



Open Research Online

The Open University's repository of research publications and other research outputs

Lambeth LGBT Matters: The needs and experiences of lesbians, gay men, bisexual and trans men and women in Lambeth.

Other

How to cite:

Keogh, Peter; Reid, David and Weatherburn, Peter (2006). Lambeth LGBT Matters: The needs and experiences of lesbians, gay men, bisexual and trans men and women in Lambeth. Sigma Research, London.

For guidance on citations see [FAQs](#).

© 2006 The Authors

Version: Version of Record

Link(s) to article on publisher's website:

<http://www.sigmaresearch.org.uk/downloads/report06c.pdf>

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's data [policy](#) on reuse of materials please consult the policies page.

oro.open.ac.uk

Lambeth LGBT Matters

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

Peter Keogh
David Reid
Peter Weatherburn

Original Research Report

Acknowledgements

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

Thanks also to the following people and organisations.

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

Thanks also to the Project Steering Group for their insightful and positive contributions.

Members included: Graham Alldus, Lambert Allman, Tim Chambers, Amy Donovan, Chris D'Souza, Kenny Gibson, Rachael Hopkins, Chris Lee, Carole Litchmore, Alec Parsons, Mark Picksley, Khi Rafe, Julia Shelley, Gary Whiting, Evereth Willis and Paula Williams.

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

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

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

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

Peter Keogh
Senior Research Fellow
October, 2006

Sigma
RESEARCH

www.sigmaresearch.org.uk

This report is available to download at:
www.sigmaresearch.org.uk/downloads/report06c.pdf

Published by Sigma Research ©
October 2006

ISBN: 1 872956 85 8


Lambeth

www.lambeth.gov.uk

Contents

	Acknowledgements	ii
1	Introduction	2
1.1	The fall and rise of LGBT equality in local government	2
1.2	The legislative climate	3
1.3	Conceptualising LGBT need	3
2	Lambeth <i>LGBT Matters</i> Survey	11
2.1	Methods, recruitment & exclusions	11
2.2	Sample description	12
2.3	Problems experienced - potential need for Council services	15
2.4	Experience of discrimination	20
2.5	Experience of abuse, assault and police reporting	22
2.6	Community involvement	26
2.7	Concluding comments	27
3	Living with Lambeth Council	28
3.1	Introduction & methods	28
3.2	Living in Lambeth	28
3.3	Defining LGBT need	29
3.4	Defining community	30
3.5	Homophobic abuse and violence	33
3.6	Education	36
3.7	Faith	37
3.8	Other concerns: LGBT elders, youth and Trans people	38
3.9	Concluding comments	40
4	Recommendations	41
4.1	Consultation, communication, monitoring	41
4.2	Communities	41
4.3	Crime and safety	42
4.4	Education	42
4.5	Faith	42
4.6	Services	43
	References	44

1 Introduction

This report presents the findings of a study of the experiences of Lesbians, Gay men, Bisexual and Trans (LGBT) men and women who live, work and socialise in Lambeth. It presents the results of part of a larger study which included analysis of Lambeth's policies and procedures, stakeholder interviews and staff focus groups. The full report can be found at our website. Here, we present the results of a *self-completion quantitative* survey of LGBT people who live, work or socialise in Lambeth (Chapter 2) and *qualitative focus groups/interviews* with LGBT residents of Lambeth (Chapter 3). Chapter 4 contains some conclusions and recommendations arising from this research.

The study was commissioned by The London Borough of Lambeth (LBL) to provide the Council with information to improve services for these populations. LBL is the largest and possibly most diverse of inner London's boroughs. Patterns of UK and international migration ensure that the LGBT population in London is far larger than elsewhere in the UK. Using Census (Office for National Statistics 2006) and other data (Mercer *et al.* 2004) we can estimate that Lambeth's LGBT resident population is approximately 18-20,000 adults. This figure does not include people who come to Lambeth to work or socialise. Lambeth also hosts a substantial LGBT social and commercial scene with six Gay saunas / gyms, 12 LGBT social support agencies and at least 17 bars, clubs and cafes in the borough. Lambeth also contains several public areas where men meet for sex (parks, commons and public toilets).

1.1 THE FALL AND RISE OF LGBT EQUALITY IN LOCAL GOVERNMENT

Local Authority responses to LGBT social exclusion have varied over the past twenty-five years. The 1980s saw many Local Authority anti-discrimination initiatives for Gay men and Lesbians (public awareness campaigns, same sex tenancies, adopting and fostering initiatives *etc.*). However, without legislative underpinning, these remained short-term. Successive Local Government Bills severely limited Local Authority responses to LGBT need. Notably the 1985 act abolished the Greater London Council (a major driver for increasing social justice in London) and the 1988 act contained the controversial anti-gay amendment known as Section 28 (which precluded Local Authorities from the 'promotion' of homosexuality). Such legislative attacks fostered an atmosphere of hostility in which many Local Authorities were pilloried by the right wing and populist press as 'loony left'. By the late 1980s, LGBT need and concerns had been excised from social care and anti-discrimination policy and practice. The government response to LGBT population need focussed increasingly on HIV prevention and treatment for Gay men and, with few exceptions, the LGBT rights agenda stalled.

However, over the last decade, significant legislative and policy developments have begun to reinvigorate both the LGBT rights agenda and Local Authority responses. The modernisation of public services has made local government more open to the influence of minorities. The Best Value regime (Local Government Act, 1999) commits all Local Authorities to continuous service improvement through monitoring, evaluation and consultation with stakeholders and groups whose views have traditionally been under represented. The Local Government Act 2000 requires Local Authorities to form Local Strategic Partnerships (LSPs) and to produce Community Strategies in consultation with citizens (especially equalities groups). The Community Strategy empowers Local Authorities to make interventions to improve the quality of life of local communities. As the main vehicle for neighbourhood renewal LSPs must engage with and include voluntary and community organisations who now have an unprecedented opportunity to influence social strategy and the allocation of key resources (specifically neighbourhood renewal funds).

The requirements placed upon Local Authorities to consult with and include equalities groups have never been greater. The task therefore for Local Authorities and the LGBT communities they serve is to articulate LGBT social need and social concern and build capacity to influence policy and services.

1.2 THE LEGISLATIVE CLIMATE

LGBT populations have benefited from recent legislative changes. 1999 saw changes in immigration policy for same sex partners of UK citizens, a defeat for the Government over Gay men and Lesbians serving in the armed forces, the granting of tenancy succession rights for same sex partners and the lifting of the Children's Society ban on Lesbian and Gay fostering and adopting. The following year the European Court on Human Rights again ruled against the government necessitating the reform of UK sexual offences legislation. The age of consent was equalised in 2001 and in 2002, equal rights were granted to same sex couples applying for adoption. 2003 brought the repeal of Section 28 and the Employment Equality (Sexual Orientation) Regulations made it illegal to discriminate against Lesbians, Gay men and Bisexuals in the workplace. 2003 also saw the announcement of Government plans to merge the equality commissions into a new body (the Commission for Equality and Human Rights) that will provide institutional support for new laws on age, religion/belief and sexual orientation. The Civil Partnership Act which gives same-sex couples the same rights and responsibilities as married heterosexual couples was passed in 2004 and in 2005, the implementation of the Criminal Justice Act empowered courts to impose tougher sentences for offences aggravated or motivated by the victim's sexual orientation. Likewise, the implementation of The Adoption and Children Act now enables same sex couples to apply to adopt a child jointly. Finally, the 2006 Equality Act seeks to prohibit sexual orientation discrimination in the provision of goods, facilities and services and the execution of public functions.

The legislative environment for transgendered people has also changed. Transgender people now receive statutory protection against employment discrimination under the Sex Discrimination Act (1999 amendment). However, currently transgender people who have not undergone gender reassignment surgery are in a weaker position than those who have. This is because it does not follow that pre-operative transgender people are entitled immediately to be treated as members of the sex that they wish to be. The Gender Recognition Act (2004) has the capacity to resolve such anomalies as it provides transgendered people with legal recognition in their assigned gender in English and Welsh law for all purposes including the criminal law, entitlement to state benefits and occupational pension schemes. They can also be issued with a new birth certificate reflecting the assigned gender and marry someone of the opposite sex or enter into a civil partnership with someone of the same sex.

