Dimensions of inequality for lesbian, gay, bisexual and transgender people in the South West

Pride, Progress and Transformation

Visibility, dignity, respect and freedom of expression

January 2012

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Preface to the report

This survey was designed by the South West Lesbian, Gay, Bisexual (LGB) and Transgender (Trans) Equality Networks, supported by Equality South West (ESW).

The purpose of the survey was to identify the real issues for LGB and Trans people living, working and visiting the South West region. Its planning and launch coincided with the final stages of the drafting of the Equality Act, 2010. This harmonised the Public Sector Equality Duties, which had previously applied to disability, gender and race, and extended a new single duty to include LGB and Trans people.

The report has taken very much longer to appear than was envisaged when the survey was first launched. Like so many other organisations in the public and voluntary sector, Equality South West has been profoundly affected by the economic climate and the public spending cuts.

The survey sponsored by goodwill donations from: Dorset County Council, East Dorset, West Dorset, Sedgemoor, and Teignbridge District Councils, UNISON South West, and the Rivers of Life church, Dorset.

We also had early support with qualitative data analysis from Poole Council. We are extremely grateful for theirs and for our sponsors' support and interest.

The analysis and report writing was nevertheless substantially funded by Equality South West through Big Lottery BASIS project funding, and from reserves.

Now that we have reached the launch phase of this section of the report we would like to offer our sincere thanks to all those who participated in the survey for the time and trouble taken to record their thoughtful, honest, often moving responses as well as the uplifting, inspiring and humorous observations.

An additional thank you is due also, for your patience, and that of our survey advisory group, during the long enforced delay.

An overarching message from this survey is the need for all public bodies to ensure that they are fully engaged with and implementing the provisions of the Equality Act 2010.

This means ensuring that the services they provide directly, and those that they commission or outsource to organisations to deliver on their behalf in the voluntary or private sector, are delivering on the spirit as well as the letter of Public Sector Equality Duty.

Background: how we approached the research

In the autumn of 2009 the South West Lesbian, Gay and Bisexual Equality Network, and the South West Transgender Equality Network, supported by Equality South West, decided to work together to undertake a survey to investigate a range of issues affecting lesbian, gay, bisexual and transgender (LGB and Trans) people who live in or are visitors to the South West Region.

An advisory group was formed of volunteer representatives from both networks, supported by three Equality Development Officers (EDOs). The Steering Group agreed to use the 'Ten Dimensions of Equality', developed for the Equality and Human Rights Commission's Equality Measurement Framework (EMF), as a basis for the topic areas to be covered.

The EMF was primarily designed as a framework for gathering equality statistics that would form the basis of the EHRC's triennial review of equality at a national level across each of the equality strands (or protected characteristics under the 2010 Equality Act)[1]. The Discrimination Law Review recommended that the EMF should be used by public bodies at local level as the tool by which they should measure and monitor equality across all strands and across each of the ten dimensions within their own catchment areas.

In developing the EMF, the EHRC and the Government Equality Office recognise that the statistical evidence available to them with regard to lesbian, gay, bisexual and transgender people across key areas of their lives and experiences is sparse in comparison to most other equality groups. Data are even less available or reliable at local level, and what data there are need to be supplemented by experiential, qualitative evidence.

The advisory group members were particularly concerned to ensure that, as far as possible, issues affecting the 'sub groups' that make up the 'LGB and Trans group' should be identified in the final report. They also wanted the term 'LGB and Trans' to be used in order to underline the fact that there are fundamentally different issues relating to sexual and gender identities. The group agreed to include specific questions which were considered to be consistent with the aims of the survey and which some of its sponsors wanted incorporated into the questionnaire.

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[1] The first of these reports 'How Fair is Britain?' was published in late 2010. The full report and a summary can be found on the EHRC website http://www.equalityhumanrights.com/key-projects/how-fair-is-britain/

The 'identity groups' provided on the questionnaire were included on the advice of the survey's LGB and Trans advisory group. GIRES were also consulted, and kindly provided useful comments on this. Nevertheless, not everyone was able to fit themselves into these groups and some contributors provided highly individual responses under the 'other' option.

The questionnaire was drafted and redrafted following initial feedback from the advisory group. It was then piloted by colleagues in ten partner organisations to test for 'usability'. Nevertheless, when it came to analysing the data that resulted, difficulties emerged in gathering all the detail hoped for.

Once responses began to arrive it became evident that the questionnaire took longer to complete than some contributors were able to commit. We also learned of a number of technical snags that arose for some people who completed the online version of the questionnaire[2].

Some contributors were not convinced of the value of the detailed profile that it sought from its contributors. The rationale behind these questions was a recognition that people's sexual and transgender identities are part of a much wider set of characteristics that lesbian, gay, bisexual and transgender (LGB and Trans) people possess. Self-evidently, LGB and Trans people's experiences are shaped by society's responses to their race, sex, disabilities, age and religious or other beliefs. In addition, Professor John Hills' ground breaking report[3], published in early 2010, clearly showed that socio-economic status is a key determinant of people's quality of life and life chances, which applies across all the 'protected characteristics' covered by the 2010 Equality Act. Published almost simultaneously was a report by Professor Michael Marmot that identified future trends in health and their relationship to socio-economic status.[4] The profile data that contributors did provide has helped develop a more rounded picture of life for the LGB and Trans population in different parts of the South West.

In addition, our agreement to incorporate some questions on behalf of several external stakeholders added to the complexities involved in analysing the data.

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[2] Hard copies of the questionnaire were distributed to a number of key locations around the region as well.

[3] An Anatomy of Economic Inequality in the UK: Report of the National Equality Panel Published by Government Equalities Office and London School of Economics, January 2010

[4] Fair Society, Healthy Lives: Strategic Review of Health Inequalities, in England post 2010. Published by The Marmot Review, February 2010

In spite of this hindsight learning, we believe the exercise has been well worth while in providing some rich evidence about LGB and Trans people's lives and experiences in the South West of England.

By the end of June 2010 Equality South West had received 362 survey responses and a total of 276 (76.2%) were completed in full. The remainder of the questionnaires contained one or more questions that were not answered, so the figures presented in this report may vary question by question.[5]

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[5] The contributors include a small number who described their sexual identity as heterosexual. Among these were individuals whose participation was clearly mischievous in intent, and care has been taken not to allow such responses to skew the analysis of the survey, or affect any conclusions.

Part 1: Contributors' profile and lifestyles

Equality and diversity characteristics

Some contributors clearly found the survey questionnaire to be laborious in terms of the detailed profile that it sought from its contributors, and some left parts of this section, which came at the end of the questionnaire, incomplete.

Clearly, LGBT people's experiences are shaped by society's responses to their race, sex, disabilities, age and religious or other beliefs as well as their sexual or gender identity. Indeed, a number of contributors emphasised that discrimination was more often shown towards them because of their more visible characteristics – specifically their age, disability, racial or ethnic background and sex.

In addition, Professor John Hills' ground breaking report[6], published in early 2010, clearly showed that socio-economic status is a key determinant of people's quality of life and life chances, which applies across all the 'protected characteristics' covered by the 2010 Equality Act. Published almost simultaneously was a report by Professor Michael Marmot that identified future trends in health and their relationship to socio-economic status.[7]

The rationale behind the PP&T profile questions lies in the recognition that people's sexual and transgender identities are a part of a much wider set of characteristics that lesbian, gay, bisexual and transgender (LGBT) people possess. The questions also sought information about the socio-economic circumstances of contributors, and where possible, to compare any trends with the general population. Not only do such factors affect people's experiences, but it was considered important to recognise the diversity between, as well as the commonalities shared by LGB and Transgender people.

Some additional details of the profile responses can be found in the Appendix to this section of the report. The main area of disaggregation that has been carried out in relation to these data is in relation to sexual and gender identities. However, the data regarding the diversity of contributors in terms of the other 'protected characteristics' which they own demonstrates the need for LGBT support organisations to ensure they are taking fully into account these diverse circumstances and needs.

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[6] An Anatomy of Economic Inequality in the UK: Report of the National Equality Panel Published by Government Equalities Office and London School of Economics, January 2010
[7] Fair Society, Healthy Lives: Strategic Review of Health Inequalities, in England post 2010. Published by The Marmot Review, February 2010

Gender and sexual identity

It was important to members of the advisory group that the survey should gain a picture of the transgender and sexual identities of contributors, and that responses should be capable of disaggregation according to these identities.

The identity groups provided on the questionnaire were included on the advice of the survey's LGBT advisory group. GIRES were also consulted, and kindly provided useful comments on this. Nevertheless, not everyone was able to fit themselves into these groups and some contributors provided highly individual responses under the 'other' option. This makes a straightforward disaggregation more complicated than at first envisaged, but does illustrate the complexities around identity. We have endeavoured to maximise the understanding gained from each contribution.

Contributors were firstly asked how they would describe their identity, and then whether their current gender was the same as that assigned to them at birth[8].

The graphs below show the breakdown of contributors who considered themselves to fit within the identity groups supplied. However, a number of contributors ticked themselves as 'other' and/or provided details related to their identities.

In response to the question about gender identities, marginally more people identified as women than men, including more male to female than female to male transgendered contributors.

18.1% of those who replied to the question (49 individuals) said that their gender was different from that assigned to them at birth, compared to 222 who said it was the same.

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[8] While the latter question was considered to be acceptable in the context of an anonymous survey, it would be inadvisable for it to be used in staff monitoring questionnaires.

How do you describe your Gender Identity?
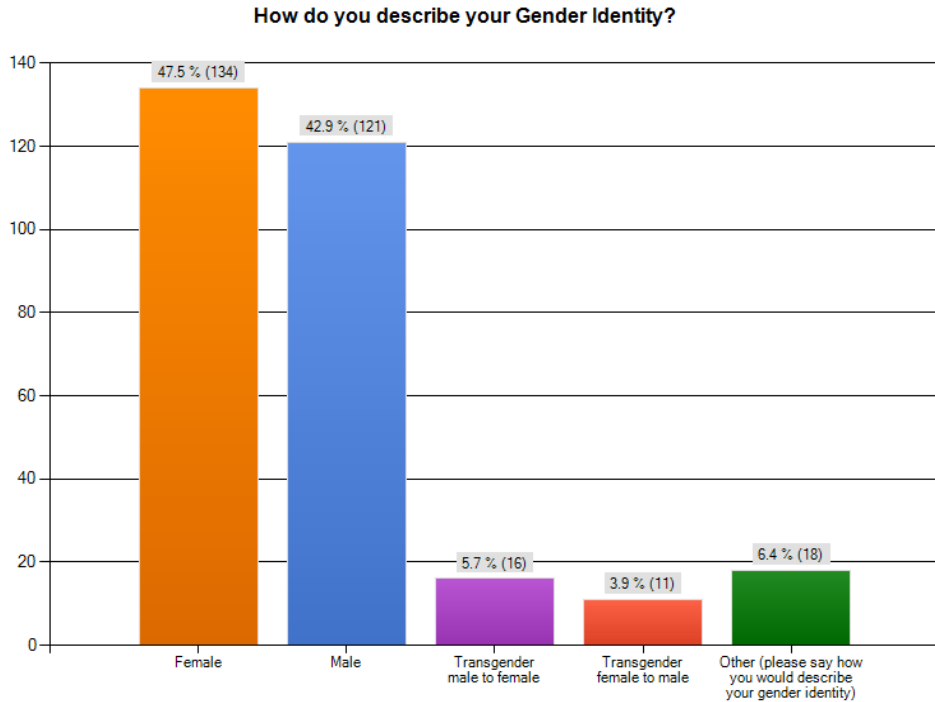
In terms of contributors' sexual identity, the largest group were gay, with just over one third of contributors identifying as lesbian, and 14% as bisexual. Some women preferred to identify a gay rather than lesbian. Thirteen contributors described themselves as heterosexual, some of whom were Transgender.

