buttons
- Select Cookies from the left hand menu
- Click Manage cookies
- Select any entries on the list you want to delete and click Delete
- Click Close when you have finished deleting all the entries you want to
- Click OK to close Preferences

E-mail

If someone has access to your e-mail account they may be able to read your incoming and outgoing mail. Make sure you choose a password that someone will not be able to guess and change it regularly.

Source: NIDIRECT Domestic Violence – Internet Safety Guide
http://www.dhsspsni.gov.uk/internet-safety-guide
(accessed 9/8/2011)

ABOUT YOU

This section will ask you about your details and aspects of your identity, such as your sexual identity, gender identity and your ethnicity.

If anything in this section makes you feel distressed or upset, please stop. You can withdraw from the questionnaire by closing the browser window - this will mean your answers will not be stored or seen by the researchers. You can get support and information by contacting the Hastings & Rother Rainbow Alliance (info@hrra.org.uk, tel. 07505 819344), the Hastings & Rother Gay Helpline (01424 444777) or Sussex Police (0845 60 70 999).

1. What is your age?
Under 16 / 16-25 / 26-35 / 36-45 / 46-55 / 56-65 / 66-75 / 76+ / Don't know

ROUTING FOR THOSE ANSWERING 'UNDER 16'

Thank you for agreeing to take part in this questionnaire. Unfortunately we can only accept questionnaires from those aged 16 or over. You will now be taken to the end of the questionnaire, where you will find information about local LGBT community groups and how to get involved. You might also be interested in Anything But, a local group for younger LGBT people. Visit http://www.connexions360.org.uk/thingstodo/LGBTU/Pages/anythingbut.aspx to find out more.

END OF ROUTING FOR THOSE ANSWERING 'UNDER 16'

2. Which of the following do you most identify with?
Lesbian / Gay / Bisexual / Queer / Questioning / Straight or heterosexual /Unsure/ Don't know / Other (please explain)

3. If you would like to, please give us any further information about your sexual identity.

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4.   Which of the following do you most identify with?
Male / Female / None / Other (please specify) / Don't know

5.   Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes taking hormones or having any gender reassignment surgery)
Yes / No / Don't know

Routed to those answering YES/ DON'T KNOW

6.   About the process to change from the sex you were described as at birth, which of the following options best applies to you?
    a.   I am thinking about going through this process
    b.   I am currently going through this process
    c.   I have already been through this process
    d.   I have been through this process, then changed back
    e.   I prefer not to say
    f.   Don't know
    g.   None of the above

Routed to those answering NONE OF THE ABOVE

7.   If none of the above, please provide some further details.

All who are routed Yes/Don't know:

8.   Please tell us what it is like to be a person who lives, or is thinking of living, as a sex different to how you were described at birth.

END OF ROUTING

9.   To which of these ethnic groups do you feel you most belong?
    a.   White
        i.   English/Welsh/Scottish/Northern Irish/British
        ii.   Irish
        iii.   Gypsy/Irish Traveller
        iv.   Any other White background (please describe)
    b.   Mixed / multiple ethnic groups
        i.   White & Black Caribbean
        ii.   White & Black African
        iii.   White & Asian
        iv.   Any other mixed/multiple ethic background (please describe)
    c.   Asian / Asian British
        i.   Indian
        ii.   Pakistani
        iii.   Bangladeshi
        iv.   Chinese
        v.   Any other Asian background (please describe)
    d.   Black / African / Caribbean / Black British
        i.   African
        ii.   Caribbean
        iii.   Any other Black / African / Caribbean background (please describe)
    e.   Other ethnic group
        i.   Arab
        ii.   Any other ethnic group (please specify)
    f.   Don't know

10. Do you regard yourself as belonging to any religions or beliefs?
Yes / No / Don't know

11. Which religions or beliefs do you belong to? (tick as many as apply)
    a. Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
    b. Buddhist
    c. Hindu
    d. Jewish
    e. Muslim
    f. Sikh
    g. Any other religions or beliefs (please describe)
    h. None
    i. Don't know

12. Which one of the following best describes your current employment situation? Please tick all that apply.
    i. Employed full time (paid work for an employer)
    ii. Employed part-time (paid work for an employer)
    iii. Self-employed or work for your own/family's business
    iv. Retired
    v. Looking for work
    vi. Volunteering
    vii. In full-time education
    viii. Other (please explain)
    ix. Don't know