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

1.3 CONCEPTUALISING LGBT NEED

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

1.3.1 LGBT population size

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

The second *National Survey of Sexual Attitudes and Lifestyles* (Johnson *et al.* 2001) found that 3.9% of women and 5.5% of men aged 16 to 44 and living in London had a same gender sex partner in the last five years. The figures were lower in the rest of the UK for both women (2.4%) and men (2.1%), confirming that sexual minorities migrate to large cities, especially London. Within London, sexual minorities are concentrated in inner rather than outer London. Hickman *et al.* (1997) found that 8.6% of the male population of Inner London had a male sex partner in the last five years. This figure may apply to some areas of Central London but does not apply to the bulk of the UK.

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

1.3.2 LGBT Needs

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

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

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

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

This complex and fluid picture of LGBT need is further influenced by how an individual understands their sexuality or gender, the social group that they occupy, and the resources that they can

draw upon. These will change with time and with individual circumstances. For example a young White working class Lesbian living in the 1971 would have had very different understandings and choices than she has when she is an elder Lesbian living in 2006. A second generation high earning educated Bengali Gay man working outside of the family business will have choices and ways of managing social aspects of his sexuality not available to a first generation Bengali migrant working for his extended family.

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

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

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

1.3.3 Youth

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

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

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

1.3.4 Aging

There is a growing literature on LGBT aging which falls into two types. One type of research constructs the experience of growing old and Gay as negative by comparing it to a heterosexual ideal of aging. Other research describes the experience in its own terms identifying positive as well as negative aspects of Gay and Lesbian aging. Research has identified the needs of older LGBT people as well as their responses. For example, adversity associated with coming out as a Lesbian or Gay man can enable the person to deal with being older in an ageist society (Sharpe 1997). Older Lesbians and Gay men will have lived a greater proportion of their lives within a more punitive legal and social environment than exists today (facing criminalisation, familial and community rejection, employment discrimination and medical pathologisation). However, they will have developed social networks and personal strategies for coping with this adversity which may better enable them to face the unique challenges of aging.

Older Gay men and Lesbians have elevated need compared to heterosexuals. Research has shown that, compared to heterosexuals, older Lesbians, Gay men and Bisexuals are 2¹/₂ times more likely to live alone, twice as likely to age as a single person and 4¹/₂ times as likely to have no children to call upon in times of need. Moreover, 20% of older Lesbians, Gay men and Bisexuals indicate they have no one to call on in a time of crisis or difficulty, a rate up to ten times higher than the general older population (Cross 1999, quoted on Age Concern website). This need is exacerbated by pre-existing homophobia and discrimination. Turnbull (2002) posited that the three major issues faced by LGB people are the same as for heterosexuals: loneliness, isolation and financial hardship. However, these issues are mediated by other issues associated with sexuality. Negative aspects include inappropriate services, lack of social and legal rights, invisibility and societal homophobia. Positive aspects include stronger social support networks, a stronger sub-culture, greater role flexibility and greater personal resilience.

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

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

Finally, there is evidence of homophobia within residential services. Hubbard and Rossington (1995) found significant homophobia on the part of care providers in the UK while Johnson *et al.* (2005) found significant fear, and experiences of homophobia among Gay and Lesbian care home residents. Moreover, fear of homophobia was influenced by the age, income, gender and the educational achievement of respondents. This and other UK studies identified an enthusiasm among respondents for Gay-specific residential services (Lucco 1987, Kehoe 1989). Other studies highlight homophobia as a barrier to non-residential or clinical services. These studies call for better training and sensitivity among staff and the development of best practice standards and guidelines (Brotman *et al.* 2003, Burbank *et al.* 2005, Wilkie 2005).

1.3.5 Ethnicity: the case of Black Caribbean LGBT people

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

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

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

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

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

The literature on health and social inequality among Black Caribbean LGBT people is more patchy. For Gay and Bisexual men it concentrates almost exclusively on HIV morbidity and prevention need. Although the evidence on health and HIV morbidity among ethnic minority Gay men is inconclusive (that is homosexually active men from certain ethnic minorities are at heightened risk of HIV infection although there is no clear pattern to this), it is clear that ethnic minority membership does influence the extent and nature of HIV health and social care need. Black Caribbean men are significantly more likely to test positive for HIV than men in other ethnic groups and are at increased HIV prevention need (see Keogh *et al.* 2004a). Other studies have shown that Black Caribbean men are more likely to experience sexual health morbidity, in its narrowest sense of clinical symptoms (Winter *et al.* 2000, Hughes *et al.* 2001, Fenton 2001). Another report (Fenton *et al.* 1999) concluded that Black Caribbean men have difficulty articulating their sexual health needs and describing the role of their sexuality within their broader lives. However more recent research highlights the capacity for Black Caribbean Gay men to thrive within certain Black urban LGB community networks (Keogh *et al.* 2004a).

There is little research on Black Caribbean Lesbians and Bisexual women. We know from American research that Black Lesbians and Bisexual women have higher rates of obesity (Yancey *et al.* 2003) and smoking (Sanchez *et al.* 2005) than other ethnic groups. In addition, there has been research

into the experiences of mixed race Lesbians which highlights a range of personal problems associated with gender and racial oppression (Bing 2004).

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

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

1.3.6 Social class

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

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

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

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

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

Research suggests that class may be associated with HIV risk and morbidity amongst homosexually active men (Hope *et al.* 1998, Bochow 1998, Weatherburn *et al.* 1999). Successive annual *Gay Men's Sex Surveys* (see Keogh *et al.* 2004b) show that men with less formal education (usually leaving school at the age of 16) have a higher prevalence of diagnosed HIV than men educated to A-level or above. Moreover, men in this group engage in increased risk taking and show elevated levels of HIV prevention need on most indicators (Weatherburn *et al.* 1999). We might assume that elevated morbidity and need among working class men is caused by a less accepting attitude from their families and communities (when compared to other class groups). However, this is not necessarily the case. Hickson *et al.* (2003) found that working class men were less likely to encounter discrimination about their sexual practice from family / community but more likely to encounter discrimination when using public and commercial services and from workmates. Thus although family and community might be supportive, the broader world (including the broader Gay community and commercial scene) may not be so accepting of working class Gay men. Moreover, the family and locality based nature of working class social structures mean that working class Gay men are less amenable to health promotion and social care interventions than their middle class counterparts. As a result of all these findings, we have called for health promotion and social care interventions which promote working class community structures while grappling with pre-existing social inequality caused by class differences among the population of Gay men (see Keogh *et al.* 2004b).

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

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

1.3.7 The effects of inequality

In this section, we have emphasised social difference and social inequality within an LGBT population which is often treated as homogenous and united by similar needs and concerns. The effects of inequality show themselves in the epidemiology of disease and health morbidity among

the LGBT population. For example, the effects of HIV are worse among Gay and Bisexual men and male-female transgendered women than either the rest of the UK population or the rest of the LGBT population. Moreover, among this group, those who are poorer, less well educated, from certain ethnic minorities and at key life stages are more affected than others.

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

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

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

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

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

2 Lambeth *LGBT Matters* Survey

In this chapter we present the results of a self-completion quantitative survey of LGBT people who had lived, worked or socialised in Lambeth in the previous twelve months. The aims of the survey were to: describe the social care needs of LGBT people in Lambeth, their knowledge and perceptions of Lambeth Council and the services it provides, their experiences of Council services and of local civil participation and their main concerns regarding the policy and services provided by the Council. This chapter concentrates on the findings that have wider importance for LGBT needs and services than Lambeth Council specifically.

2.1 METHODS, RECRUITMENT & EXCLUSIONS

A draft survey was drawn up attending to the original research aims and emerging concerns of the research advisory group which commented on the draft. After piloting, the survey was available for completion both on-line and in paper format.

The online survey was available at a specific website (www.lambethLGBTmatters.com). It was prepared and hosted using the survey instrument www.demographix.com. The survey was promoted via paid banner advertising on three major commercial web-sites (www.gay.com, www.gaydar.co.uk and www.gaydargirls.co.uk) and free on another ten LGBT community web-sites. It was also promoted via 250 posters (A4), 2500 postcards (A6) and 3500 mini-cards (A8). These were displayed by a range of Lambeth LGBT community and commercial organisations. The LADS Outreach Team (Terrence Higgins Trust) promoted the survey during outreach to men's and mixed LGB venues in South London. They specifically targeted venues serving Black and minority ethnic LGBT populations. Paid recruitment teams from Sigma Research concentrated on women-only and Trans bars and venues across London. The survey was also promoted via a feature in Lambeth Life and a press release from London Borough of Lambeth resulted in some Gay press coverage. It was available for completion online for 14 weeks from 17th October to 31st January 2006. Overall, we received 499 online responses.