How do you describe your Sexual Identity?
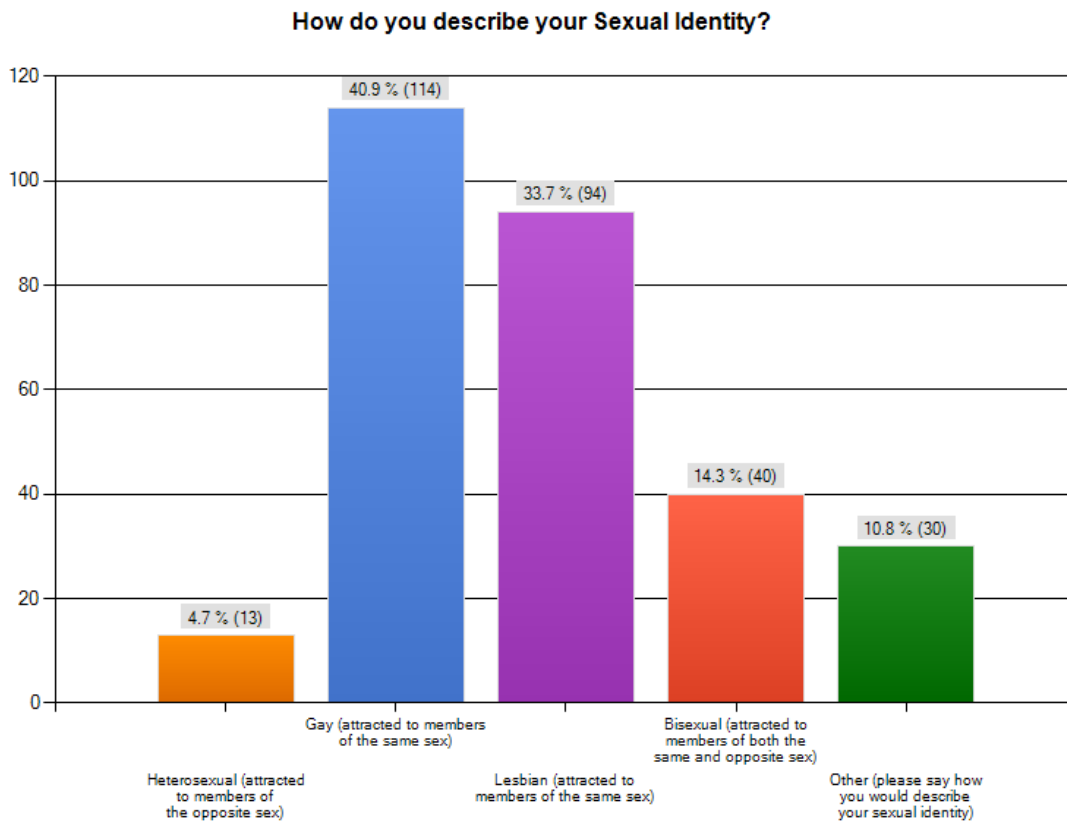
The information provided by people who ticked 'other' gender or sexual identities, gives an insight into the range and complexity of the spectrum of identities that people own. Additional detail about these 'other' identities is provided in Appendix 1.

These responses challenge clear-cut notions of gender and sexual identities, illustrating how difficult it is for many people to define themselves using 'mainstream' terms and concepts. Some show the internal confusion and conflicts that individuals can experience around aspects of their identity, whilst also dealing with external reactions from people around them.

Age groups

The survey benefits from the views and experiences of contributors who vary widely in terms of age and other characteristics and circumstances. Of those who replied to this question, the youngest contributor was 14, and the oldest was aged 87. Four were aged 16 and under and four were over 70. The largest group was aged between 41 and 50, with the majority aged 46 – 50. Eighty seven contributors withheld their ages. The graph shows the breakdown by age deciles.

Age groups of PP&T contributors No.

Age group	Number
< 20	23
21 to 30	54
31 to 40	65
41 to 50	67
51 to 60	46
61 to 70	16
71 to 80	3
80>	1
N/K	87
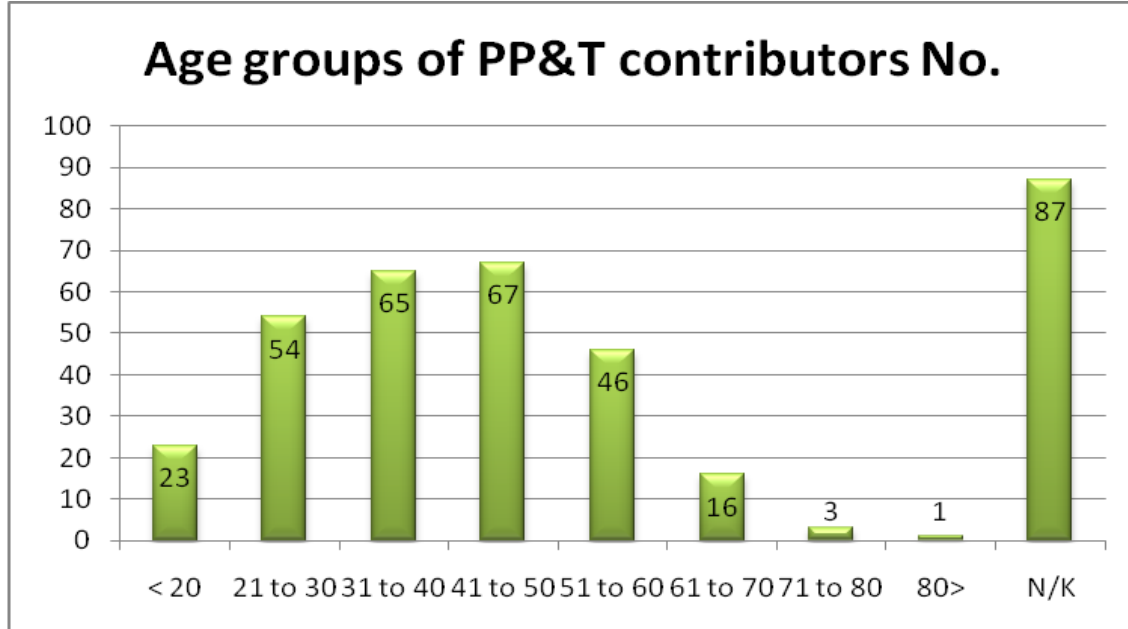
Disabilities

Whilst disability and health issues are not necessarily connected there are areas of overlap, for example where long term and limiting illnesses can be disabling.

Two hundred and eighty three contributors to the Pride Progress and Transformation (PP&T) survey responded to a question about whether they considered themselves to have any disabilities. The responses did show a considerable degree of overlap between answers to this and to the health question.

Of the 283 people who responded 65 (23%) said they did consider themselves to have a disability, and a further 9 (3.2%) were not sure. By comparison, the Annual Population Survey (Apr 2008 – Mar 2009), shows that just over 18% of working age people in the South West are disabled.

An additional question asked about the broad nature of any disability. It invited people to tick all of the categories that applied and to state any 'other' forms of self-identified disability that were not included.

The figures in the table below relate to the 65 contributors who self-identified as having a disability.

Among those who ticked 'other', four were HIV positive, two had ME/CFS and two had epilepsy, with associated memory and other problems.

A further three people referred to medical problems, including diabetes and serious back problems, and one had 'multiple disabilities'.

Nature of disabilities reported

Category	Value
Physical impairment	26
Mental Health issue	24
Sensory impairment	14
Learning impairment	7
Other (please specify)[1]	19
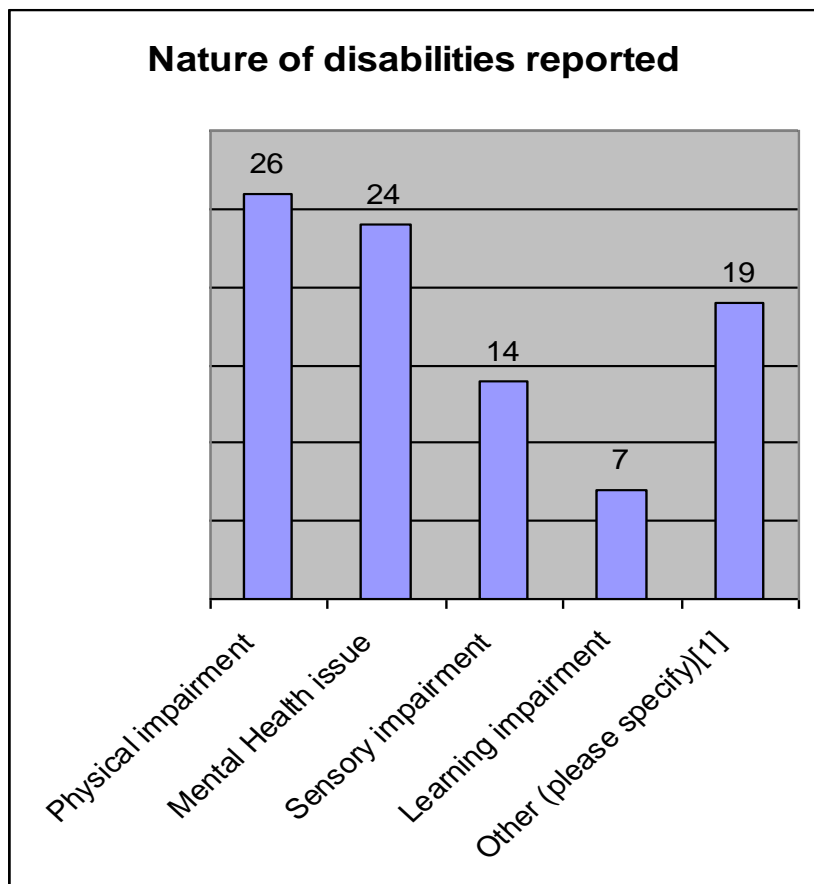
Religion or belief

Contributors were asked to describe their religion or belief, or to say if they have none. Of 257 people who responded, 143 said they had no religious or other specific beliefs. 18 of these described themselves as agnostic. An additional two said they were 'not sure' whether they had any specific beliefs. One hundred and thirty four contributors described their beliefs in a variety of ways which are difficult to categorise. The responses under the 'other' heading can be found in Appendix 2.

The figures for the more widely recognised religions or beliefs are adjacent.

No beliefs	143
Christian[9]	57
Atheist	16
Buddhist[10]	6
Pagan[11]	6
Jewish	3
Humanist	2
Spiritualist	2

Racial identity

275 people provided replies to this question indicating their race[12]. From the information given, 21 contributors are from a BME background.

What is your race?	Number
White British	220
Any other White background	34
Irish	4
White & Asian	3
Any other mixed/ multiple ethnic background	3
Black Caribbean	2
Gypsy	2
Traveller	2
White & Black Caribbean	2
Asian British	1
Black African	1
Celtic	1

[9] Those who described themselves as Christian included Anglican, Catholic, Church of Scotland, Methodist, Baptist and Lutheran and ranged from 'practising' to 'liberal'.

[10] Includes Theravada Buddhist/Mahayana Buddhist

[11] Includes Witch /Wicca/Greek Neopagan

[12] Some who described themselves as 'other' included: White English, White Welsh, White non-British, White European and White African. These are included in the 'Other White Background' figures.

b. Occupation, location, relationships and incomes

Main occupation

In total 281 people responded to a multiple choice question about their main occupations. In total there were 350 responses, indicating that some respondents are working or retired as well as undertaking study and/or caring responsibilities. The table below shows these responses in order of frequency, and indicates that 229 individuals were in full or part time employment.

Occupations	%	Number
Working full time	65.5%	184
Working part time	16.0%	45
University student	10.7%	30
Retired	6.8%	19
Carer	6.4%	18
Seeking work	4.6%	13
College student	3.6%	10
Not seeking work	2.5%	7
School student	1.8%	5
Other	6.8%	19

Location: Urban or rural

Of the 282 responses to this question, the largest group of contributors are based in cities, although a substantial percentage (45%) live in more rural areas, including villages or small towns. This variation may well account for the diversity of experiences recorded in response to questions posed in the survey.