13. What is your yearly income from all sources before deductions? (do not deduct tax, National Insurance, pension/superannuation or health insurance payments)
    i. Less than £10,000 (less than £800 a month, £200 a week or £30 a day)
    ii. £10,001 to £20,000 (£801-1700 a month, £201-400 a week or £31-60 a day)
    iii. £20,001 to £30,000 (£1701-2500 a month, £401-600 a week or £61-90 a day)
    iv. £30,001 to £40,000 (£2501-3300 a month, £601-800 a week or £91-120 a day)
    v. £40,001 to £50,000 (£3301-4100 a month, £801- 900 a week or £120-150 a day)
    vi. More than £50,001 (£4101 a month, £901 a week or £151 a day)
    vii. Don't know

14. Are you or do you identify yourself as being deaf, hard of hearing, deafened or deaf-blind?
    Yes / No / Don't know

    ROUTED TO THOSE ANSWERING YES

15. As an LGBT person who identifies as being deaf, hard of hearing, deafened or deaf-blind, how easy is it for you to live in your area?
    Very easy / Easy / Neither easy nor difficult / Difficult / Very difficult / Don't know / NA

16. Please tell us about your experiences of being deaf, hard of hearing, deafened or deaf-blind in your area.

    End of routing

17. Do you identify yourself as having a long-term health impairment or physical disability?
    Yes / No / Don't know

    ROUTED TO THOSE ANSWERING YES

18. As an LGBT person who identifies as having a long-term health impairment or physical disability, how easy is it for you to live in your area?
Very easy / Easy / Neither easy nor difficult / Difficult / Very difficult / Don't know / NA

19. Please tell us about your experiences of having a long-term health impairment or physical disability in your area.

End of routing

20. If you provide **unpaid** support for a relative, friend or neighbour who could not manage without your help then you are a carer. You may be caring for someone because they are ill, frail, disabled, or have mental health or substance misuse problems. Caring can include things like:
    a. personal care, such as washing and dressing
    b. practical care, such as cooking, housework and shopping
    c. health care, such as giving medication
    d. emotional support, such as providing company
    e. helping with financial affairs
Thinking about these examples, are you a carer?

Yes / No / Don't know

Filtered to those answering Yes

21. Who do you care for? (tick as many as apply)
        Partner
        Other family member
        Friend or neighbor
        Other (please explain)

22. Please tell us about your experiences of being an LGBT carer.

23. Are a parent or carer of children?
    a. Yes / No/Don't know

These questions will be routed – only those with children aged will answer.

24. How many of your children are aged…
    a. 0-5
    b. 6-11
    c. 12-16
    d. 17+

Routed – only those with children aged 0-5 will answer.

23. Do you use any of the following Children's Centre services? Yes / No
    a. Home visits
    b. Fun days
    c. Groups (play activities)
    d. Creche
    e. Baby massage or baby signing
    f. Breastfeeding support
    g. Training courses
    h. Parenting courses
    i. None of these services (please explain any particular reasons)

24. As an LGBT parent/carer what are your experiences of these services?

25. Has a child in your family ever been bullied or taunted because of **your** sexual and/or gender identity?
Yes, often / Yes, sometimes / Yes, rarely / No, never / Don't know

26. Please tell us about any incidents.

27. Do you know where to get advice and support as an LGBT parent or carer?
Yes / No / Don't know

28. Is there anything else about your identity that you would like to tell us?

YOUR HEALTH AND WELLBEING
This section asks you about your physical, mental and emotional wellbeing.

If anything in this section makes you feel distressed or upset, please stop. You can withdraw from the questionnaire by closing the browser window - this will mean your answers will not be stored or seen by the researchers. You can get support and information by contacting the Hastings & Rother Rainbow Alliance (info@hrra.org.uk, tel. 07505 819344), the Hastings & Rother Gay Helpline (01424 444777), the Sussex Mental Helpline (0300 5000101), Health In Mind (0300 0030130) or Sussex Police (0845 60 70 999).