In addition to promoting the online version all advertising materials also stressed that a paper version of the survey was also available from Sigma Research. Fourteen paper versions of the questionnaire were requested by email or telephone and 9 were returned completed.

Participants in the survey were offered entry to a prize draw for two iPods®. 275 people provided their name and contact details and were entered in the draw. The two winners were notified in February 2006.

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

We received 508 questionnaires (499 online and 9 on paper). Forty five returns were excluded - 4 were duplicate submissions; 2 answered fewer than five questions; 32 respondents neither lived, worked, studied or socialised in Lambeth in the last year; 7 did not identify as Lesbian, Gay, Bisexual or Trans. This left usable questionnaires from 463 LGBT people who lived, worked, studied or socialised in Lambeth in the last year.

2.2 SAMPLE DESCRIPTION

This section describes the group of people who are in the final sample.

2.2.1 Inclusion criteria

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

- 24 identified as Trans
- 439 did not, of whom 430 identified as Lesbian, Gay or Bisexual
- 9 did not, of whom all were members of sexual minorities.

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

- 297 had lived in Lambeth in the last year
- 166 had not, of which 65 worked in Lambeth
- 101 did not, of which 2 studied in Lambeth
- 99 did not, of which all socialised in Lambeth.

Among the 65 who did not live in Lambeth but had worked there in the last year, 57 currently worked in the borough. Among the 99 people who did not live, work or study in the borough, 12% came to the borough most days, 32% came about once a week, 31% came about once a month and 24% came less often.

2.2.2 Gender identity

Gender was explored with four questions:

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

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

Gender identity by Trans status (N=463, missing 0)			By Trans status	
			Not Trans	Trans
Male	Was that the sex you were born into?	Yes	313	8
		No	3	2
Female	Was that the sex you were born into?	Yes	121	--
		No	--	12
Intersex	Was that the sex you were born into?	Yes	2	--
		No	--	2

Twenty-four respondents (5% of all) identified as Trans (10 males, 12 females and 2 intersex people), of which 23 gave further description, including:

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

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

2.2.3 Sexual identity

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

Sexual identity by gender (N=463, missing 0)	All	By gender identity	
		Male	Female
Lesbian	21% (97)	--	73% (97)
Gay	68% (313)	93% (302)	8% (11)
Bisexual	8% (37)	6% (18)	14% (18)
Heterosexual	1% (4)	1% (2)	2% (2)
Other	3% (12)	1% (4)	4% (5)

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

2.2.4 Area of residence

Overall 276 respondents (60%) currently lived in Lambeth and another 21 (5%) had lived in Lambeth in the last year. Of the 187 non-Lambeth residents, 82% lived in Greater London, most commonly in the neighbouring boroughs of Southwark (n=36) and Wandsworth (n=15). The remainder lived in 46 other Local Authorities.

2.2.5 Age

The average (median) age of all respondents was 35 years (range 14-79). Male respondents were, as a group, older than female respondents (median 36 vs. 32).

2.2.6 Education

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

2.2.7 Ethnic group and country of birth

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

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

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

A fifth (22%) of respondents were born outside the UK. Country of birth did not vary by living in Lambeth or not, or by Trans status. It did vary by gender: all those born in Wales or Northern Ireland were male, with females being more likely to have been born in England. The 94 respondents who were born outside the UK were born in 33 different countries, most commonly Australia (16 respondents), USA (8), Germany (7), Canada (6) and the Republic of Ireland (6). Overall, 39% were born in Europe, 21% in Oceania, 19% in North America, 9% in Africa, 8% in Asia and 4% in South America. Overall, 9% (n=39) had been living in the UK for less than 5 years and 3% (n=15) had been living here for less than 2 years.

2.2.8 Disability

Overall, 15% of respondents indicated they had a long-term illness, health problem or disability which limited their daily activities or the work they could do. This did not vary by living in Lambeth or not, being a Trans person or not or ethnicity. It did vary by gender, with more men (17%) having a disability or health problem than women (10%). 14% of respondents had diagnosed HIV infection. Having HIV did not vary by Trans status, residence or ethnicity, but did vary by gender. All but one of those with HIV were men, which meant 20% (64/324) of males had HIV compared to 1% (1/132) of females.

2.2.9 Care responsibilities

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

2.2.10 Making a living

Respondents were asked to indicate their current working status. There was a significant difference in the working status of males and females, with females being more likely to be part-time employees or in full-time higher education, and less likely to be unemployed or retired. Compared to others, Trans people were more likely to be self-employed (6% vs. 17%).

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

The 'Other' category contains seven respondents who were not currently allowed to work in the UK.

2.2.11 Current housing

Respondents were asked *What type of housing are you living in now?* Responses did not differ by living in Lambeth or not, Trans status or ethnicity. Responses differed by gender with females more likely to live in University accommodation or with parents, than males. Females were also more likely to rent privately, while males were more likely to be owner occupiers. Two respondents considered themselves homeless, of which one was registered homeless.

Type of housing by gender (N=463, missing 0)	All	By gender	
		Males	Females
Owner occupier	44% (205)	46% (151)	40% (53)
Rented privately	38% (176)	37% (119)	42% (56)
Rented from the Council	9% (42)	9% (29)	8% (11)
Rented from housing association	6% (27)	6% (21)	5% (6)
Staying with friends / partner	1% (5)	1% (4)	1% (1)
University halls	1% (3)	--	2% (3)
With parents	1% (3)	--	2% (3)
Hostel	<1% (1)	<1% (1)	--
Employers accommodation	<1% (1)	<1% (1)	--

Respondents were asked *who do you live with?* and offered 6 options plus space for specifying other people. Men were more likely to live alone or with a partner than women. Women were more likely to live with children or other family members (often parents) compared to men.

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

2.3 PROBLEMS EXPERIENCED - POTENTIAL NEED FOR COUNCIL SERVICES

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

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

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

In the last year, have you had any problems with...		% experiencing problem	% with problem who thought their LGBT identity was relevant	Overall % with problem relevant to LGBT identity
Mental and emotional health		41% (189/461)	54% (102/188)	22%
Alcohol or drug use		20% (91/463)	53% (48/91)	10%
Noisy or abusive neighbours		33% (153/460)	24% (36/153)	8%
Working conditions or employment rights		14% (66/463)	45% (29/65)	6%
Debt or paying bills		33% (151/462)	9% (13/149)	3%
Housing conditions		16% (74/462)	10% (7/74)	2%
Getting around (mobility)		12% (53/462)	15% (8/53)	2%
Personal and practical care (looking after yourself, cleaning, shopping etc.)		8% (35/461)	29% (10/35)	2%
School or college	All respondents	4% (16/460)	69% (11/16)	2%
	Of those in education or with child care responsibilities	26% (12/46)	67% (8/12)	--
Training, improving qualifications or getting further education		8% (36/462)	17% (6/36)	1%
Childcare	All respondents	2% (9/459)	11% (1/9)	<1%
	Of those with childcare responsibilities	56% (9/16)	11% (1/9)	--
Establishing your right to live or work in the UK		1% (5/460)	60% (3/5)	<1%

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

Figure 2.3 plots the twelve needs by the proportion of all respondents who experienced problems in that area in the last year along the bottom, and the proportion of those experiencing the problem who felt their sexual or Trans identity was relevant to the problem up the side.

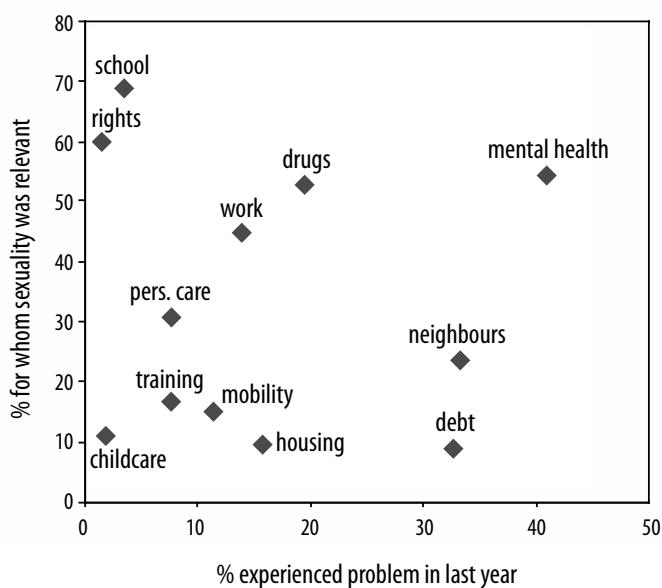


Figure 2.3: Plot of commonness of problems and whether sexual or Trans identity was relevant to problems

The areas fall all over the graph, representing problems that are common (to the right) and less common (to the left), and problems in which sexual and Trans identity were often relevant (at the top) and those in which it was less frequently relevant (at the bottom).