Two hundred and fifty people who live in the South West provided postcode information. An analysis by local authority areas is shown in Appendix 1.

Is your home in a …

village/ rural area?
23% (64)

small town?
22% (62)

large town?
16% (46)
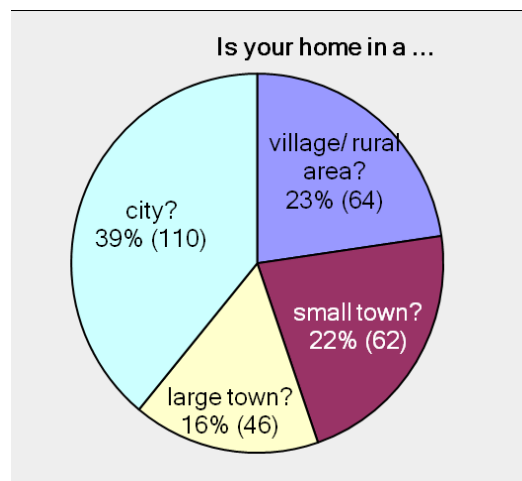
city?
39% (110)

Location: By Local Authority

Bath & NE Somerset	6	Purbeck	1
Bournemouth	26	Sedgemoor	4
Bristol City	67	South Devon	7
Cornwall	22	South Gloucestershire	5
East Devon	1	South Hams	2
East Dorset	1	South Somerset	10
Exeter	15	Stroud	1
Gloucester	7	Taunton Deane	5
Mendip	8	Teignbridge	1
Mid Devon	7	Torbay	3
North Devon	4	West Devon	1
North Dorset	2	West Dorset	6
North Somerset	9	West Somerset	5
Plymouth	7	Weymouth and Portland	8
Poole	1	Wiltshire	8
All			250

Housing tenure

People's position within the housing market is routinely used as a proxy indicator for their general socio-economic status. However, the responses regarding contributors' housing tenure inevitably provides only a snapshot, since it is not unusual for people to rent in the private sector as a temporary stop-gap before a more permanent home is secured, and some tenants do either move out of, or purchase social housing.

Official statistics for 2007, provided by Shelter, show that 70% of people in England were outright home owners, or buying their homes. 18% were in social rented accommodation and 13 per cent were renting privately. Home ownership in the South West is higher than the national figure, and in 2007 it stood at 73%. The statistics for renting in both the private and social housing sectors were equal at 14%, although these figures may change in the current economic climate.

There were two hundred and eighty responses to this question, but some ticked more than one option so the total number of respondents was 195.

A number of responses suggested that the contributors were in a rather precarious situation with regard to their housing and living arrangements, which may or may not have been connected with their sexual or gender identity.

The fourth column in the table contains figures for the South West from 2009 published in *Regional Trends*, produced by the Office of National Statistics. These provide a means of comparison with the figures obtained through the survey. The fourth columns shows the % gap, plus or minus, between these two sets of figures where they are comparable. It shows a smaller percentage of PP&T contributors living alone than the regional figure, and a significantly higher proportion sharing with unrelated adults, predominantly friends.

Some of the 'other' responses are likely to be further clarification of previous answers, and it is possible that some have ticked the question about 'sharing' as well as one of the specific tenure types (private rented, etc).

Nevertheless, it is clear that

| Housing tenure	PP&T %	No.	SW %	PPT % gap
Homeowner/ buyer	51.8%	145	73%	-21.2%
Tenant: private	28.9%	81	14%	+14.9%
Sharing a home owned or rented by other/s	15.0%	42	-	-
Tenant: social housing	6.1%	17	14%	-7.9%
Homeless	0.4%	1	-	-
Other	3.2%	9		-

over half of those who responded are home owners or buyers, while between one quarter and one third are in private rented accommodation, most being the legal tenants. This compares with just 6% of respondents living in social housing, some of whom are sharing with others who hold the tenancy - for example with parents or partners.

Those who described 'Other' tenures were living in a variety of circumstances. Two were living with parents, and one lived in live in flat provided by partner's parents. Another lives with their civil partner, who owns the house, while a contributor who lives in rented accommodation is also a private landlord. Two contributors live in caravan. Among the least permanent arrangements, in very different ways, were university dorms and emergency bed and breakfast accommodation because of homelessness.

Household composition and significant relationships

There are many fanciful myths about 'gay lifestyles' which belie the commonalities that exist between gay, lesbian, bisexual and transgendered people and the rest of society.

The survey sought insights into household and significant relationships of contributors, and the table below shows the distribution of responses to the options included in the questionnaire.

Are you...(tick all that apply)

16
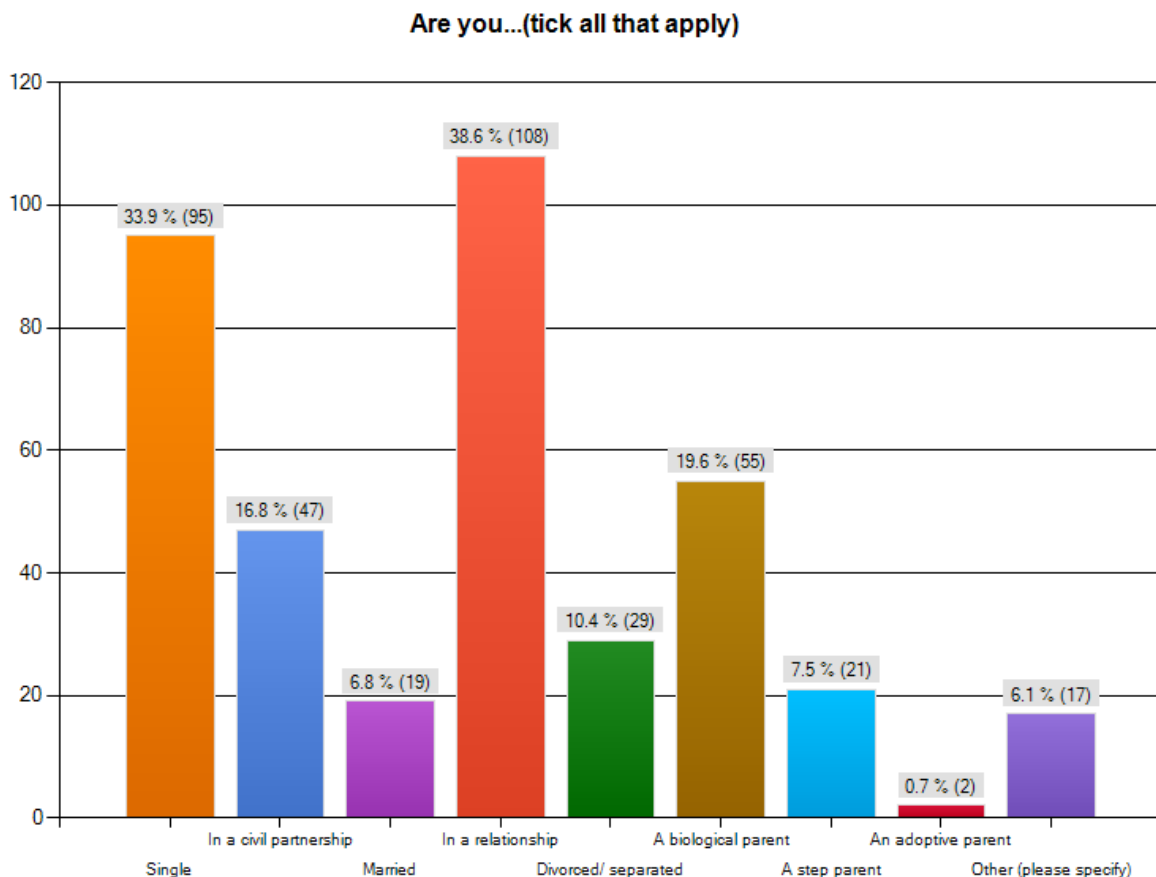
The survey also aimed to map the kinds of close relationships that contributors shared at the time of the survey, and a number of options were provided, of which contributors were asked to tick all that applied. There were 280 responses to this multiple-answer question.

A significant number of contributors were in close relationships with partners and in parental roles that included foster parenting and informal caring arrangements.

One younger respondent was living in temporary accommodation as a homeless person, and another was a student in a flat share. One shared a privately rented home with others. Three respondents switch between two living arrangements, one lives with a partner some of the time, and alone for the remainder, another lives with a partner in the USA some of the time and remainder in the UK with their mother, while the third sometimes lives at their mother's house, and at other times at a friend's house.

A disabled respondent has an employee 'living in', another respondent has lodgers, while two other respondents are lodgers themselves.

Other respondents live with: a sibling; an ex-partner and their partners' parents. One who lives alone also has shared custody of their child.

The ONS has a category that includes 'two or more unrelated adults, and some of the 'other' arrangements would fall into this category.

Unfortunately the information about households with children is not precise enough for comparison with ONS

> "I married my partner in Canada, however, it is only recognised as a civil partnership in the UK (regrettably!)"

categories (which break these down into dependant/non-dependant children and lone and two parent families). However, from the figures we do have we know that almost 12% of respondents were in households with children.

Some respondents were widowed, and several said they were living with their partners. One was about to enter into a civil partnership, and two contributors were 'non-biological mothers'.

Another told us

> "... my partner and I chose to have children together - she is the biological parent - I define myself as a parent ... I have court awarded parental responsibility."

One contributor had found that the marriage legally contracted elsewhere was effectively downgraded on reaching the UK:

> "I married my partner in Canada, however, it is only recognised as a civil partnership in the UK (regrettably!)"
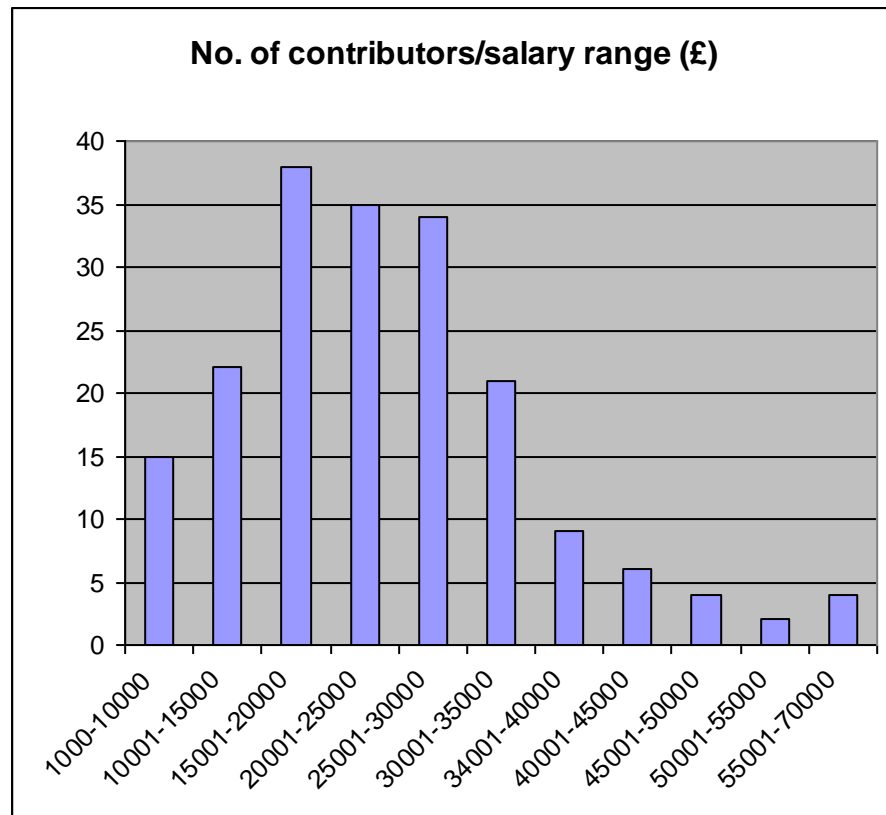
Some expanded on difficult circumstances that they, and people close to them have faced as a result of prejudice, and grey areas in respect of familial and social relationships and rights. For example, one contributor described a situation in which they had been separated from, and denied access to, a former partner's child following that partner's death, in spite of having played an important role in the child's life up until that point. This was clearly a source of grief to the contributor, and suggests a child bereft of important sources of comfort and love.