29. How would you describe your physical health?.
Very good / Good / Neither good nor poor / Poor / Very poor

30. Please explain or give any details.

31. Have you experienced difficulties with any of the following in the last 5 years? Please tick as many as apply.
   i. Significant emotional distress
   ii. Depression
   iii. Anxiety
   iv. Isolation
   v. Confidence/self-esteem
   vi. Stress
   vii. Anger management
   viii. Insomnia
   ix. Fears/phobias
   x. Problem eating/eating distress
   xi. Panic attacks
   xii. Self harm
   xiii. Addictions/dependencies
   xiv. Suicidal thoughts
   xv. None of the above
   xvi. Don't know

32. Do you get any support or help for any of these difficulties?
Yes / No / Don't know

33. Please tell us where you get support or help from.

34. Please give any details about the kind of support or help you get.

35. Would you like to get more support or help regarding these difficulties?

Yes / No / Don't know

36. What help would you like to receive?

37. Do you ever feel isolated?

Yes, always / Sometimes / No, never / Don't know

38. Please tell us about your experiences of isolation and feelings of isolation.

YOUR SAFETY

This section asks you about issues of abuse, violence and hate crime, as well as your personal feelings of safety.

If anything in this section makes you feel distressed or upset, please stop. You can withdraw from the questionnaire by closing the browser window - this will mean your answers will not be stored or seen by the researchers. You can get support and information by contacting the Hastings & Rother Rainbow Alliance (info@hrra.org.uk, tel. 07505 819344), the Hastings & Rother Gay Helpline (01424 444777) or Sussex Police (0845 60 70 999).

39. Have you experienced any of the following in the last 5 years that was due to your sexual and/or gender identity? Please tick as many as apply.
     i. Verbal abuse
     ii. Physical violence
     iii. Criminal damage
     iv. Harassment
     v. Sexual assault
     vi. Negative comments
     vii. Teasing
     viii. Bullying
     ix. Other (please describe)
     x. None of the above
     xi. Don't know

40. Please tell us where these incidents took place.

41. Please tell us any details of the incidents.

42. Please tell us who was responsible for these incidents.

43. Please tell us what effects these incidents had on you and others.

44. Did you report any of the incidents?

Yes / No / Don't know

45. Which incident/s did you report?

46. Please tell us who you reported the incident/s to.

47. Please tell us why you reported these incidents.

48. Please tell us about your experience/s of reporting.

49. Are there any incident/s which you did not report?
Yes / No / Don't know

50. Which incident/s did you not report?

51. Please tell us why you did not report them.

52. How safe do you feel...
    a. where you live?
        i. Very safe / Safe / Unsafe / Very unsafe / Don't know / NA
    b. where you work, volunteer or study?
        i. Very safe / Safe / Unsafe / Very unsafe / Don't know / NA
    c. where you socialise?
        i. Very safe / Safe / Unsafe / Very unsafe / Don't know / NA

53. Please tell us some details about your feelings of safety in Hastings, Rother, and wider East Sussex.

54. What does 'safety' mean to you?

YOUR PUBLIC SERVICES
This section asks you about your local public services, such as the police, the NHS and your local council.

If anything in this section makes you feel distressed or upset, please stop. You can withdraw from the questionnaire by closing the browser window - this will mean your answers will not be stored or seen by the researchers. You can get support and information by contacting the Hastings & Rother Rainbow Alliance (info@hrra.org.uk, tel. 07505 819344), the Hastings & Rother Gay Helpline (01424 444777) or Sussex Police (0845 60 70 999).

55. On a scale of 1-5, with 1 being the least LGBT-friendly and 5 being the most LGBT-friendly, how LGBT-friendly do you find the following services? 1 / 2 / 3 / 4 / 5 / Unsure / Don't use this service
    a. Your GP
    b. East Sussex hospitals
    c. Sussex Police
    d. Your local district council
    e. East Sussex Fire & Rescue Service
    f. East Sussex County Council - social worker
    g. East Sussex County Council - social care provider
    h. East Sussex County Council - residential services
    i. East Sussex County Council - Children's Services
    j. East Sussex County Council - Libraries & Information Service
    k. East Sussex County Council - other services/departments

56. Are you comfortable being 'out' about your sexual and/or gender identity when using the following services? Yes / No / Unsure / Don't use this service
    a. Your GP
    b. East Sussex hospitals
    c. Sussex Police
    d. Your local district council
    e. East Sussex Fire & Rescue Service
    f. East Sussex County Council - social worker
    g. East Sussex County Council - social care provider
    h. East Sussex County Council - residential services
    i. East Sussex County Council - Children's Services