Dividing the areas by those above and below the average (mean) on both measures gives four groups of problems. The following sections consider the four groups and the ways in which respondents felt their sexual or Trans identity was relevant to their problems.

2.3.1 Common problems in which sexuality was often relevant

Mental and emotional health

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

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

Trans people were more likely to have a problem with mental and emotional health (67%) than others (40%) and if they did have a problem were more likely to think their LGBT identity was relevant (81% v 52%).

Alcohol and drug use

The fourth most common problem overall was with alcohol and drug use (20% in the last year). LGBT identity was felt to be relevant to over half (53%) of those experiencing this problem. After mental and emotional health (to which it is closely related) drug and alcohol use was the source of the largest amount of LGBT related problems.

Thirty seven respondents described alcohol and drug problems where they felt LGBT identity was relevant and these descriptions were fairly uniform. They described being in a social network where alcohol and drug use was very common and where access, acceptance and peer pressure to use were high. It was also felt that drug use in LGBT communities was sustained later in life than in the general population. The second major way in which LGBT identity was relevant to drug and alcohol problems was where drugs were used to escape from the unhappiness, anxiety or depression respondents suffered as a consequence of a heterosexist society. We found no evidence that drug and alcohol problems were more or less common by gender, ethnicity, Trans status or area of residence (living in Lambeth or not).

2.3.2 Common problems in which sexuality was less often relevant

Noisy or abusive neighbours

Noisy or abusive neighbours was the second most common problem after mental health, with a third (33%) experiencing problems in the last year. LGBT identity was felt to be relevant by a quarter (24%) of those experiencing problems. Thirty four respondents described problems, and these were fairly uniform, consisting of homophobic verbal abuse and threats of violence to the respondent

and family, loud and repeated playing of songs with homophobic lyrics and criminal damage and fouling. Respondents often explicitly mentioned young adults as offenders. We found no evidence that respondents living in Lambeth were more or less likely to have a problem with neighbours than were those living outside Lambeth, or any differences by gender, Trans status or ethnicity. However, respondents aged 40 and over were more likely to experience problems with neighbours (44%) than the 25-39 year olds (29%), or the under 25s (30%). The oldest group were also most likely to feel their LGBT identity was relevant (35% vs. 18% vs. 13%, for the three age bands respectively).

Debt and paying bills

Debt was a common problem (33% in last year) in which LGBT identity was less often relevant (9% with a debt problem felt it to be so). Twelve respondents described problems with debt that they felt were related to their LGBT identity. These problems were closely tied to employment for some and for others the necessary costs of living as a Trans person or the cost of using London's Gay scene. As with employment, Trans people were more likely to have a problem with debt or paying bills (54%) than others (32%) and among people experiencing debt, Trans people were much more likely to think their Trans identity or sexuality to be relevant (46%) than were others (5%).

3.3.3 Less common problems in which sexuality was often relevant

Working conditions and employment rights

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

School and college

Although problems with school or college were relatively uncommon, among those with childcare responsibilities or who were in education, over a quarter (26%) had experienced recent problems. In the majority (67%) of cases, respondents felt their sexuality or Trans identity were relevant suggesting both that LGBT people disproportionately experience problems at school or college and that attitudes towards gender and sexuality among the student and staff body was the main cause of problems.

The problems encountered in school or college where sexuality or Trans identity was relevant were very similar to those encountered in the workplace. Respondents indicated: they felt isolated and needed to stay 'in the closet'; they experienced harassment from teachers and other students; they had been prohibited from using or expelled for using the 'wrong' toilet facilities; and that their institution did not have a Trans acceptance policy. Among those who encountered schools and colleges, experiencing problems was more common for Trans people (75%) than others (21%).

Right to residence

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

2.3.4 Less common problems in which sexuality was less often relevant

Housing conditions

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

Getting around (mobility)

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

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

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

Childcare

Although childcare problems were uncommon overall, among those with childcare responsibilities over half (56%) had problems with it. However, only one respondent thought their sexual or gender identity was relevant to the problem.

Training, improving qualifications or getting further education

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

2.4 EXPERIENCE OF DISCRIMINATION

2.4.1 Discrimination from the general population

Respondents were asked *In the last year, have you experienced discrimination because of your sexual or Trans status in relation to...?* and presented with a list of 18 contexts. The following table shows the proportion of respondents experiencing discrimination in each context by gender and Trans status.

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

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

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

By far the most common source of discrimination for LGBT people were strangers in public, with almost half (46%) having suffered discrimination in this context in the last year. The only other settings where more than 10% of all respondents had experienced discrimination were *using bars and restaurants* (14% of all); *using public transport and taxis* (13%); and *from workmates and colleagues* (12%).

Compared to males, females were more likely to have experienced discrimination in seven of the settings asked about. Compared to non-Trans people, Trans people were more likely to have experienced discrimination in five areas. Bars and restaurants appear on both lists.

2.4.2 Discrimination from other LGBT people

Respondents were asked, *In the last year have you experienced discrimination from other Lesbians, Gay, Bisexual or Trans people, groups or organisations in relation to your...?* They were then presented with a list of nine characteristics. The following table shows the overall proportion who said they had experienced discrimination from LGBT people because of that characteristic, then the proportion of different groups related to that characteristic who indicated they felt they had been discriminated against. For example, the first row shows that 8% of the sample overall had experienced discrimination from within LGBT communities because of their age, and that the figure was 13% among those under 25 years of age; 4% among those aged between 25 and 39 years; and 16% among people aged 40 or more.

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

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

There were significant differences in experiences of discrimination by demographic groups across age, HIV status, disability, ethnicity and Trans status. The sub-group that most commonly experienced discrimination from the LGBT community was Asian people, among whom 50% (of 8 people) experienced discrimination on the basis of their ethnicity. The second was HIV positive people, among whom 29% (of 65 people) experienced discrimination on the basis of their HIV status.

2.5 EXPERIENCE OF ABUSE, ASSAULT AND POLICE REPORTING

Homophobic and transphobic verbal abuse and physical assault are common experiences for the LGBT community. This survey added further weight to this observation.

2.5.1 Prevalence and location of abuse and assault

Respondents were asked whether, in the last year, they had been verbally abused because of their LGBT identity and whether they had been physically attacked or assaulted because of it. Those who had suffered assault or abuse in the last year were asked *The last time this happened, where did it occur?* and were offered the options outlined in the table below.

The last time this happened, where did it occur?	Verbal abuse % (number)	Physical attack % (number)
Any location	49% (223/459)	7% (31/426)
In the street	67% (150/223)	45% (14/31)
On public transport	12% (26/223)	10% (3/31)
At your home	5% (10/223)	10% (3/31)
At your place of work/college/school	4% (8/223)	7% (2/31)
In a straight pub or club	4% (9/223)	3% (1/31)
In a park / common or heath	3% (6/223)	10% (3/31)
In a council run recreation centre or library	2% (4/223)	0
In a shop / restaurant	2% (4/223)	0
In an LGBT scene venue	<1% (1/223)	7% (2/31)
In a taxi / minicab	<1% (1/223)	0
At someone else's home	0	7% (2/31)
On holiday abroad	0	3% (1/31)
Other	2% (4/223)	0

Overall, 7% (31/426) had been physically attacked and 49% (223/459) had been verbally abused.

Among those that had suffered verbal abuse, two thirds (67%) had experienced it in the street and a further 12% on public transport. In all other listed sites less than 5% had suffered verbal abuse. The street was also by far the most common site for those experiencing physical assault (45% of those who had experienced physical assault). The next most common sites for physical assault were on public transport, parks/commons and at home (all at 10% of those who had been physically assaulted).

2.5.2 Reporting abuse and assault to the police

Those who had ever suffered attack or abuse were asked:

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

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

Only 7% of those who had suffered verbal abuse had reported it to the police, though the majority of these (88%) had reported it was homophobic or transphobic in nature.