Annual salaries/income

A number of contributors were either retired, students, on benefits or their earnings were unpredictable. Their annual salaries are included wherever stated, and these make up the majority of salaries below £5000.

Figures from the Annual Survey of Hours and Earnings for 2009 showed that median weekly pay for full-time employees is £25,123. The median is the mid-point for all employees in the UK. By comparison, the salary mid-point for PP&T contributors in 2010 was £24,000 according to the responses.

PP&T salary figures are translated, except for at the very top and bottom, into bands £5000, however. The majority of contributors earn less than £25,000 per year.

No. of contributors/salary range (£)

Salary range (£)	No. of contributors
1000-10000	15
10001-15000	22
15001-20000	38
20001-25000	35
25001-30000	34
30001-35000	21
34001-40000	9
40001-45000	6
45001-50000	4
50001-55000	2
55001-70000	4

Appendix 1 to 'Contributors' profiles and lifestyles'

1. Sexual and Gender identities: responses of contributors identifying as 'other'

Gender identity:

- Androgyne (electively "hermaphroditic")
- Physically evidently female, identity fluid
- Closet (transgender) diagnosed, but not acted upon
- Post-operative M2F transsexual woman...
- Don't know
- Male stuck in a female body but totally CONFUSED - cross dress
- I am a female who has a transsexual history
- Gender neutral
- M to F transgender, but not transsexual.
- Living as male but Transgendered
- I'm happy being female on the outside but feel male inside

Sexual identity: responses of contributors identifying as 'other'

- "Pansexual (Neither gender or sex specifically affects my attraction) I'm SO glad you had this option on here! :)"
- "Gay boy stuck in a female body but like girls when I feel female.....CONFUSED."
- "Femme inside a male body, with a boyfriend. logically I am Gay... inside I am Hetero... you figure it out, I can't."
- "I am attracted to boys even though i was born a 'boy' but i believe i was meant to be a girl so i identify as straight..."
- Another contributor explained her identity as
- "Queer. Lesbian dating genderqueer boi. Into anyone not bio-male (for lack of a better word, no offence meant)."
- "Pre Transition ftm (female to male transgendered) attracted to women - still member of lesbian community."
- "MTF (male to female transgendered) attracted to other women - but celibate for 12 yrs."
- "Attracted to my fem partner - I'm TG."

- "Queer. In terms of the spectrum, at the gay end of bi, but I don't identify as either gay or bi."
- "Heterosexual cross dresser."
- "Neutral and Celibate (now)"
- "Asexual (3)"
- "Post-gay, in a same-sex relationship."

2. Religion or belief – other

- "Spiritual - non specific"
- "Yes - spiritual but not religious."
- "Holistic"
- "Earth based, druid, spiritual"
- "I have some spiritual beliefs of my own but not attached to an organised religion."
- "My own, non organised."
- "Theist - non-organised religion."
- "I was baptised a Catholic but have not practiced since I was 15. I consider myself agnostic."
- "Lapsed CofE/ Disillusioned Anglican."
- C.E/Spiritualist/Humanitarian
- Trade unionism - everyone should belong to one.
- Jedi
- Science of Mind
- Non Duality
- Universal
- Eclectic
- Gaia Hypothesis

Visibility, dignity, respect and freedom of expression: Introduction

Responses to the PP&T survey show very clearly the impact that ignorance, prejudice and discrimination can have on LGB and Trans people at any time of life, and in any situation, but particularly when they experience these things from an early age. The effects of rejection by family members and others close to LGB and Trans children are discussed later on.

Among groups who are now protected from discrimination and prejudice by equality legislation, freedom of self-expression (which includes the ability to be open about one's identity and relationships) and being treated with dignity and respect by others, are fundamental to individuals' well-being. They are areas of life experience and expectation that impact on all other areas.

The Gender Identity Research and Education Society (GIRES) put it simply and clearly in relation to trans people's experience, but this can be applied universally.

> "A major influence on the quality of life for those affected by gender identity and intersex issues is the way they are treated by those with whom they are in daily contact at home, in the workplace and when mingling with other members of society."

Clearly, some of the 'protected characteristics' that fall within the scope of the Equality Act 2010 are more visible than others. A number of PP&T survey contributors who share more visible protected characteristics (women, some late-transition women, disabled people, Black and Ethnic Minority, and older people for example) highlighted the fact that discrimination and prejudice are more often triggered by such visible characteristics than by their transgender or sexual identity.

The PP&T survey sought to discover whether or not contributors believe that their sexual or transgender identity plays any part in the degree to which they are treated with respect, and enjoy freedom of self-expression in a variety of situations. An important consideration in terms of how responses are interpreted, however, is whether or not the respondent is 'out' in any given situation.

Although it arises in response to questions dealt with in a separate section of the PP&T report (which deals with opportunities to enjoy a decent standard of living) the extent to which LGB and Trans people feel restricted in a crucial area of self-expression needs to be recognised here.

A significant number of contributors commented that they were unable to express their affection for their partners in public. They had found from experience that even simple displays such as hand holding or kissing attracted pointed stares, derogatory comment or worse, and therefore felt that they were unable to be open and relaxed about displaying their feelings. The following quote is just one example

> "I do feel limited in my ability to be myself in my garden and outside my house because of potentially being subject to taunts by people or upset relationships with neighbours. This includes things like public displays of affection with my partner."

Visibility: monitoring, statistics and the invisibility of LGB and Trans people

There are significant gaps in reliable statistical data about the LGB and Trans population in the UK and at sub-national levels. It seems highly likely that these major gaps contribute substantially, not only to the 'invisibility' of these groups in our South West communities, in workplaces and among the consumers of goods, facilities and services, but also to a continuing high level of ignorance and prejudice concerning sexual and gender diversity. It also seems likely that this lack of statistical 'visibility' contributes to many individuals' reluctance to disclose their identities in a variety of everyday situations where they might feel vulnerable.

Many LGB and/or Trans people themselves justifiably argue that they are not sufficiently 'visible' in terms of their place in society and the workforce, or in the planning of services, which often can and do fail to meet their needs. From their perspective, service providers might argue that lesbian, gay, bisexual and transgender members of their communities are extremely difficult to identify and it is correspondingly difficult to properly consult them.

Misrepresentation and the impact of the media

A substantial number of PP&T contributors commented on the role of the mass media in shaping negative images of LGB and Trans people in the public perception. This occurred throughout the questionnaire.

Calls were made for a greater and more diverse LGB and Trans presence in the media, and a more realistic portrayal of the 'ordinariness' of most LGB& T people's lives.

"... a lot of the preconceptions about gay men come from limited media portrayals - for instance only taking pictures of men in drag at Pride events. More work (needs to be done) to make 'str8 acting' gay men visible in the media and at work. Encouraging positive stereotypes and the idea that same sex couples are valued and offer something to the community".

"Challenges should be made to the media/magazines/everywhere where gender stereotypes are reinforced. Broadcasting and press, public relations, advertising organisations/companies should re-assess their codes of conduct and stop exploiting gender stereotypes for profit."

"We need to move away from the era when the right wing press complained about council tax payers' money being spent on facilities and services for gay people, ignoring the fact that we gay people ARE tax payers."

"... especially the media (who) could do a lot to challenge the stereotypical way they portray gay people."

Trans contributors were particularly affected by their media portrayal

"Ideally, we need to make an 'all out' effort to push and promote Trans Awareness in an educated and informed manner to the media - this might help dissipate somewhat a Transphobic person's narrow-minded uneducated view.

"awareness ... that trans people are normal people just trying to live life and be happy and not to be stereotyped as the media suggests..."

"The people who most need to change are the media. While it is still the case that most TV stations and newspapers regard trans people as acceptable targets for humiliation ... ordinary citizens are never going to change their attitudes."

"Media who still sensationalise trans issues and use inappropriate terminology and pronouns".

One of the ways in which many people feel that media misrepresentation of LGB and Trans people, their invisibility and a lack of respect and acceptance needs to be tackled is by including questions about sexual orientation and transgender identity in standard monitoring and survey questionnaires. However, provisos concerning the option not to answer the question, and the imperative around confidentiality are frequently mentioned. It is also very important to recognise that post-transition trans people are very likely to register their acquired gender, as this reflects the true identity which they have undergone so much to attain.

Data gathering

Consultations in the lead up to the ten yearly national census of 2011 drew forth LGB and Trans arguments on both sides of the debate as to whether the census should include such questions. The PP&T survey was developed at the tail-end of this debate, and it was decided to ask respondents their views about whether, and which, data-gathering processes should include questions about sexual and transgender identities.

The options provided within the survey are shown with the responses in the table below. 347 people responded to at least one of the questions, however, these are not disaggregated by LGB and Trans identity.

Do you think that the following data gathering exercises should include questions about sexual and gender identity?

	Yes	No	Not sure	Total
Surveys to identify school, college and university students' opinions, experiences and priorities	76% (254)	13% (45)	11% (36)	335
The ten-yearly National Census	73% (253)	15% (51)	12% (43)	347
Workforce needs/ attitude surveys by employers	73% (248)	16% (54)	11% (39)	341
Council surveys: opinions, experiences and priorities	66% (227)	20% (70)	14% (47)	344
Student monitoring questionnaires	65% (212)	21% (69)	14% (47)	328
Staff monitoring questionnaires	64% (222)	22% (77)	13% (46)	345
Trade union membership monitoring questionnaires	62% (214)	24% (81)	14% (49)	344

The percentage figures are rounded to the nearest whole number. They show a clear majority in favour of including sexual and transgender identities in all situations cited in the question, with over three quarters of 335 respondents supporting such monitoring

in relation to school, college and university students' experiences. Perhaps surprisingly, there was least support for such monitoring by trade unions.

While a majority were in favour of monitoring instruments and surveys seeking to identify the proportions and opinions of people in any given population who are lesbian, gay, bisexual and transgender, it is recognised that some are firmly and vociferously opposed to monitoring, and see it as an objectionable intrusion. Of itself, the fact that a percentage of LGB and Trans people will abstain from self-identifying will inevitably affect the accuracy of statistical data, however, it is also a fact of life that every survey that relies on respondents' honesty runs a similar risk.

Eighty eight contributors responded to an invitation to provide further comments or suggestions about "How to ensure that LGB and/or Trans people are accounted for in key statistics."

 Some who commented regarded such questions as an intrusion into personal life, and others felt that it was only appropriate to be 'out' in certain circumstances. However, a majority (81) felt that universal equalities monitoring would be appropriate and some felt monitoring of LGB and/or Trans status was a big step towards acceptance and equality – especially if other monitoring questions were being asked.

> "I really believe that sexuality (like heritage or religion) should be represented on forms, with the option given not to disclose. I realise that people get up in arms about sexuality being asked on a form, but that to me only illustrates our culture's shame around sexuality, and I want to be counted and recognised!"

> "By a more accepting attitude and culture the idea of 'deviance' will be lessened, making LGB feel and perceive themselves to be part of the mainstream."

> "All services whether public, private or voluntary should be monitoring who accesses their services and report accordingly."

Some participants believed in the importance of statistical data but felt that homophobia/transphobia was still too prevalent to make reliable data a reality in the immediate future. The way in which the census is conducted, using 'heads of households' as the respondent on behalf of all household members, was cited as one of the key problems in ensuring that major statistical datasets accurately reflect the LGB and Trans populations.

A key concern was that the information provided through surveys and statistical monitoring should be treated respectfully and confidentially. Assurances of anonymity were felt to be particularly important if people who wanted to keep their sexual and/or transgender identity hidden were to be encouraged to share their views. Contributors

also asked that it be explained clearly why the data was being collected, and how it would be stored and used.