57. If you have used the following services, did you feel that overall you were treated with respect and dignity? (Please tell us about your experiences) Yes, I was always treated with respect and dignity / Yes, I was usually treated with respect and dignity / Only sometimes / No, I was not treated with respect and dignity / Don't use the service
    a. Your GP
    b. East Sussex hospitals
    c. Sussex Police
    d. Your local district council
    e. East Sussex Fire & Rescue Service
    f. East Sussex County Council - social worker
    g. East Sussex County Council - social care provider
    h. East Sussex County Council - residential services
    i. East Sussex County Council - Children's Services
    j. East Sussex County Council - Libraries & Information Service
    k. East Sussex County Council - other services/departments

58. If you have used the following services, did the staff treat you, your family and friends without discrimination and free from prejudice due to sexual and/or gender identity? (Please tell us about your experiences) Yes, always / Yes, usually / Sometimes / No / Don't use the service
    a. Your GP
    b. East Sussex hospitals
    c. Sussex Police
    d. Your local district council
    e. East Sussex Fire & Rescue Service
    f. East Sussex County Council - social worker
    g. East Sussex County Council - social care provider
    h. East Sussex County Council - residential services
    i. East Sussex County Council - Children's Services
    j. East Sussex County Council - Libraries & Information Service
    k. East Sussex County Council - other services/departments

59. Do you use any library services in East Sussex? Yes / No / Don't know

60. How important do you consider the following for your local library services? Very important / Important / Neither important nor unimportant / Unimportant / Very unimportant / Don't know
    a. Regular LGBT-focused events.
    b. Promotion of LGBT-interest material in library displays.
    c. Relevant library news promoted directly to LGBT individuals and organizations.

61. Have you or someone you care for used any of these Adult Social Care support services? (please tick all that apply)
    a. home care
    b. personal assistant
    c. day opportunities
    d. voluntary services
    e. none

62. Have you or someone you care for used residential services? (please tick all that apply)
    a. Yes - respite care
    b. Yes - residential care home
    c. No
    d. Don't know

63. Do you ever go away from where you live to access LGBT-**specific** services?
    i. Yes, once or twice a year / Yes, once or twice a month / Yes, once or twice a week / No, never

64. When you go away from where you live to access LGBT-**specific** services, where do you travel to?

65. Do you ever go away from where you live to access LGBT-**friendly** services?
      i. Yes, once or twice a year / Yes, once or twice a month / Yes, once or twice a week / No, never / Don't know / NA

66. When you go away from where you live to access LGBT-**friendly** services, where do you travel to?

67. When using or accessing public services are you willing to give information about your sexual and/or gender identity for monitoring purposes?
      a. Yes, always / Yes, sometimes / No, never / Don't know / Other (please explain)

68. Are the following important for you to feel comfortable giving information about your sexual and/or gender identity? Very important / Important / Neither important nor unimportant / Unimportant / Very unimportant / Don't know
      a. The information is kept anonymous and confidential.
      b. I believe the service is LGBT-friendly.

69. Is there anything else that you consider important for you feel comfortable giving information about your sexual and/or gender identity for monitoring purposes?

70. Are there services in East Sussex which are designed for you that you do not use?
      a. Yes/No/Don't know

71. Why do you not use these services?

72. Are there services you need as an LGBT person which don't exist in East Sussex?
Yes / No / Don't know

73. What services do you need which don't exist in East Sussex?

74. Do you feel that you face any particular barriers when using public services?
      a. Yes / No / Don't know

75. Please tell us about the barriers you feel you face when using public services.

POLICIES AND LEGISLATION
This section asks you about national and local LGBT laws and policies. You don't need any special knowledge.

If anything in this section makes you feel distressed or upset, please stop. You can withdraw from the questionnaire by closing the browser window - this will mean your answers will not be stored or seen by the researchers. You can get support and information by contacting the Hastings & Rother Rainbow Alliance (info@hrra.org.uk, tel. 07505 819344), the Hastings & Rother Gay Helpline (01424 444777) or Sussex Police (0845 60 70 999).