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

2.5.3 Reasons for not reporting

These who had not reported the latest incident to the police, or who had not told the police it was a homophobic or transphobic incident were asked *Why didn't you report the incident to the police as a homophobic or transphobic incident?*

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

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

Other reasons people had not reported incidents to the police included: fear of reprisal / repercussions; not thinking about reporting it; complaint made to another authority (school / manager); other life stressors / sickness; abuse occurs too frequently to report every incident; the abuse was by the police; and the queue in the Police station was too long.

2.5.4 Fear restrictions on freedom of movement

All respondents were asked *In public spaces in Lambeth in the last year, have you avoided same-sex affection because of fear of the consequences?* Overall, 67% indicated yes, and 12% indicated the question was not applicable. Those who said 'yes' were asked *What were you afraid of happening?* Responses were extremely uniform. Respondents were afraid that if they demonstrated same-sex affection in public they would experience: stares, sneers, pointing, comments, name calling, being shouted at, aggression, verbal abuse, threats, physical violence, being slapped, kicked, attacked,

bashed, being stalked, beaten or killed, and of having their property defaced or vandalised. Respondents cited fearing responses from the public, passers-by, local youths, men, women, Black people and White people.

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

Activities avoided due to homophobia or transphobia	All	by gender		Trans people (n=24)
		Males	Females	
Going to certain areas, streets, parks, etc.	29% (134/463)	31% (101/326)	24% (32/133)	29% (7/24)
Going out at certain times of day/ night	16% (72/463)	15% (48/326)	16% (21/133)	33% # (8/24)
Using public transport	8% (39/463)	10%* (32/326)	3% (4/133)	25% # (6/24)
Using the Lesbian / Gay / Bisexual / Trans scene	8% (36/463)	7% (22/326)	9% (12/133)	8% (2/24)
Leaving your home (only those living in Lambeth)	5% (14/297)	4% (8/219)	8% (6/77)	20% (2/10)
Accessing Council services (only those living in Lambeth)	3% (10/463)	3% (6/219)	5% (4/77)	0% (0/24)
Attending social groups or visiting friends	2% (10/463)	2% (7/326)	1% (1/133)	0% (0/24)
Going to work, college or school	1% (5/463)	1% (2/326)	2% (2/133)	8% # (2/24)

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

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

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

2.5.5 Domestic abuse

Respondents were asked *Have you ever suffered physical, sexual or mental abuse or violence from anyone in your home?* If the answer was 'yes', they were asked who the abuse was from and what it consisted of.

Overall, 23% of respondents said they had ever suffered domestic abuse. Females were significantly more likely to have experienced domestic abuse than males. This was due to differences in abuse by parents, siblings and other family members rather than by partners (which was not significantly different across genders). Other family members who had abused respondents in their homes included daughters, sons and grandparents.

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

There was no difference in ever experiencing any domestic abuse by Trans status or ethnicity. However, HIV positive people were more likely than others to have experienced abuse from a partner (23% vs. 12%).

What did the abuse consist of, among people who had experienced domestic abuse (N=102, missing 4)	All	by gender	
		Males (n=58)	Females (n=44)
physically attacked or hit	70% (73)	72% (42)	68% (30)
regularly insulted, put down or belittled	66% (69)	60% (35)	73% (32)
physically injured, including bruising	50% (52)	45% (26)	57% (25)
Isolated from friends and/or family	36% (37)	38% (22)	32% (14)
Monitored or checked-up on all the time	32% (33)	35% (20)	27% (12)
sexually abuse / forced to have sex	25% (26)	16% (9)	34% (15)
Ever in fear of your life	18% (19)	19% (11)	16% (7)
physically injured, needing medical attention	16% (17)	14% (8)	21% (9)
Other types of abuse	14% (14)	12% (7)	16% (7)

The prevalence of the different types of domestic abuse were very similar for males and females. However, females were significantly more likely to have ever experienced domestic sexual abuse than were males.

Other types of abuse included: financial threats and control; constant swearing; prevented from seeking psychological help; racial abuse; required to pretend heterosexuality.

2.5.2 Perceptions of the Police

All respondents were asked to agree or disagree with two statements about the Police.

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

More respondents expected to be treated fairly if they were victims than if they were suspects in a crime. For both statements three times as many respondents agreed as disagreed. Compared to males, females were less likely to be confident that they would be treated fairly if they were victims of crime (47% vs. 60% agreed) or if they were suspected of a crime (40% vs. 52% agreed). Compared to others, Trans people were less likely to be confident that they would be treated fairly if they were victims of crime (25% vs. 58%) or if they were suspected of a crime (29% vs. 49%). Non-White respondents were less confident than White respondents that they would be treated fairly if they were suspected of a crime (27% vs. 51%). Responses did not vary by living in Lambeth or by age.

2.6 COMMUNITY INVOLVEMENT

Respondents who had lived in Lambeth in the last year were asked *Please tell us about your involvement in the following public associations. In the last year have you...?* and were provided with the list in the following table.

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

Some activities were significantly more common among the older age group: giving ongoing support or help to a neighbour; involvement in a trades union; attending a service user or patients' forum; taking part in a Lambeth Council consultation exercise; and speaking to a Lambeth councillor about an issue. Some activities were significantly more common among the younger age group: attending a parent-teacher association meeting, and standing for election or serving as a student representative.

Females were significantly more likely than males to have: attended a political demonstration or march (49% vs. 31%); attended an LGBT forum or public meeting (29% vs. 16%); or taken part in a Lambeth Council consultation exercise (31% vs. 17%). In line with females being more likely to be students than males (see above), they were also more likely to have stood for election or served as a student representative (6% vs. 1%). Non-White respondents were more likely than White respondents to have attended an LGBT Forum meeting (38% vs. 17%). None of the activities significantly varied by education.

Separately, respondents who had lived in Lambeth in the last year were asked *In the last year have you taken part in any consultation, responded to a survey or attended a meeting about local issues?* Overall, 63% said they had. Having done so did not vary by gender, Trans status or education. It was higher among Asian respondents than other ethnic groups (83% vs. 35%) and among the older people (17% for under 25s; 35% for 25-39 year olds; 46% for over 40s). Respondents who had lived in Lambeth in the last year were also asked *Did you vote in your last Lambeth local election (May 2002)?* Overall 57% said they had.

2.7 CONCLUDING COMMENTS

We have identified three main areas of need for Lambeth's LGBT population. These are discrimination, violence and abuse; mental health; and drug and alcohol use. These findings are similar to other assessments of LGBT need (see Pitts *et al.* 2006). However, a sample of this size has also allowed us to comment on variations in need and experience within the population. Such variation is likely to reflect broader social inequalities. Thus, in our sample, men tended to be homeowners whereas women tended to live in rented accommodation or with family. Women were more likely to be in part-time employment or education and had greater childcare responsibilities. Unlike the general population however, men were more likely to be living with a disability than women. This reflects the high prevalence of HIV among Gay and Bisexual men in London.

Likewise, there was variation in the population in terms of problems experienced. For example, older people were more likely to experience problems with neighbours. Moreover, in most of the categories presented above, Trans people were more likely to suffer difficulties than others (mental health, debt, working conditions, schools/colleges, mobility/getting around and personal care). This is likely to reflect over-arching social care need among Trans people which must be explored as a priority.

When LGBT people experience problems in areas such as housing, neighbours and debt, these difficulties are often influenced by their sexual identity or Trans status. Moreover, this will be further compounded by other factors such as age, ethnicity *etc.* It is important therefore to attend to the specificity of the need for the individual as well as the magnitude of need in the population.

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

3 Living with Lambeth Council

3.1 INTRODUCTION & METHODS

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

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

Each group discussed the needs and experiences of LGBT people generally, their own needs and experiences and their perceptions of personal safety and experiences of violence. The one-to-one interviews followed a similar route. All participants were paid £15 towards expenses. The groups and interviews were recorded and fully transcribed. A thematic content analysis was carried out on all groups followed by a secondary meta-analysis to synthesise findings.

Among all interviewees 60% were White British (55%, 18 males; 71%, 10 females) and a further 21% were of other White ethnicities (18%, 6 males; 29%, 4 females). No females of any other ethnicity participated in the groups or individual interviews. Among the non White males, 12% were of mixed ethnicity (n=4); 9% (3) were Black Caribbean; 3% (1) were Black African and 3% (1) were South East Asian. So, a total of 19% of the whole sample was not of White ethnicity (27% of males, but none of the females).