> "Without reliable quantitative data there is no way at all (to ensure that LGB and Trans people are accounted for in statistics). ... while it would be marvellous if it was on the census I believe that is far in the future."

> "(We should use) All crime reports, all health statistics, all ways of collating key stats. However, and it is a big however, many people are not going to respond positively until they feel 'safe' with those collecting the info and how it will be used. Therefore agencies have an awful lot of work to do before the stats they have will fully reflect our presence and needs. Furthermore, there needs to be some taking into account the numbers (usually but not only) of heterosexual-identifying peeps who also have gay sex."

> "I was actually asked to provide input to the Census question on Sexuality. Whilst you need data to ensure funding is targeted correctly, I was very worried where this information could end up. For example the far right are making gains in certain areas. The Conservatives have also got a crap record on LBGT issues."

> "I am sorry to say that when asked these questions in the workplace I tend to tick prefer not to answer because I am not confident that the organisations have the mechanisms to treat the information respectfully and to understand the need to be confidential."

Some contributors felt that surveys (such as "Pride, Progress and Transformation") were best conducted or promoted by organisations that involved and were clearly supportive of LGB and Trans people. These could also be hosted by such organisations on behalf of public services. This would help ensure that what was being asked was accurate and relevant, and that the questions were being asked by someone with direct understanding of the relevance of the issues being explored.

> "Consultation with LGB and Trans groups and distribution of surveys via those groups to ensure that the populations are able to take part."

> "Promotion on Trans sites and forums such as the FTM UK forum (and the LGB equivalent.)"

> "SECRET groups that do not show publicly through the medium of social networking sites ie facebook, would reach a large number of (younger) people my age."

The contributors noted that there was a need to break down barriers, so people don't fear being 'out'. Trans contributors in particular were more likely to want to maintain complete anonymity.

> "Most trans folk are very reluctant to be "out" unless they have transitioned. Many ... do not tell anybody about their trans issues. Even (those) who have fully completed the gender transition are often reluctant to be identified as trans - preferring to try to just merge into society as a "normal" member of their acquired gender. This makes it very difficult to establish worthwhile data."

> "This is a really tough issue and trans people who are out are very much a small minority."

> "Many trans people are still terrified of being identified as such, and with good reason. Requiring people to out themselves in an environment in which they are fearful is not going to help because people will just lie, and then it will look like there is no problem. Employers and administrators know that trans people exist. They need to work on building trust and a supporting environment rather than using intrusive surveys as a means of creating an excuse to take no action."

> "It is always difficult to ask 'the trans question', many trans people object, but at least if the question is there & could be answered, then those of us who want to stand up & be counted have an opportunity - when the question isn't even posed, we are denied the opportunity to answer.

A number of contributors felt that all public bodies should monitor LGB and Trans usage of their services, and one Trans contributor suggested there should be data sharing between them, to minimise their need to keep answering the questions.

Another view was that the onus is on public bodies to ensure that every individual transgender child is protected, and that the process of data collection can itself be harmful and oppressive.

> "Even if only 1 child out of 500 in a school is transgendered, then that is enough to enact laws to protect that child and help that child. Surveys only count to hurt our community and can be used as weapons. Many people who transition do not come out, but stay "in stealth" because of fear."

Some comments highlighted some of the complexities of identity that make it difficult to gather a clear statistical picture through 'tick box' surveys.

> "The categories themselves don't necessarily represent people's experience of sexuality... I often end up choosing 'unsure' as a category which of course isn't a good way for my status to be recorded in statistics."

> "The terms 'gay' and 'lesbian' are too general. Many consider sexuality more of a spectrum. 'Bisexual' should always be an option but perhaps to ensure more

people with occasional same sex experiences are counted more categories should be thought about."

Another referred to the need to draw out from the heterosexual community - through consultation and surveys - the attitudes and beliefs that lead to suspicion, prejudice, discrimination and homophobia/transphobia. This was seen as a step towards enabling a dialogue to take place and/or false beliefs to be addressed.

"(surveying) views of people who are not LGB or trans people, so they can explain what they think about these groups. This would get out into the open the views of the 'general public' so that the ... authorities can start to alter any negative attitude still (present) in the population."

It was noted by some contributors that they were not asked about monitoring by health services, and this was considered by some to be an important omission. Indeed, responses to the health questions indicated that a failure to gather such information could contribute to health risks in some circumstances where medical practitioners were unaware of a patient's sexual orientation or transgender identity.

A substantial number of respondents to the health questions wanted the reality of different sexual orientations and gender identities to be made more visible to the NHS.

Some people specifically referred to the routine collection of patient information as a way to enable people to disclose their sexual or Transgender identity if they choose to do so. The importance of having this information as a standard part of broader statistical data was highlighted.

> "I find I have to really make it very clear that I am not heterosexual..."

"I think that the doctor etc should ask for sexual orientation so they can offer better advice and rule out things quicker."

"Last time my partner (was) in hospital no space for same sex partner on forms only husband/wife."

"Prove that they are aware that gay people exist!"

"Statistical details to more fully report on local communities but this needs open inclusion in data collection systems."

"Less invisibility. I find I have to really make it very clear that I am not heterosexual, because I look reasonably conventional."

Accompanying a consistent approach to data collection, it was argued that health care providers should display visible evidence of NHS equality policy, and LGB and Trans

inclusiveness at all health care premises. This would reinforce the message to staff, to LGB and Trans patients and to the wider public.

Visibility: the question of self-disclosure

Contributors were asked in the survey whether they were openly expressing their sexual and/ or transgender identity in specific situations. The numbers of contributors to whom each situation was relevant varies (e.g. not all were currently in employment).

The clearest responses indicate that 123 lesbian, gay or bisexual, and 34 Trans contributors were not expressing the sexual and/or gender identity openly in all situations. This is consistent with many comments which show how contributors exercise judgement about when it was appropriate or safe to do so. Clearly the question of whether or not contributors are 'out' in any given situation has a bearing on the degree to which their transgender or sexual identity is an issue that affects their experiences.

A number of contributors provided insights into the impacts of disclosure and non-disclosure of their sexual or transgender identity: the anxieties that are associated with 'coming out'; the loss of dignity that is felt from the need for concealment; and strategies that they use to avoid the subject.

"Although I have not directly experienced disrespect toward my sexual identity in various circumstances, often this was because I was not "out" in those circumstances or did not allow my sexuality to be known or discussed. This is a problem in itself not just for individuals, but to feel respected by feeling safe and supported to allow one's sexuality to be known without fear of unkind attitudes."

"The biggest problem I face is (the) assumption of heterosexuality. I'm not sure there is much that can be done about this, but I do get sick of seeing that look of reassessment on people's faces when I eventually have to "come out" to them. I even get it on the phone sometimes!"

"The problem is that once an individual successfully transforms, they become invisible and not counted or seen anymore, thereby limiting society's ability to see them. There are countless others that are afraid to come out, or simply cannot afford to. I cannot count the number of people intimidated by society and family to not do anything.   I tried to find a group in my area to no avail."

"The questions, as phrased, are difficult to answer because I take avoidance action to ensure a positive response - i.e. do not kiss or hold hands in public."

"I don't think my sexuality is 'visible' and my partner and I are too anxious to be obvious in public (so we don't know how bad the response would be if we were). Also, as a female couple it is more ambiguous in public as female friends can be quite affectionate without there being anything sexual involved. I have become quite adept at picking up clues/cues as to who I can tell ..."

"As a transman who is able to 'pass' in my identity as a man I have not had any problems about being treated with respect by people in public organisations. I do not know if their responses would have been different if they had been aware of my 'transness'"

"(We) Frequently choose twin rooms when visiting other areas to avoid embarrassment historically felt."

"I rarely encounter problems - they are very isolated incidents - but when they occur it can be painful. In other ways I've had recognition and praise for work done within trans community ..."

Two contributors find that their failure to conform to a lesbian and gay stereotype leaves them feeling uncomfortable in some gay venues.

"I hope one day it will be possible for openly gay but relatively straight living men i.e. non scene (excuse my use of wording) to feel 100% comfortable and not distanced from the gay scene which can promote the stereotype and straight culture."

"In 'straight' pubs/clubs, because I am not a stereotypical lesbian, I get treated unacceptably by men, however this is also applicable in gay/lesbian clubs/pubs from the women!!"

By contrast a number of contributors who are 'out' provided details about the positive experiences and reactions they get from others.

"I'm a straight-looking/acting but 'out' gay man. I could lie about my sexuality, but I've found that being honest with people about it encourages them to respect me as a person (esp. for my honesty) & to see that gay men are just like the rest of the population."

"I just feel that being openly gay means that I'm contributing my own element to the mix in my workplace and that this is positively perceived."

> "I have received no negative actions towards me in the last 4 years in Bath - it's both a fun and safe place to live!"

> "With medical staff I am quite open and I have been impressed that their reaction is a non-reaction (it would have been no different if I was telling them about my husband).

> "I have not had any bad/disrespectful comments or actions against myself. I don't disclose my trans status unless I feel I need to and then the response has been very positive."

Others' experiences show how positively some public service organisations respond to LGB and Trans individuals.

> "… the police have been great. Sorted out harassment problems we were having locally, were friendly and reassuring and helpful. The problem has not reoccurred since the nice policewoman "had a word" with our harassers, and it had been really difficult."

> "I am a 20 year old transman … the university admin are aware and were very helpful indeed when I had to change my documents etc just before I started. A lady (who worked in) Undergraduate Admissions who dealt with me was extremely helpful and respectful."

Dignity, respect and freedom of self expression: experiences

Contributors were asked whether, in the previous year, they felt they had been treated with respect in a number of everyday situations. The table below shows responses numerically and in percentages in descending order.

The figures show 'dealings with the police' as broadly positive experiences for most contributors, although by contrast, for some, experiences were evidently very negative.

In the last year would you say that you have been treated with respect in the following situations..?

	All the time	Most of the time	Some-times	Rarely	Never	Total
In dealings with the police	60.9% (128)	25.7% (54)	5.2% (11)	3.8% (8)	4.2% (9)	210
Using health services	55.5% (172)	30.3% (94)	11.3% (35)	1.3% (4)	1.6% (5)	310
In dealings with council staff	54.3% (145)	33.7% (90)	6.7% (18)	2.2% (6)	3.0% (8)	267
Using public transport	51.6% (140)	33.9% (92)	11.4% (31)	1.1% (3)	1.8% (5)	271
At work	49.2% (159)	40.2% (130)	6.2% (20)	1.5% (5)	2.8% (9)	323
At school, college, university	**48.9% (66)**	25.2% (34)	8.1% (11)	6.7% (9)	7.4% (10)	130
In shops, pubs and in other premises providing goods or services	35.1% (116)	**46.1% (152)**	13.6% (45)	3.9% (13)	1.2% (4)	330

Contributors were also asked whether they believed their transgender or sexual identity affects the extent to which they are treated with dignity and respect. If taken at face value the results overall can be seen as quite encouraging. Certainly, a number of older contributors commented that things had improved greatly over recent years. However, in view of the fact that a significant proportion of contributors said they are not expressing their sexual or gender identity in all situations, and given many of the comments offered, there clearly remains room for improvement in many areas.

Seventy five (22%) of those who replied felt that their identity did not have any effect on the way they were treated in the given situations. Among those who did believe there was an effect 84 (25 %) felt that there was a positive effect at least sometimes.

Nevertheless, the good news should not obscure the significance of the numbers of contributors reporting negative experiences at least 'sometimes'. The total percentage of these is 45% (152 individuals), which almost equals the combined total of those who believe there is either no effect or that there is a positive effect at least sometimes.

Do you believe your sexual or gender identity affects the extent to which you are treated with dignity and respect?