76. Have you heard of the Equality Act 2010?
      i. Yes
      ii. No
      iii. Unsure

77. What do you think the Equality Act 2010 is ?

78. In general, do you think your local public services are upholding the first duty of the Equality Act with regard to LGBT people – **the duty to eliminate LGBT discrimination?**
    a. Yes / No / Don't know

79. Please tell us for the reasons for your answer, including examples if you know of any.

80. In general, do you think your local public services are upholding the second duty of the Equalities Act with regard to LGBT people – **the duty to advance LGBT equality?**
    a. Yes / No / Don't know

81. Please tell us for the reasons for your answer, including examples if you know of any.

82. In general, do you think your local public services are upholding the third duty of the Equalities Act with regard to LGBT people – **the duty to improve relations between LGBT people and non-LGBT people?**
    a. Yes / No / Don't know

83. Please tell us for the reasons for your answer, including examples if you know of any.

84. Do you think that legislation like the Equality Act 2010 and its three equality duties are important for LGBT people? Yes / No / Don't know

85. Please tell us for the reasons for your answer, including examples if you know of any.

86. Do you think that the financial cuts to the public sector will affect the LGBT equality of your local public services?
    a. Yes, they will improve LGBT equality / Yes, they will weaken LGBT equality / No, things will stay the same / Don't know

87. Please tell us for the reasons for your answer, including examples if you know of any.

88. Aside from the public sector cuts, do you think the recent economic situation in the UK has/will have a particular effect on you as an LGBT person?
    a. Yes / No / Don't know / NA

89. Please explain.

90. Equality Impact Assessments highlight the potential impact of public services' policies and activities on local people. Are you aware of the Equality Impact Assessments run by your local public services?
    a. Yes / No / Unsure

91. Do you think that Equality Impact Assessments are important for LGBT people?
    a. Yes / No / Don't know

92. Please tell us your reasons.

<u>WHERE YOU LIVE, WORK & SOCIALISE</u>
This section asks you about the places where you live, work and socialise, including questions about your housing and where you travel to.

If anything in this section makes you feel distressed or upset, please stop. You can withdraw from the questionnaire by closing the browser window - this will mean your answers will not be stored or seen by the researchers. You can get support and information by contacting the Hastings & Rother Rainbow Alliance (info@hrra.org.uk, tel. 07505 819344),

the Hastings & Rother Gay Helpline (01424 444777) or Sussex Police (0845 60 70 999).

93. Which area do you mainly live in?
    a. Hastings / Rother / Wealden / Eastbourne / Lewes / Brighton & Hove / Not in East Sussex / Don't know / NA

94. **This question is optional, and it will not be used to identify you in any way. We will use this information to make comparisons between specific areas, such as town centre / outskirts, urban / rural, etc.**
    a. What are the first 4 letters and numbers in your main residential postcode?

95. As an LGBT person, how easy is it for you to live in your area?
    a. Very easy / Easy / Neither easy nor difficult / Difficult / Very difficult / Don't know / NA

96. Please describe any examples or reasons for your answer

97. Which one of the following best describes your accommodation?
    i. Privately owned
    ii. Rented - Council Housing
    iii. Rented - Private landlord
    iv. Rented – Association
    v. University- or college-owned student residence
    vi. Care home
    vii. Sheltered housing
    viii. Staying with friends/partner
    ix. I am homeless
    x. Trailer/caravan
    xi. Other (please describe)

98. Do you know where to get support if you have a problem with your housing?
    a. Yes / No / Unsure / NA

99. Which area do you mainly work, volunteer or study in?
    a. Hastings / Rother / Wealden / Eastbourne / Lewes / Brighton & Hove / Not in East Sussex / Don't know / NA

100. As an LGBT person, how easy is it for you to work, volunteer or study in these areas? (Please describe any examples or reasons for your answer)
    a. Very easy / Easy / Neither easy nor difficult / Difficult / Very difficult / Don't know / NA

101. Which area do you mainly socialize in?
    a. Hastings / Rother / Wealden / Eastbourne / Lewes / Brighton & Hove / Not in East Sussex / Don't know / NA

102. Please tell us about the places where you socialize.

103. Is there anywhere you won't go to socialize?
    Yes/no/ Don't know
    Routed to YES

104. Please tell us about these places.

105. In the past year, have you ever gone away from where you live to visit LGBT venues and/or events?
    i. Yes, once or twice / Yes, once or twice a month / Yes, once or twice a week / No / Don't know / NA

Routed to YES

106. Where did you go to?

107. In the past year, have you ever gone away from where you live to socialise with LGBT people?
   i. Yes, once or twice / Yes, once or twice a month / Yes, once or twice a week / No / Don't know / NA

108. Where did you go to?

YOUR LOCAL COMMUNITY GROUPS

This section asks you about local community groups such as the Hastings & Rother Rainbow Alliance (HRRA) and BourneOut.