On average participants had lived in Lambeth for 5 years. Males had lived in Lambeth for longer (6 years) compared to females (3 years). The average age of participants was 34 (range 17-79). Male participants were somewhat older (at 35) than females (at 33.5). The majority of females identified as Lesbian (91%, n=10) rather than Bisexual (9%, n=1). All the men identified as Gay (100%, n=34). All the Trans respondents were transgendered male to female. One identified as Lesbian and the other two as heterosexual.

3.2 LIVING IN LAMBETH

All groups valued the social diversity of Lambeth, especially in terms of ethnic and cultural backgrounds, age and sexuality. The borough was considered to be truly metropolitan, offering a wide range of cultural experiences. Lambeth was also considered to have a liberal or left leaning political past and a long historical association with sexual minorities. Many referred to the borough being a venue for early Gay centres, women's centres and Gay rights marches / festivals. BME participants (especially those of African Caribbean backgrounds) commonly mentioned the feeling of belonging to a larger community as a positive aspect.

The same diversity gave rise to tensions between minority groups which were the least liked aspect of life in Lambeth. All groups mentioned feelings of vulnerability in certain areas and being

the object of homo/transphobic abuse or violence. Crime associated with drugs and gangs were also mentioned as a negative aspect of life in Lambeth as was poverty, street homelessness, noise pollution and dirt.

3.3 DEFINING LGBT NEED

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

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

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

BME group

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

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

BME group

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

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

Women only group

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

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

Women only group

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

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

Trans respondent

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

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

Trans respondent

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

3.4 DEFINING COMMUNITY

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

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

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

BME group

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

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

BME group

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

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

BME group

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

Vauxhall [...] is being developed as a mini Soho, or a local Soho. It does not reflect, in any shape or form, the people who live in Lambeth... the Gay people regardless of race age or anything. There are a couple of places like South Central or the Tavern that have been there for years which people flock to. But Action, Orange, and the rest of them or Crash are just a

weekend of partying. When I heard they are opening a Balans in Vauxhall [...] I thought: 'What the bloody hell for?' There are some fantastic local bars and restaurants there. All they are doing is transferring Compton street into my area.

BME group

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

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

BME group

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

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

BME group

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

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

Participant 2: Vauxhall is just a party place.

Mixed gender group

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

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

Mixed gender group

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

...you know Gay people have gentrified The Ritzy. So if you can also make the Gay community visible in some of their contribution, this will be a positive move.

Men only group

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

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

Men only group

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

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

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

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

Participant 1: Not everyone is online.

Elder group

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

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

Elder group

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

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

Women only group

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

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

Trans respondent

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

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

3.5 HOMOPHOBIC ABUSE AND VIOLENCE

In all groups concern was raised about safety and violence. However, the ways that violence and its effects were described was closely related to other aspects of identity including race and gender etc. Participants reported feeling targeted because of their lifestyle or socialising patterns.

The number of Gay men I know who have been beaten up or mugged is far greater than the number of straight men I know who have been beaten up and mugged. Part of that is that a lot of the men are coming home later. Because we have a late night culture and even some of the Lesbians do [...]

Mixed gender group

They were also concerned about having homophobic or violent neighbours.

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

Mixed gender group

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

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

Men only group

Others talked about cultural stereotyping of Gay men.

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

Men only group

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

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

Men only group

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

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

BME group

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

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

BME group

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

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

BME group

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

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

BME group

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

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

BME group

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

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

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

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

BME group

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

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

Women only group

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

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

Women only group

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

attacked, because of the extent of fear and hatred of Trans people in society.

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

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

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

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

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

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

Trans respondent

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

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

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

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

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

Mixed gender group

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

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

Women only group

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

3.6 EDUCATION

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

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

Men only group

Almost all the participants in the young people's group had recent first-hand experience of homophobia in Lambeth's schools. Many reported that abuse was a normal part of their everyday experience in school.

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

Youth group

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

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

Mixed gender group

It was perceived that children were not being told clearly enough that homo/transphobic abuse was not acceptable.

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

Mixed gender group

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

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

Mixed gender group

Others suggested possible interventions.

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

Mixed gender group

Others felt that more lay involvement should be encouraged.

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

Women only group

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

3.7 FAITH

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

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

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

Mixed gender group

In particular, the elder group talked about the lack of a champion within the Council, of values that they saw as specifically Gay. That is broadly secular humanist values that they felt they had defended all their lives. They contrasted this situation with emerging faith agendas within the Council.

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

Elder group

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

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

Youth group

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

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

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

Women only group

3.8 OTHER CONCERNS: LGBT ELDERS, YOUTH AND TRANS PEOPLE

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

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

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

Elder group

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

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

Elder group

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

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

Elder group

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

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

Elder group

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

I can be stopped by the police and arrested for using the female toilets. [So I] either find somewhere where there is a gender neutral toilet [...] like the big one's that are out in the streets. Or of course there is the gender neutral disabled toilet [...]. Those are probably the safest toilets for a transgendered to use and yet we are not disabled. [...]

Trans respondent

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

I'm afraid to go to [recreation facilities] because of what people might say. Even for going to gyms or swimming pools there are going to be people saying you can't go there you need to use [another changing area]. And classes and that sort of thing if they're single gender. [The Council need to] provide adequate facilities whether it's in clubs and sports centres where transgender can go and get changed in peace. [...] even if they made small changing areas.

The last time I went to [a Lambeth recreation facility] the changing room was one great big open space and no space for privacy for changing.

Trans respondent

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

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

Trans respondent

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

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

Trans respondent

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

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

Trans respondent

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

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

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

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

Youth group

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

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

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

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

Youth group

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

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

Youth group

As we have said, although there are many needs in common, many groups have needs that are individual to them. These needs are associated specifically with key life stages (see chapter 1): be they the transition to adulthood, the transition to old age or gender reassignment. It is likely that other groups will have different needs that have not been articulated. It is necessary to continue assessing needs through meaningful consultation.

3.9 CONCLUDING COMMENTS

The topics covered and the findings contained in this chapter are wide ranging and disparate. However, two over-riding conclusions can be drawn.

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

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

In the concluding chapter we rehearse the findings of both chapters 2 and 3 and make a number of recommendations.

4 Recommendations

We conclude with a range of recommendations divided into six priority areas. These recommendations are derived from the findings presented in this short report. For the full range of recommendations (including those regarding Lambeth's policies and procedures) see the long version of this report on our website.

4.1 CONSULTATION, COMMUNICATION, MONITORING

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

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

4.2 COMMUNITIES

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

1. In defining need, the Council must attend to the overlapping needs of sub-populations and communities (eg Black Gay men or m-f Trans people) rather than seeking to identify and meet an unifying need for the whole LGBT population.
2. The Council should attend to how different equalities groups overlap and seek to emphasise LGBT issues in all equalities agendas (for example the women's agenda should include the needs of Lesbians, Bisexual and transgender women). Thus, an integrated equalities agenda would seek to reduce misogyny and racism in LGBT communities.
3. Trans respondents were mindful of the very fragmented nature of their own population in terms of experiences, concerns and needs. More work is necessary to describe the variety and extent of Trans need and transform this into a coherent policy and service agenda.
4. LGBT community development/ empowerment/ engagement must encompass the range of overlapping communities that constitute the LGBT population, rather than seek to address one unified community. Community development must therefore occur with all LGBT communities and may consist of a range of interventions of various sizes and of a greater or lesser ambition. A large number of smaller-scale interventions might be more appropriate than larger-scale headline grabbing initiatives. These might include funding for support and social groups, better online communication, increasing volunteering and civil involvement, making Lambeth's

businesses and shops more LGBT-friendly and working with BME and faith communities to address homophobia.

5. The growth of a large-scale commercial scene in Vauxhall is welcomed. However, it should not be assumed that this development constitutes an increase in LGBT community infrastructure in Lambeth.
6. Increasing community cohesion can also be achieved through political intervention. The Council should be mindful of its responsibility to bring its influence to bear in lobbying Government and other public bodies around any legislation and policies relevant to the LGBT population.