Yes, positively	**38**	**11%**
Sometimes positively	46	14%
Yes, negatively	29	9%
Sometimes negatively	123	36%
No effect	75	22%
Not sure	30	8%

It was mentioned earlier that a number of contributors found that their more visible characteristics - primarily gender, but also age, disability and race – were the more likely foci of discriminatory and disrespectful behaviour than was their sexual orientation. Such comments occurred in responses to other parts of the survey, for example when talking about safety and security and accessing employment opportunities and health services.

"Sexism is a bigger threat to LGBT acceptance than is homophobia."

"... as a (gay) man working with female colleagues in a customer service environment I am still appalled at the fact that many members of the public are far more respectful to me as a man than they are to female colleagues."

"As I am visibly a disabled person I tend to find that people disrespecting me react to that well before they might discover/realise I am a lesbian. Given that sexual orientation is not necessarily visible but other equalities identities are, you probably need to account for this in your research. Otherwise you may end up with false negatives i.e. someone like me not appearing to be discriminated against for my sexual orientation because I am more often discriminated against for my visible 'difference'. It doesn't mean I wouldn't be discriminated against for my sexual orientation if there were no more obvious identity to provoke it."

"I am an older disabled lesbian. Many of my experiences are to do with a number of things such as gender discrimination (not trans), disability discrimination, ageism and sexuality. It is not always sexuality as unless you tell someone you are a lesbian then you have to presume their attitudes or behaviour has to do with other aspects to do with age, disability, gender etc."

"Becoming disabled after I was out made me realise that I could not hide from anyone who wanted to discriminate on grounds of disability. If you live here as I do in a village you are quite isolated from your lgbt "family" and in my case my disabled "family". I do want to be involved in the local community but fear that discrimination may affect my chances... There are exceptions but not often."

"I think that it's more than just sexual identity and gender regarding all of this. I think that cultural backgrounds and ethnicity should be taken into perspective.

"I think that when I am not treated with respect it is due to my cultural identity rather than either my sexual or gender identity." (village location)

Experiences in dealings with the police and legal system

59% of contributors said that the police treated them with respect 'always' and a further 25.5% said 'most of the time'. 7.5% said they were treated with respect by the police 'Rarely' or 'never'.

Some contributors described experiences in dealings with local police officers and the wider legal system. At worst, they paint a picture in which trust and confidence in legal protection is seriously damaged for those individuals, and such experiences contrast with some of the positive comments recorded here and in the section of the PP&T report on Safety and Security.

One of the more frequent themes concerned the ways in which the police handled reports of homophobic/transphobic incidents. This feeds into the issues of recording and the accuracy of statistics in relation to such occurrences – exacerbating the 'invisibility' issue in the context of crime statistics. On a personal level, failure by the relevant authorities, in any given situation, to address incidents of homophobia/transphobia, inevitably leaves the individual feeling less safe and secure in their homes and communities.

"when I reported the incident to the Police ... they refused to investigate, stating that I didn't give a date for the incident on the hate crime report (I had)."

"HOMOPHOBIA protected within the Southwest Judicial system & the homophobic attitudes & practises of Police officers!"

"more police prosecutions, longer sentencing for hate crime"

"Better legislation and far better attitudes by the police when dealing with gay men and women when they report so-called 'hate crimes'. Many do not report these as the police are not interested..."

"I find children are the worst for discrimination and they pick this up from each other and their parents, carers, teachers etc. The Police force especially in Newquay seem to be hot on discrimination. I just wish everyone was like this".

"I have been told by my beat manager, at ******** Police station, that my neighbour (who has pointed a gun at me, and tried to stab me with a hypodermic syringe on the doorstep of my property) is not to be arrested by the Avon and Somerset Police because he is a victim! I have had eight years of hate crime, intimidation, harassment, threats, phone calls, notes through my door, three cars written off, and the Police do nothing..."

"I remain the victim, but because of the nature of the allegation (guess) which my neighbour raised against me as a gay man, the Police walked away from supporting me."

"Most gay people when complaining about homophobia within authorities in Cornwall find themselves bullied & further victimised for daring to speak out. The WORST offenders are the police, social services & (trust), who simply BULLY lgbt persons who dare speak 'out' about their experiences. I can give numerous examples if required."

There were reports of positive experiences, however, and this one shows how significant is the impact of what appears to be relatively low-key, low-cost, support from the police.

"… the police have been great. Sorted out harassment problems we were having locally, were friendly and reassuring and helpful. The problem has not reoccurred since the nice policewoman "had a word" with our harassers, and it had been really difficult."

Experiences when using health services

Many of the concerns highlighted in national and transnational research emerged in PP&T contributors' responses to questions about 'Identity, dignity, respect and self expression'.

Clearly, to be treated with respect and dignity, by practitioners who have an adequate understanding of health issues in the context of sexual and gender identities, is extremely important. Any deterrent to individuals seeking timely and appropriate medical advice and intervention is self-evidently a serious matter.

On the positive side, 86% of contributors said that they were treated with respect all, or most of the time when using health services, and less than 3% said that they were rarely or never treated with respect when dealt with by health service providers.

Some of the positive comments show that good practice does occur around the region, but this also indicates the inconsistency in levels of awareness across health service provision when compared with other less positive ones.

> "The NHS is a terrific service. I have no complaints at all. In my lifetime, it has been under continuous review and improves all the time. Some people expect too much for nothing**."**

> "With medical staff I am quite open and I have been impressed that their reaction is a non-reaction (it would have been no different if I was telling them about my husband).

> "My GP and Gender Identity Clinic in London have been very supportive…"

> "Always have a positive response from NHS and health officials."

A contributor who reported a history of mental health problems attributed, at least in part, to persistent homophobic abuse by a neighbour which has been ignored by the authorities, sees the mental health service and other health agencies as important allies in dealing with other public bodies.

> "… The mental health trust identified my neighbour's behaviour as a trigger for acts of self harm including suicide attempts, and the (local authority's) rehousing manager refused to accept the recommendation of my GP, Community Psychiatric Nurse, and Clinical Psychologist that I need to be rehoused away from my neighbour as a matter of urgency..."

One of the common causes of concern is the frequency with which heterosexist assumptions and a lack of basic awareness, rather than overtly homophobic or transphobic attitudes, create barriers and embarrassment for LGB and Trans patients and their partners.

> "Doctors and nurses often assume you are straight and I find it awkward and insulting when asked if I am sure I am not pregnant and I have to explain that I'm gay."

> "I still get asked as an introductory question in my smear tests, what contraception are you using? … I wish they would not ask that question. It would make our interaction so much better if they didn't constantly assume."

> "I'm new to the region, tried to access GP, was told I couldn't see a woman GP as all doctors took patients on a rota basis, so I went to another practice."

> "A simple example was ringing my local GP surgery to book an appointment for my civil partner. I was asked "What is her name". This has happened on a number of occasions."

Some female contributors raised issues around fertility and general sexual health problems, which occur in a variety of services, and carry some potentially serious health consequences.

There appears to be discrimination in the allocation of NHS fertility treatment, and in the attitude adopted towards lesbian couples in one Cornish hospital in particular. There may also be a need for advice on what help can be obtained for couples wanting to conceive.

> "My partner and I have recently started fertility treatment and the local NHS Hospital has a private treatment arm, so we are not expecting free treatment. It was only a portion of the treatment we were looking at but we were made to feel very uncomfortable.

The seriousness and range of needs that bring people into contact with health care providers underscores the significance of incidents where health care providers do behave in a disrespectful (or ill-informed) way. An evident lack of basic medical knowledge on the part of some practitioners is particularly worrying.

The following are two such examples, combining a lack of knowledge with a lack of basic respect, sensitivity and professionalism at a difficult time.

> "… refused a smear test by GP as (I am a) lesbian, despite previously insisting (this is) necessary. When (I) disclosed (my) sexuality (I was) told more likely to be Thrush …. As a nurse myself, (I knew this to be) completely unrealistic and potentially dangerous advice."

> "Two recent personal examples 1) staff not accepting that I should be with my civil partner during discussions with a doctor immediately prior to a procedure (I

was told -there isn't room for you both in the cubicle) but all the wives & husbands were invited to be with their partners -in the same size space . 2) Nurse laughing uncontrollably virtually in my face when advised that my partner was taking me home on discharge -then explained she had never met lesbians before!"

This contributor raised the issue of religious groups providing health and care services and the potential implications for commissioning bodies.

"…It is my personal view that overtly religious based organisations, who push their beliefs, should be available to people with similar views (under public service contracts), but should not be contracted by health or social services to deliver services to the general public."

Examples from what was evidently a lengthy list of painful experiences at the hands of health care professionals were described by one contributor. Understandably those quotes, along with other incidents, had evoked strong feelings which had remained with him.

"There should be severe penalties for those who choose to make a Trans person's daily life harder. GPs & NHS Consultants, Doctors, Nursing Staff, should be further educated and regularly monitored in their deliverance of their 'Bed Side Manner' and care approach. A more informed, respectful and genuinely caring attitude would be preferable to an ignorant, disrespectful, humiliating and often very frightening one.

'Sorry, I can't really help you - you're rather Uncharted Territory,' or a 'What have they sent you here for? We only deal with life threatening illness here', or more upsettingly still - 'Unnecessary surgery, that in there, and we're supposed to look after him!' "

Experiences in dealings with councils

Within this section of the survey people's remarks concerning their councils were fairly restricted, mostly focused around the question of evidence-gathering.

"Councils, the government, employers etc all need to have an idea of the LGBT population they deal with; in order to better ensure provision of services/ conditions of employment etc."

 "I think that a majority of surveys/questionnaires need to be anonymous to get an honest feedback. Employers and Councils need to know who is "under their

wing" to be able to provide adequate services for everyone but a survey shouldn't mean that a participant has to "out" themselves unless they choose to.

> "Transfer of statistical evidence i.e. number of trans gender patients from NHS to other bodies i.e. Local Government"

There were some comments about the exclusion/inclusion of LGB and Trans populations in the ways that councils operate. The first contributor quoted relates a series of events and encounters that indicate a lack of understanding of the specific impact of homophobic neighbour harassment. This has clearly left this person bruised and debilitated.

> "Communities and Local Government should monitor housing allocations made by local authorities, including those through the 'bidding' process of 'Choice Based Lettings' to monitor whether the successful applicants are representative of the communities they are based in..."

> "I am told by ******** Council's noise control team that they can do nothing about my neighbour waking me up several times each night, at roughly 40 minute intervals through the hours of 1am to 8am because "it's not statutory nuisance". I'm told by my housing officer of ******** Council they "take anti social behaviour seriously" whilst she does nothing to prevent my neighbour from abusing me verbally, in writing, and committing hate crime and intimidation against me."

> "I was shocked at a recent Council explanation on Community Cohesion, which said this did not include gay people, that was something different. Are we not part of the community and have our own culture?"

> "We need to move away from the era when the right wing press complained about council tax payers' money being spent on facilities and services for gay people, ignoring the fact that we gay people ARE tax payers."

Experiences in the workplace

Happily a substantial number of contributors did not perceive that their identity was responsible for any negative reactions they might experience in their workplace, and that other factors were more likely to be the cause.

> "I believe that if I have ever been treated with lack of respect at work it is because of professional issues, not because of my sexual or gender identity.

However, it should be noted that responses to the question relating to whether contributors were 'out' in a variety of situations revealed that almost a quarter (23%) were not 'out' in their workplace at the time they completed the questionnaire.

It is also worth bearing in mind that a number of responses indicated that individuals had particularly chosen the jobs they occupied because the working environment was one in which they would feel comfortable as an LGB or Transgender person.

However, not everyone is in a position to choose the kind of workplace they would prefer, or to predict the kind of workplace culture they are likely to encounter when accepting a job.

A number of contributors described experiences at the other end of the spectrum. These illustrated the kinds of profound and damaging effects that can result from a lack of action to deal with homophobia/transphobia in the workplace. They describe ill-treatment and victimisation and a disturbing lack of support from supervisors or managers.