If anything in this section makes you feel distressed or upset, please stop. You can withdraw from the questionnaire by closing the browser window - this will mean your answers will not be stored or seen by the researchers. You can get support and information by contacting the Hastings & Rother Rainbow Alliance (info@hrra.org.uk, tel. 07505 819344), the Hastings & Rother Gay Helpline (01424 444777) or Sussex Police (0845 60 70 999).

109. If you live, work or socialise in Hastings or Rother, are you aware of the Hastings & Rother Rainbow Alliance (HRRA)?
   Yes/ No/Don't know/I don't live, work or socialise in Hastings or Rother

110. HRRA engages in a variety of activities and services. Which activities do you think HRRA currently does provide? Which should HRRA provide? And which activities have you used?

	a. Activities/services which HRRA provides	b. Activities/services which HRRA **should** provide	c. HRRA activities/services which you have used
Social activities			
LGBT information			
LGBT advice or support			
Regular newsletter			
Guide to LGBT venues and events			
Advocating for LGBT people			
Running an LGBT youth group			
The 'voice' of local LGBT people			
Other (please describe)			

111. If you live, work or socialise in Eastbourne, are you aware of BourneOut?
   Yes/ No/Don't know/I don't live, work or socialise in Eastbourne

112. Please describe any of your experiences with BourneOut

THE END

If anything in this section makes you feel distressed or upset, please stop. You can get support and information by contacting the Hastings & Rother Rainbow Alliance (info@hrra.org.uk, tel. 07505 819344), the Hastings & Rother Gay Helpline (01424 444777) or Sussex Police (0845 60 70 999).

113. With regard to your sexual and/or gender identity, is there anything else that should have been included in this research?

114. With regard to your sexual and/or gender identity, what would make life better for you in East Sussex?

115. If you would like to, please leave us feedback about this questionnaire.

NOW THAT YOU'VE FINISHED…

Thank you for completing the questionnaire. **Any information you provide from now on will not be linked with your answers to the questionnaire.**

We aim to use your answers to better understand the current state of LGBT equalities in Hastings, Rother and East Sussex, particularly regarding public services. On behalf of the LGBT Equalities Forum, thank you for participating in this research and assisting us in this aim.

If you felt upset or distressed by anything in this questionnaire and would like some support, please contact the Hastings & Rother Rainbow Alliance (info@hrra.org.uk, tel. 07505 819344), the Hastings & Rother Gay Helpline (01424 444777) or Sussex Police (0845 60 70 999).

Click here if you would like to see the details from the beginning of the questionnaire again, including information on privacy and anonymity.

CLICKING ROUTES TO INFO FROM FIRST PAGES, INCLUDING ETHICS DETAILS

If you would like to:

- be kept informed about the questionnaire and its results,
- hear more about the LGBT Equalities Forum,
- or participate further in making East Sussex's public services more LGBT friendly,

then please provide contact details below. **Your details will not be linked with your questionnaire.**

If you would like to find out more about the **Hastings & Rother Rainbow Alliance (HRRA)**, a local community group for Hastings and Rother LGBT people, you can contact them by:

- sending an email to info@hrra.org.uk
- sending a letter to HRRA, C/O Ore Community Centre, 455 Old London Road, Hastings, TN35 5BH
- calling 07505 819344

For more information about HRRA, visit http://www.hrra.org.uk.

If you would like to find out more about **BourneOut**, a local community group for Eastbourne LGBT people, you can contact them by visiting http://www.bourneout.co.uk.

If you have any questions, concerns or complaints about this research, please contact Nick McGlynn (n.mcglynn2@brighton.ac.uk), who will be happy to help you. If you would like to speak to a different person, please contact Dr Kath Browne (k.a.browne@brighton.ac.uk), or the School of Environment & Technology at the University of Brighton (entec@brighton.ac.uk, tel. 01273 642288), who will be able to assist you or direct you to someone who can.