4.3 CRIME AND SAFETY

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

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

4.4 EDUCATION

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

1. If the Council is to take seriously its commitment to LGBT equality, it must gain access to local schools and ensure that the homophobic climate within them is challenged and changed.
2. Adult and Children's services must develop an action plan for reducing homo/transphobia in Lambeth's schools and youth services. This plan must have the buy-in of senior managers/members and be aggressively pursued. Obstacles to its achievement must be identified and dealt with effectively.
3. The Council should seek to increase the stake that LGBT people have in the education of children. This may be done by encouraging volunteering in schools and making it easier for LGBT people to become school governors *etc.*

4.5 FAITH

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

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

4.6 SERVICES

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

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

References

- Acheson D (1998) *Independent inquiry into inequalities in health report*. London, The Stationary Office.
- Anhalt K, Morris TL (1998) Developmental and adjustment issues of gay, lesbian and bisexual adolescents: a review of the empirical literature. *Clinical Child and Family Psychology Review*, 01(4).
- Baetens P, Brewaews A (2001) Lesbian couples requesting donor insemination: an update of the knowledge with regard to lesbian mother families. *Human Reproduction Update*, 7(5).
- Bailis D, Segall A, Mahon MJ, Chipperfield JG, Dunn EM (2001) Perceived control in relation to socioeconomic and behavioural resources for health. *Social Science and Medicine*, 52(11).
- Berger R (1982) The unseen minority: older gays and lesbians. *Social Work*, 27(236).
- Bing M (2004) Out of the closet but still in hiding: Conflicts and identity issues for a Black-White biracial lesbians. *Women & Therapy*, 27(1-2): 185-201.
- Blake S, Jones C (2001) *National Healthy School Standard: sex and relationship education (SRE)*. London, Health Development Agency.
- Blake S (ed) (2003) *Young gay men talking: key issues and ideas for action*. London, Working with Men.
- Blaxter M (1997) Whose fault is it? people's own conceptions of the reasons for health inequalities. *Social Science and Medicine*, 44(6).
- Bochow M (1998) *The prevalence of HIV among gay men in France and Germany as a function of socio-economic status*. AIDS in Europe: new challenges for social and behavioural sciences, Conference Synthesis Session No.11, Paris.
- Bontempo DE, D'Augelli AR (2002) Effects of at-school victimization and sexual orientation on lesbian, gay or bisexual youths' health risk behaviour. *Journal of Adolescent Health*, 30(5).
- Bradford J, Ryan C, Rothblum E (1994) National-lesbian-health-care-survey - implications for mental-health-care. *Journal of Consulting and Clinical Psychology*, 62(2).
- Brotman S, Ryal B, Cormier R (2003) The health and social service needs of gay and lesbian elders and their families in Canada. *Gerontologist*, 43(2): 192-202.
- Burbank P, Manning C, Burkholder G (2005) Health care needs and issues of gay, lesbian, bisexual and transgender older adults. *Gerontologist*, 45.
- Campbell C, McLean C (2002) Ethnic identities, social capital and health inequalities: factors shaping African-Caribbean participation in local community networks in the UK. *Social Science and Medicine*, 55(4).
- Cant B, Taket A (2004) *Setting the agenda for research: Report of a scoping exercise of the Lesbian, Gay, Bisexual and Transgender voluntary and community sector in London*. London, London South Bank University and The Consortium for Lesbian, Gay and Bisexual Voluntary and Community Organisations for The Greater London Assembly.
- Cantor C, Neulinger K (2000) The epidemiology of suicide and attempted suicide among young Australians. *Australian and New Zealand Journal of Psychiatry*, 34(3).
- Cattell V (2001) Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Social Science and Medicine*, 52 (10).
- Coburn D (2000) Income inequality, social cohesion and the health status of populations: the role of neo-liberalism. *Social Science and Medicine*, 51(1).
- Cochran SD, Mays VM, Bowen D, Gage S, Bybee D Roberts SJ, Goldstein RS, Robison A, Rankow EJ, White J (2001) Cancer-related risk indicators and preventive screening behaviors among lesbians and bisexual women. *American Journal of Public Health*, 91(4).
- Comerford SA, Henson-Stroud MM, Sionainn C, Wheeler E (2004) Crone songs: voices of lesbian elders aging in a rural environment. *Affiliated Journal of Women and Social Work*, 19(4).
- Cooper H (2002) Investigating socio-economic explanations for gender and ethnic inequalities in health. *Social Science and Medicine*, 54(5).
- Cross P (1999) *Housing for Elderly Gays and Lesbians in New York City*. Brookdale Center on Aging, Hunter College, NYC.
- Department of Health and Social Security (1980) *Inequalities in health: report of a research working group*. London, Department of Health and Social Security.
- Department of Health (1999) *Reducing health inequalities: an action report*. London, Department of Health.
- Department of Health (2002) *Improvement, expansion and reform: the next three years' priorities and planning framework 2003-2006*. London, Department of Health.
- Department of Health and Neighbourhood Renewal Unit (2002) *Health and neighbourhood renewal*. London, Department of Health.
- Department of Health (2003) *Delivering race equality: a framework for action. Mental health services (Consultation document)*. London, Department of Health.
- Douglas N, Kemp S, Aggleton P, Warwick I (2000) *Sexuality Education in four Local Secondary Schools: learning from a local initiative*. London, Hounslow Council.
- Douglas Scott S, Pringle A, Lumsdaine C (2004) *Sexual exclusion - homophobia and health inequalities: a review of health inequalities and social exclusion experienced by lesbian, gay and bisexual people*. London, UK Gay Men's Health Network.
- Ellis AL, Riggall EDB (1995) The relation of job satisfaction and degree of openness about one's sexual orientation for lesbians and gay men. *Journal of Homosexuality*, 30(2).

- Epstein D, Johnson R (1998) *Schooling sexualities*. London, McGraw-Hill.
- Epstein D, O'Flynn S, Telfords D (2003) *Silenced sexualities in schools and universities*. Stoke on Trent, Trentham Books.
- Fenton KA, White B, Weatherburn P, Cadette M (1999) *What are you like?: Assessing the sexual health needs of Black gay and bisexual men*. London, Big Up.
- Fenton KA (2001) Strategies for improving sexual health in ethnic minorities. *Current Opinion in Infectious Diseases*, 14(1): 63-69.
- Forrest S, Biddle G, Clift S (2003) *Talking about homosexuality in the secondary school*. London, AVERT (second edition).
- Friend RA (1980) *Gayging: adjustment and the older gay male*. *Alternative Lifestyle*, 3(2):231-248.
- GALOP (1998) *Telling it like it is - Lesbian, Gay and Bisexual Youth speak out on homophobic violence*. London, GALOP.
- GALOP (2001) *The low down. Black lesbians, Gay men and Bisexuals talk about their experiences and needs*. London, GALOP.
- Grossman AH, Kerner MS (1998) Support networks of gay male and lesbian youth. *International Journal of Sexuality and Gender Studies*, 03(1).
- Gruskin EP, Harty S, Gordon N, Ackerson L. (2001) Patterns of cigarette smoking and alcohol use among lesbians and bisexual women enrolled in a large health maintenance organisation. *American Journal of Public Health*, 91(6).
- Health Protection Agency (2003) *Renewing the focus: HIV and other sexually transmitted infections in the United Kingdom in 2002*. London, Health Protection Agency.
- Heaphy B, Yip AKT, Thompson D. (2004) Ageing in a non-heterosexual context. *Ageing and Society*, 24(6).
- Hickman M, Bardsley M, De Angleis D, Ward H, Carrier J (1997) *A sexual health ready reckoner: summary indicators of sexual behaviour and HIV in London and south east England*. London, The Health of Londoners Project.
- Hickson F, Weatherburn P, Reid D, Stephens M (2003) *Out and about: findings from the United Kingdom Gay Men's Sex Survey, 2002*. London, Sigma Research.
- Hope VD, MacArthur C (1998) Safer sex and social class: findings from a study of men using the 'gay scene' in the West Midlands region of the UK. *AIDS Care*, 10(1).
- Hubbard R & Rossington J (1995) *As we grow older. A study of the housing and support needs of older Lesbians and Gay men*. London, Polari Housing Association.
- Hughes TL, Wilsnack SC (1997) Use of alcohol among lesbians: Research and clinical implications *American Journal of Orthopsychiatry*, 67(1).
- Hughes G, Brady AR, Catchpole MA, Fenton KA, Rogers PA, Kinghorn GR, Mercey DE, Thin RN (2001) Characteristics of those who repeatedly acquire sexually transmitted infections: a retrospective cohort study of attendees at three urban sexually transmitted disease clinics in England. *Sexually Transmitted Diseases*, 28(7).
- Jennett M (2004) *Stand up for us: challenging homophobia in schools*. London, Department for Education and Skills/ Department of Health.
- Johnson A, Mercer C, Erens B et al. (2001) Sexual behaviour in Britain: partnerships, practices, and HIV risk behaviours. *The Lancet*, 358(9296): 1835-1842.
- Johnson MJ, Jackson NC, Arnette JK, Koffman SD (2005) Gay and Lesbian perceptions of discrimination in retirement care facilities. *Journal of Homosexuality*, 49(2).
- Karlsen S, Nazroo J (2002) Agency and structure: the impact of ethnic identity and racism on the health of ethnic minority people. *Sociology of Health and Illness*, 24(1): 1-20.
- Kehoe M (1989) *Lesbians over 60 speak for themselves*. New York, Haworth Press.
- Keogh P, Dodds C, Henderson L (2004a) *Ethnic minority Gay men: redefining community, restoring identity*. London, Sigma Research.
- Keogh P, Dodds C, Henderson L (2004b) *Working class Gay men: redefining community, restoring identity*. London, Sigma Research.
- Kimmel D (1978) Adult development and aging: a gay perspective. *Journal of Social Issues*, 34(3).
- Little JN (2001) Embracing gay, lesbian and transgender youth in school-based settings. *Child and Youth Care Forum*, 30(2).
- Lock J, Steiner H (1999) Relationships between sexual orientation and coping styles of gay, lesbian and bisexual adolescents from a community high school. *Journal of Gay and Lesbian Medical Association*, 03(03).
- Louden DM (1995) The epidemiology of schizophrenia among Caribbean born and first-generation and second-generation migrants in Britain. *Journal of Social Distress and the Homeless*, 4(3).
- Lucco AJ (1987) Housing preferences of older homosexuals. *Journal of Homosexuality*, 14(3-4).
- Mac An Ghail M (1994) *The making of men: masculinities, sexualities and schooling*. Milton Keynes, Open University Press.
- Macintyre S (1997) The Black Report and beyond: what are the issues? *Social Science and Medicine*, 44 (6): 723-745.
- McLean C, Campbell C, Cornish F (2003) African-Caribbean interactions with mental health services in the UK: experiences and expectations of exclusion as (re)productive of health inequalities. *Social Science and Medicine*, 56(3).
- McDermott E (2004) Telling lesbian stories: Interviewing and the class dynamics of 'talk'. *Womens Studies International Forum*, 27(3).
- Mercer C, Fenton K, Copas AJ, Wellings K, Erens B, McManus S, Nanchahal K, Macdowall W, Johnson AM (2004) Increasing prevalence of male homosexual partnerships and practices in Britain 1990-2000: evidence from national probability surveys. *AIDS*, 18(10):1453-1458.
- Morgan M (1995) The significance of ethnicity for health promotion - patients' use of anti-hypertensive drugs in inner London. *International Journal of Epidemiology*, 24 (Suppl.1): S79-S84.