> "Further to physical and homophobic verbal threats made to me as an employee by another employee, my manager refused to take any action, I was advised to take a grievance 'out' on my manager by HR which I did not have the emotional strength to do."

> "I have had comments made to me in work by a colleague … which were discriminatory, when I complained to my supervisor I was told to just accept that it was just the way some people of the older generation think."

> "I work in a mainly female office, attitudes or lack of respect (are) covert rather than in the open."

One contributor spoke of severe and long-term mental health problems that had been brought about as a result of traumatic workplace experiences. His account demonstrates the ways in which prejudice, whether it is actively or passively displayed (in the refusal by those in authority to act), contributes to a reduction in income, living standards and quality of life, as well as to triggering debilitating ill-health for some LGB & Transgender people.

> "I was continually called names at work, and physically assaulted, but was not backed up by the management, leading to a mental breakdown and ill-health retirement".

A number of contributors referred to being 'out' and not being 'out' in their workplaces. These comments emphasise the value of positive, clear and visible policies that build a

sense of security within the LGB and Transgender workforce. Some also offer a more optimistic view that being 'out' can have a positive influence in itself.

> "I just feel that being openly gay means that I'm contributing my own element to the mix in my workplace and that this is positively perceived."

> "At work I am 'out' to all of my colleagues but not necessarily to the customers that I deal with as I feel that my sexuality is irrelevant to the services that I offer. However, if asked I would never deny the person I am".

> "I work in the Equality/ Diversity field. I'm also Chair of the 2 largest LGBT organisations in my county."

> "I work for an equality charity and so predictably my colleagues are fine (my relationship is treated the same as anyone else's, with occasional envy from female colleagues!)"

> "I am openly gay but I don't make a big deal of it - I see no need to go around introducing myself as gay. So far at work (I've not been there very long) the topic of sexuality or partners/ relationships hasn't come up in conversation so as far as I'm aware, nobody at work knows that I'm gay. In most of my previous workplaces it's become known and accepted sooner or later and I'm sure the same will happen here.

Many comments illustrated the degree of selectivity that contributors need to exercise when deciding whether or not to reveal their sexual or gender identity in their professional lives.

> "Like many people, I am selectively open about my sexuality at work. As a head teacher I feel that to be completely 'out' leaves me open to the potential for homophobia beyond the workplace."

> "Whilst I am confidant to be 'out' at work and have a good working relationship with colleagues, I am in a position of authority in a public sector workplace. I do not feel that it is appropriate to be 'out' to my customers as this could affect how I work and, to be frank, is not something that I would wish them to know."

For Transgender contributors also, disclosure can feel very risky, particularly because public awareness and understanding about gender dysphoria and transgender issues more generally, is at an even lower level than awareness concerning sexual orientation. These comments, however, show how experiences can differ.

> "I would not feel comfortable disclosing - my gender identity (history) openly in my work place."

> "In the SW and everywhere my gender ID has not been any cause of negative responses. I do not cross dress at work but in. I believe when the issue has come up (very rarely) the attitudes appeared positive."

Some contributors reported enjoying supportive working environments. As touched on earlier, responses here, and to other questions suggest that a more open and inclusive workplace culture has an impact on people's choice of career, where such a choice is available. Later in this report we see, however, that a significant proportion of respondents – over 26% - felt that their sexual and/ or gender identity has a negative effect on their opportunity "to choose the kind of job they would like and are qualified to do."

All this begins to suggest that employers may be restricting the pool of talent available to them by failing to take positive action to create a positive working environment.

> "Generally my sexuality does not impinge on my interactions at work or in relation to dealing with other services. I have had no negative experiences on the very few occasions where it did."

> "Generally I am treated with respect and people accept me as I am. I am working and socialising mainly with educated people which I think is a huge benefit.

> "I work in a customer service environment in which I can be open about my sexuality with no reprisal. I chose to work in this environment as I am openly Gay, and I realise that in some other job sectors I may receive prejudice and homophobia."

Some who work in supportive environments have contrasting experiences in the community.

> "At work my sexual orientation has a positive effect. In the community it has some negatives…"

One contributor, who has not experienced discrimination in other areas of his working life, experienced it when working within a community which also experiences discrimination. This demonstrates the need for positive action towards a broader understanding of the common experience of discrimination shared by equality groups.

> "I have only ever felt my sexuality was an issue when working with some members of (a specific community) where Homophobia is more ingrained in the culture of Black BME men."

Several contributors had experienced multiple discrimination and several alluded to sexist, racist or disablist prejudices 'trumping' homophobic or transphobic ones, these being more visible characteristics. A male to female transgender contributor was in a strong position to comment regarding the influence of sexism in people's positive or negative experiences. This is further supported by a gay male contributor.

> "I personally perceive gay men are more accepted in our society than gay women are. Generally people are more guarded in not making assumptions about men. In my workplace I hear comments/humour? About gay men but less so about gay women. I have certainly been treated differently (less positively) once people realise my sexual identity. I do think a majority of people in our society do not believe that there are gay women … if its not talked about or obvious then it can't exist."

> "… as a man working with female colleagues in a customer service environment I am still appalled at the fact that many members of the public are far more respectful to me as a man than they are to female colleagues."

Experiences in learning institutions

Among respondents to the questions about sexual and transgender identity monitoring, 76% (254) felt that it should be included in surveys to identify school, college and university students' opinions, experiences and priorities.

This is consistent with the priority that contributors placed on action by schools, colleges and universities to address problems faced by LGB and Trans students. When asked who should take action to address homophobic/transphobic ideas and attitudes, more contributors (62) mentioned schools, colleges and universities than any other kinds of agencies or institutions.

While a majority of contributors did not identify a problem, more than 20% of those who responded to the question relating to identity, dignity, respect and self-expression indicated that they have been treated with respect 'sometimes, rarely or never' during the past two years at school, college or university. In other words this 20% are not accustomed to being treated decently in their learning environment. This could be at the hands of other students, of teachers and/or of other adults in that environment.

There is ample evidence in circulation to indicate the importance of schools combating homophobic and transphobic bullying, and the previous government produced specific guidance to help schools with this. It is possible that a residual effect of the notorious 'Section 28' acts as a barrier to some schools dealing adequately with the problem.

Both comments quoted below are positive and the second contributor later compares her daughter's school favourably with others who are less accepting of her lesbian relationship.

> "I feel that negative attitudes are a lot less than 4 years ago when I was in high school/college".

> "… I do feel that people look/treat my daughter differently too, at school (she is 6) they are more positive, as are her friends..."

The next contributor, however, had a different experience of school as a lesbian student

> "… I (came) 'out' at school because I thought it wasn't a problem only to realise it was. I would have stayed in the closet at school…"

Some contributors' suggested ways in which homophobia/transphobia should be addressed in schools and elsewhere.

> "Punishment for homophobia in schools. This is because, if a lot of people are taking the mick, because it's just harsh words, the school won't do much." (37)

> "… schools/colleges/universities etc. need to have training on equality and diversity. Not just for LGBT's but for everyone, it needs to be addressed and these are the best and most viable places to do it."

> "Public acceptance of transgendered individuals … especially schools to recognise transgendered individuals."

> "More education is needed - not just in schools but in workplaces. We need to value each other as individuals".

> "… one of the challenges is ensuring a consistency among schools in providing data around homophobic and transphobic bullying ..."

> "Surveys in school or other places is not the issue. Even if only 1 child of 500 in a school is transgendered, then that is enough to enact laws to protect that child and help that child…"

The final comment illustrates the difference that a positive and open environment can make, and the value of ensuring front-line staff in all kinds of job roles are diversity aware.

> "I am a 20 year old transman at ******* University, I pass easily so I have encountered no problems with respect. The university admin are aware and were very helpful indeed when I had to change my documents etc just before I

started. A lady called S**** J**** (Clerical Officer, Undergraduate Admissions) who dealt with me was extremely helpful and respectful."

Experiences using public transport

Thirty nine out of 272 (just over 14%) individuals who responded to the question indicated that they had been treated disrespectfully on public transport, but as the only commentator on this topic pointed out, disrespectful treatment could occur at the hands of the public rather than staff.

> "Problems on public transport or in shops could relate to staff, but could simply be because those are places you encounter the general public."

Experiences in shops pubs and other business premises

The picture is more mixed across private sector providers of goods and services. 35% of contributors said they were 'always treated with respect when accessing goods and services from private providers', while almost 46% said this was their experience 'most of the time'.

As one contributor suggested, disrespectful treatment could be exhibited by members of the public rather than from the providers or proprietors. Nevertheless businesses have a responsibility to ensure that they are not discriminating against individuals who use their services, and contributors suggested fairly simple and potentially effective remedies.

> "Staff in shops should be trained to deal with customers sensitively (esp butchers!)"

> "... there have already been a lot of changes, and more and more people are accepting it, but there is still a lot more that can be done. Maybe gay-friendly bars, shops, places etc. You quite often see stickers in the doors of cafes that say they are 'breast-feeding friendly' - maybe there could be a similar one for LGBT?"

Another response was eloquent in the extent to which it reveals the contributor's difficulties in being accepted as a trans person

> "Public acceptance of transgendered individuals. Acceptance in government, military, the workplace, restaurants, health clubs, and especially schools to

recognise transgendered individuals. There should be funding to help transgendered individuals convert to their true self, much like any other issue is".

Another contributor's emphasised that in his experience, disrespectful treatment was not confined to mainstream services but sometimes flourished in gay-run establishments.

"Worst negative service tends to be in gay owned/run bars & clubs. Quite shockingly rude and off-hand. Gay people should clean up their own act before pointing the finger at others. Would not be tolerated anywhere else in the city. I practically never go to gay venues anymore, and have never experienced homophobia in straight bars. Quite the contrary."

"In 'straight' pubs/clubs, because I am not a stereotypical lesbian, I get treated unacceptably by men, however this is also applicable in gay/lesbian clubs/pubs from the women!!"

The impact of family and religion

PP&T responses to an open-ended question about health issues of greatest concern put mental health at the top of the list, and a growing body of research that identifies discrimination as a significant contributor to mental ill-health. For example, an article published in the British Journal of Psychiatry in February2011 connects discrimination on the grounds of sexual orientation with a variety of mental health diagnoses[13].

> "… (the questionnaire) omitted an area in which trans people are very commonly disrespected - within their own family."

One of our Trans contributors pointed out that in many cases the seeds of depression and self-harm among LGB and Trans people lie in rejection of their identity within the family. This may or may not be bound up with a parent's firmly held religious beliefs, but when this is the case it can trigger a particularly complex and painful set of reactions for the young person.

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[13] Mental health of the non-heterosexual population of England, Apu Chakraborty, BA, MA, MB BS, MRCPsych, MSc, DLSHTM, PhD; British Journal of Psychiatry, February 2011, Department of Mental Health Sciences, University College London, London

One contributor, now in her 40s, had never discussed her sexuality with her elderly parents, who seem to have tacitly accepted the situation. She is 'out' with brothers and sisters, however.

> "... I am sure they know I am a lesbian and they have treated my partners the same way they treat my siblings' heterosexual partners. But had being gay been generally more acceptable in society when ... I was 21, I would have liked to have come 'out' to my parents and family then."

Another contributor who is 'out' to his parents, was well aware of how difficult it can be for others

> "There are countless others that are afraid to come out, or simply cannot afford to. I cannot count the number of people intimidated by society and family to not do anything."

One contributor argued that there is a need for more support and information to families of LGB and Trans young people. It was felt that GPs and other professionals were too quickly involved, when an informed and supportive family environment would be a much more healthy option.

In a book entitled "The Velvet Rage: Overcoming the Pain of Growing Up Gay in a Straight Man's World", Dr Alan Downs attributes mental health problems among gay men to the attitudes of family and society towards their sexual orientation during their vulnerable, formative years. In particular, growing up in a family where there is fundamental hostility to non-heterosexual orientation can be deeply undermining of self confidence and resilience.

Interviewed about his book, Downs explained the term 'Velvet Rage' as

> "... the deep and abiding anger that results from growing up in an environment when I learn that who I am as a gay person is unacceptable, perhaps even unlovable... Clearly, because I was Pentecostal, I was going straight to hell for being gay..." ." [14]

For the LGB and Trans contributors to our survey, some of whom grew up in religious households themselves, the conflicts and impacts were also particularly acute.

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[14] Alan Downs, Ph.D. is a clinical psychologist in private practice located in Beverly Hills, California interviewed for the Observer Magazine, 20 February 2011.

> "... those closest to trans people often have the most difficulty accepting gender transition. If ... one's family are from the religious right, the problems of acceptance are exacerbated."

> "...The worst prejudice has come from religious friends and relatives. I think quite a bit of work could be done to highlight that scriptural interpretations of sexuality are not clear cut (but this needs to come more from within the Christian and Islamic communities)"

> "I chose to conceal my gender identity conflict to shield my family and myself from abuse or attack."

Downs' seeks to put the mental health impacts of such experiences firmly into context, and he is anxious not to have his arguments wilfully misunderstood:

> "…what I'm saying is that it's invalidation – not being gay – that creates the problems."

Both within the family and in the wider community, the reactions of some people of religious faiths to sexual or gender diversity are in direct conflict with the right to dignity, respect and self-expression for LGB and Trans people.

One contributor called for less religious influence in the public arena, particularly when this is used to condemn LGB and Trans people because of their sexuality.

> "Hate speech is hate speech no matter how you dress it up."

Condemnatory statements in relation to 'sexual unorthodoxy', while they by no means represent the views if all people of strong religious faiths, have a far reaching impact. Contributors expressed concerns, for example, that LGB and Trans people can be deterred from using publicly funded services provided by non-discriminatory organisations because of their religious connections.

> "There are a number of religious based care organisations providing public services. I am very concerned about the implications of this."

> "...there is an organisation called (name) - they provide intensive housing support .... I have ... found them to be excellent and not to discriminate. But, in my view their (religious) name discriminates! ... if they are contacted by (people of other faiths) the very name may put them off, also as a gay man it puts me off. Rightly or wrongly it makes me think of religious fundamentalism."

> "It is my personal view that overtly religious based organisations, who push their beliefs, should be available to people with similar views (under public service

contracts), but should not be contracted by health or social services to deliver services to the general public."

While on one side of the argument there are those who argue that their right to follow their religious beliefs are 'trumped' by the rights of LGB and Trans people, comments from PP&T contributors demonstrated the distance that remains to be travelled before some LGB and Trans people feel that they enjoy equal consideration with people of various faiths.

"Although Britain is very forward thinking in its legislation it still bends to the whims of the Church and protects them over us ensuring "free speech" urging us to refrain or modify such sexual orientation is not illegal. Why can't they just be happy in the knowledge that if they're right we're going to hell anyway?"

"My background is as part of the Evangelical Christian church and this still exposes me to considerable hostility as a former leader who has become "unsound"".

"Much work is still to be done... Whoever we are we have the right not just be treated equally in the eyes of the law but with respect and dignity because we are all human and in creationist terms god's children, and no-one is preordained superior or inferior to another."

Who should take action?

The questionnaire also asked people to suggest both who should take action to address the kinds of problems some reported, and what sort of action should be taken. The table below collates the responses to the open-ended question 'Who should take action?' into suitable categories.

Agency/institution named	Category	No.
Schools	Education	34
Employers/senior managers/managers	Workplaces	24
Central government/Parliament	Public bodies	23
Local councils	Public bodies	22
Post 16 colleges/training bodies	Education	17
Health services: PCTs, GPs	Public bodies	15
Police	Public bodies	13

LGB and Trans individuals	Individuals	13
Universities	Education	11
Media (press/TV/radio)	Media	11
Shops, bars, transport providers etc	Commercial providers/businesses	8
Youth organisations/groups	Public/voluntary/private	6
LGB & Trans organisations	Community and Voluntary	6
Religious organisations	Religious organisations	5
Others	Public bodies	8

What should they do? Suggestions for action

Schools, colleges and universities

- Schools, colleges and universities should display evidence of their inclusiveness in their literature, on their premises (eg in the form of posters and equality statements) and on their web sites.

- Any school, college or university governing body that has not already acquainted itself with the facts about homophobic and transphobic bullying, accessed reliable guidance, and developed a clear policy and procedures for dealing with it should do so, and publish this widely. (links provided in endnote[i])

- Staff LGB and Trans awareness training should be carried out among all staff groups to ensure that they recognise and are equipped to deal with prejudice-based bullying.

- Staff with a pastoral or counselling role should be provided with specialist training to identify and deal with LGB and Trans related issues.

GP surgeries

- GP surgeries should display evidence of their inclusiveness in their literature, their premises (eg in the form of posters and equality statements) and on their web sites.

- The health risks associated with LGB and Trans identity indicate the need for GP surgeries to ask for details of sexual orientation and gender identity, with the option 'prefer not to say', when registering new patients. This should be accompanied by an absolute guarantee of patient confidentiality binding on all surgery based staff.

- Where they do not know a patient's sexual orientation, GPs need to be aware of and able to recognise signs that a patient's anxiety or depression symptoms may have a sexual or gender identity- related origin, conduct the consultation, and refer appropriately.

- Using their leading role within proposed local commissioning consortia, GPs should ensure that they commission health care provision for LGB and Trans people that, based on current knowledge, is designed to prevent severe depression, self-harm and suicide attempts among these groups, and to address the underlying causes as far as possible.

- Commissioners of mental health support services should involve and consult LGB and Trans representatives when drawing up commissioning criteria.

Mental health service providers

- All mental health service providers should display evidence of their inclusiveness, in their literature, on their premises (eg in the form of posters and equality statements) and on their web sites.

- All mental health practitioners (especially including CAMHS) should undergo training that enables them to identify and treat appropriately mental health issues, including the impact of prejudice and discrimination arising from patients' sexual or transgender identity.

- If there is no relevant patient record, mental health service providers should ask for details of sexual orientation and gender identity, with the option 'prefer not to say', when registering new patients. This should be accompanied by an absolute guarantee of patient confidentiality binding on all staff.

- There is a need for easier and more timely access to talking therapies, both one to one and group sessions, with therapists who are fully competent to deal with issues arising from LGB or Trans identity.

Voluntary sector organisations

- All voluntary sector mental health service providers, and voluntary sector providers of other support services, should display evidence of their inclusiveness in their literature, on their premises (eg in the form of posters and equality statements) and on their web sites.

- All mental health service providers and voluntary sector providers of other support services need to ensure that they are fully inclusive, and that all staff and volunteers are aware of, and able to address effectively, issues that arise for LGB and Trans people.

- Specialist LGB and Trans voluntary sector organisations need to ensure that GPs and other public service agencies are aware of the existence of help lines and support groups that they offer to LGB and Trans people.

- Specialist LGB and Trans organisations need to ensure that they provide an inclusive environment for LGB and Trans people who are new users of their services.

- Youth service providers should consider how best they can provide for the social and support needs of young LGB and Trans people and ensure their services are explicitly inclusive.

Local authorities, social landlords and the police

- All public bodies should display evidence of their inclusiveness, in their literature, on their premises (eg in the form of posters and equality statements) and on their web sites

- All public bodies and agencies providing public services need to ensure they have reliable and relevant data about the needs of service users within their areas and that all their policies and procedures reflect the diversity of service users and comply with the provisions of the Equality Act 2010. For example

  o Local authorities should ensure that they are aware of specific LGB and Trans-related health and well-being issues indicated by the available evidence, and that this evidence informs the work of Health and Well-Being Boards.

  o All public bodies and agencies providing public services need to ensure that they have clear and accessible policies and procedures in relation to dealing with 'hate-based' harassment abuse and crime (for example, in tenancy agreements and handbooks), and that these are well understood within the organisation.

  o All public bodies and agencies providing public services need to ensure they have robust processes for monitoring the incidence of 'hate-based' harassment abuse and crime, and the effectiveness of these policies and procedures to ensure they are implemented in a timely and effective way wherever necessary.

Mainstream health services

- All health service providers should display evidence of their inclusiveness, in their literature, on their premises (eg in the form of posters and equality statements) and on their web sites.

- All public bodies and agencies providing public services need to ensure that they have reliable and relevant data about the needs of service users within their areas and that all their policies and procedures reflect the diversity of their service users.

- All public bodies need to ensure that they have clear and accessible policies and procedures in relation to dealing with 'hate-based' harassment abuse and crime, and that these are well understood within the organisation.

- All public bodies need to ensure they have robust processes for monitoring the incidence of 'hate-based' harassment abuse and crime, and the effectiveness of these policies and procedures to ensure they are implemented in a timely and effective way wherever necessary.

- Local HealthWatch bodies need to involve and consult LGB and Trans people at their inception.

Action on information and publicity

- Locally based LGB and Trans services, as well as national agencies, help lines etc. Need to ensure they are well-publicised using the appropriate media and channels.

- All public bodies and agencies providing public services need to ensure that they have reliable and relevant data about the needs of service users within their areas and that all their policies and procedures reflect the diversity of their service users.

- This information needs to be publicised in order to:

  - enable LGB and Trans affected by depressions, self harm or suicidal feelings to recognise that this is a common experience

  - ensure that local service providers and agencies – whether specialist or mainstream - are aware of their LGB and Trans communities people in their communities in order to prevent or help overcome such symptoms.

Conclusions

These responses carry messages for organisations and service providers in all sectors, as well as LGB and Trans people themselves. All need to be aware of their responsibilities and rights under the new legislation, and put this awareness into practice.

Public bodies - bound by the Equality Act 2010 to fulfil the provisions of the single public sector equality duty – have a particularly important role in ensuring that LGB and Trans people are treated with dignity and respect whenever they access public services.

Education providers and employers are at the forefront of those who can make a difference by ensuring the they provide supportive and affirming environments for LGB and Trans students and employees.

At the same time, a substantial number of contributors recognised the importance of LGB and Trans individuals and groups playing a part in addressing the issues and challenging discriminatory attitudes and practices.

Strong messages from elsewhere in the survey concern the need for LGB and Trans awareness raising across all sectors and throughout organisations, from senior management through middle management and at the front line.

The importance of concerted action is highlighted in the report on the "Health and well-being" section of the survey. This records the responses to a question about reducing or preventing the risks of severe depression, self harm and suicide to which LGB and Trans people are particularly vulnerable.

The everyday fear of and exposure to prejudice and discrimination undermines many LGB and Trans people's freedom to express themselves and live true to their identities, and for some this has serious mental health consequences. The suggestions for action contained in that report are replicated below because of their relevance to this section of the survey.

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[i] **Guidance for schools** can be obtained at: http://www.schools-out.org.uk/classroom/wp-content/uploads/2011/06/DCSF-Homophobic-Bullying.pdf[i]

http://www.gires.org.uk/assets/Schools/TransphobicBullying.pdf (contains information that would be useful for colleges and universities also)

http://www.gires.org.uk/assets/Schools/TransphobicBullying.pdf (contains information that would be useful for colleges and universities also)

Latest guidance: http://media.education.gov.uk/assets/files/pdf/p/preventing%20and%20tackling%20bullying%20advice%20for%20school%20leaders%20and%20governing%20bodies.pdf

Evaluation of effectiveness of strategies to prevent bullying in schools: https://www.education.gov.uk/publications/eOrderingDownload/DFE-RR098.pdf

Guidance for colleges, which covers homophobic/transphobic and other forms of 'hate' bullying: http://www.abatoolsforschools.org.uk/pdf/Safe_from_Bullying-FE.pdf

Sexuality and learning disabilities, helpful research for people with learning disabilities and people supporting them http://www.bristol.ac.uk/norahfry/research/completed-projects/challenging.pdf

Universities - Stonewall checklist http://www.gaybydegree.org.uk/index.php?dir=university&task=view-detail&uniId=20