- Mullen A (2001) *Inclusive Schools: ending the exclusion of lesbian, gay and bisexual youth*. Leeds, Yorkshire Mesmac.
- Noell JW, Ochs LM (2001) Relationship of sexual orientation to substance use, suicidal ideation, suicide attempts, and other factors in a population of homeless adolescents. *Journal of Adolescent Health, 29*(1).
- Office of National Statistics (2006) *Census 2001*. London, Office of National Statistics.
- Office for Standards in Education (2002) *Sex and relationships*. London, Office for Standards in Education.
- O Hanlan KA, Dibble SL, Hagan HJJ, Davids R (2004) Advocacy for women's health should include lesbian health. *Journal of Womens Health, 13*(2).
- Pitts M, Smith A, Mitchell A, Patel S (2006) *Private Lives: A report on the health and wellbeing of GLBTI Australians*. Melbourne, Australia: The Australian Research Centre on Sex, Health and Society.
- Quam JK, Whitford G (1992) Adaptation and age-related expectations of older gay and lesbian adults. *The Gerontologist, 32*(2).
- Raphael SM, Robinson MK (1980) The older lesbian: love, relationships and friendship patterns. *Alternative Lifestyles, 3*(2).
- Rinezo BA, Button JW, Sheu J, Li Y (2006) The politics of sexual orientation issues in American schools. *The Journal of School Health, 76*(3).
- Rivers I (2000) Social exclusion, absenteeism and sexual minority youth. *Support for Learning, 15*(1).
- Rivers I (2001) The bullying of sexual minorities at school: its nature and long-term correlates. *Educational and Child Psychology, 18*(1).
- Rivers I, Carragher DJ (2003) Social-developmental factors affecting lesbian and gay youth: a review of cross-national research findings. *Children and Society, 17*(5).
- Ryan C, Rivers I (2003) Lesbian, gay bisexual and transgender youth: victimization and its correlates in the USA and UK. *Culture, Health and Sexuality, 5*(2).
- Sanchez J, Meacher P, Beil R (2005) Cigarette smoking and lesbian and bisexual women in the Bronx. *Journal of Community Health, 30*(1).
- Saulnier CF (2002) Deciding who to see: lesbians discuss their preferences in health and mental health care providers. *Social Work, 47*(4).
- Scambler G, Higgs P (2001) The dog that didn't bark: taking class seriously in the health inequalities debate. *Social Science and Medicine, 52*(1).
- Sex Education Forum (1999) *The framework for sex and relationships education*. London, Sex Education Forum.
- Sharpe CE (1997) Lesbianism and later life in an Australian sample: how does development of one affect anticipation of the other? *International Journal of Sexuality and Gender Studies, 2*(3-4).
- Smith P (2000) *Bullying: don't suffer in silence. An anti-bullying pack for schools*. London, Department for Education and Skills.
- Social Exclusion Unit (1999) *Teenage pregnancy report*. London, HMSO.
- Stonewall (1996) *Queer Bashing*. London, Stonewall.
- Taylor Y (2004) Negotiation and navigation - an exploration of the spaces/places of working-class lesbians. *Sociological Research Online, 9*(1).
- Taylor Y (2005) Real politik or real politics? Working-class lesbians' political 'awareness' and activism. *Womens Studies International Forum, 28*(6).
- Turnbull A (2002) *Opening doors: The needs of older lesbians and gay men*. A literature review. London, Age Concern.
- UNICEF (2001) *A league table of teenage births in rich nations*. Innocenti Report Card Number 3. Florence, UNICEF Innocenti Research Centre.
- Van de Mheen HD, Stronks K, Mackenback JP (1998) A lifecourse perspective on socioeconomic inequalities in health: the influence of childhood socio-economic conditions and selection processes. *Sociology of Health and Illness, 20*(5).
- Warwick I, Douglas N (2001) *Safe for all: a best practice guide to prevent homophobic bullying in secondary schools*. London, Stonewall.
- Warwick I, Rivers K, Aggleton P, Ruxton L, Turney L, Tyler P (2002) *Sex and relationship education (SRE) teaching pilot: an investigation of key stakeholders' perceptions*. London, Department for Education and Skills.
- Weatherburn P, Davies P, Hickson F, Hartley M (1999) *A class apart: the social stratification of HIV infection among homosexually active men*. London, Sigma Research.
- Wilkie L (2005) *Housing and support needs of older lesbian, gay, bisexual and transgender (LGBT) people in Scotland*. Edinburgh, Communities Scotland.
- Wilkinson RG (1999) Income inequality, social cohesion, and health: clarifying the theory - a reply to Muntaner and Lynch. *International Journal of Health Services, 29* (3): 525-543.
- Williams T, Connolly J, Pepler D, Craig W (2005) Peer victimization, social support and psychosocial adjustment of sexual minority adolescents. *Journal of Youth and Adolescence, 34*(5): 471-482.
- Winter AJ, Sriskandabalan P, Wade AAH, Cummins C, Barker P (2000) Socio-demography of genital chlamydia trachomatis in Coventry, UK 1992-1996. *Sexually Transmitted Infections, 76*(2): 103-109.
- Wright C, Weekes D, McGlaughlin A, Webb D (1998) Masculinised discourses within education and the construction of Black male identities amongst African Caribbean youth. *British Journal of Sociology of Education, 19*(1): 75-87.
- Yancey AK, Cochran SD, Corliss HL, Mays VM (2003) Correlates of overweight and obesity among lesbian and bisexual women. *Preventive Medicine, 36* (6): 676-683.