

Housing

Additional Findings Report
April 2008

Count Me In Too



LGBT Lives in Brighton & Hove

Report written by
Dr. Kath Browne
with **Petra Davis**

in consultation with:
Count Me In Too Housing Analysis Group

Research undertaken by Dr. Kath Browne
and facilitated by Arthur Law

©2008 Dr. Kath Browne and Spectrum

The contents of this report can only be used with permission from Dr. Kath Browne, currently at the University of Brighton, or Spectrum. All rights reserved. No part of this publication may be used, reproduced, stored in any retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without prior written permission from Dr. Kath Browne or Spectrum.

Please contact Dr. Kath Browne or Arthur Law if you wish to use any of the information (including data, quotes or other material). This is to ensure we maintain the trust of those who have so generously given of themselves to be part of this research, respect the integrity of all partners in the research and ensure that the use of the findings is in line with the aims of this research which is to advance progressive social change for LGBT people. Any breach of this copyright will also be considered plagiarism.

Report to be cited Browne and Davis, 2008

Press enquires contact Dr. Kath Browne



University of Brighton

Dr Kath Browne

University of Brighton

☎ 01273 642377

✉ K.A.Browne@brighton.ac.uk

✉ School of the Environment,
Cockcroft Building,
University of Brighton,
Lewes Road,
Brighton BN2 4GJ

spectrum

Arthur Law

Spectrum LGBT Community Forum

☎ 01273 723123

✉ arthur.law@spectrum-lgbt.org

✉ Spectrum,
6 Bartholomews,
Brighton BN1 1HG

Acknowledgments

Spectrum & the University of Brighton would like to thank:

Count Me in Too Housing Analysis Group: who worked with the researchers to analyse the data that shaped this findings report: Kat Marples, Mark Cull, Emma Walsh, John Irvine, Daniel Parsonage, Petra Davis, Ross Tan, Peter Huntbach, Jo Barringer, and Nick Hibberd. Special thanks to Arthur Law for its design.

The participants: the hundreds of individuals who took part in the questionnaire and focus groups, and all of those who encouraged and organised people to be involved. Thank you so much for your time and trust. For this report we particularly want to thank those who took the time and had the strength to mention or detail their experiences where you live. We hope your stories will make a lasting difference.

Count Me In Too Community Steering Group: who advised on the format and content of the questionnaire and focus groups and helped engage with the many diverse groups within the LGBT communities: Nick Antjoule, Leela Bakshi, Mark Cull, Camel Gupta, Sandy Levy, Angie Rowland-Stuart, Joanna Rowland-Stuart, Pat Thomas, Lisa Timerick, John Walker, and 7 others.

Count Me in Too Action Group: who worked with the researcher to analyse the data that shaped both Initial Findings Reports: PJ Aldred, Nick Antjoule, Leela Bakshi, Mark Cull, Petra Davis, Camel Gupta, Julie Nichols, and Lisa Timerick.

Count Me In Too Monitoring Group: who provided guidance and advice on the process: Professor Andrew Church, Leela Bakshi, Dana Cohen, Bruce Nairne and the researchers

Everyone else who helped to make this research happen: including all who designed, debated and contributed questions to the questionnaire, all who offered comments and help on the process, all who helped to pilot the questionnaire, all who attended stakeholder and community meetings, Prof Andrew Church, Dana Cohen, Café 22, RealBrighton, Brighton & Hove City libraries, GScene, 3Sixty, all the business who allowed us to put flyers in their venues, and everyone else who helped, supported and wished us well.

Our main funders: Brighton & Sussex Community Knowledge Exchange, Brighton & Hove City Primary Care Trust, and Brighton & Hove City Council. Particular thanks to Brighton & Hove City Council's Directorate of Adult Social Care & Housing for their sponsorship of this analysis and findings report.



Synopsis of key findings

This report addresses housing issues for LGBT people. The majority of those who live in Brighton & Hove enjoy living in the city and view it as better than elsewhere: however, satisfaction levels vary by identity categories and specific needs. The majority of people were happy where they lived. However, this varied by tenure. One quarter of the sample had problems obtaining accommodation. This was worse for trans people, bi, queer and other sexual identities, as well as those who identify as disabled and those with mental health difficulties. There were requests for a central information point to provide information and networking for those in social housing or in temporary accommodation. Those people who live in social housing do not live in the areas of high density council housing. More than one fifth of people experienced homelessness. It is evident that those who are bi/queer, disabled, living with HIV, low income and who have mental health difficulties are more likely to experience homelessness. LGBT people who have experienced homelessness are more likely to have specific support needs. Less than 10% of the sample has specialist housing needs; this varies by health and experiences of homelessness as well as age. There is some desire for specialist LGBT housing services to provide for survivors of domestic violence and abuse, hate crime, young people and older people, although further research and community work is needed to progress this agenda. Over 120 people in the sample had experienced some form of hate crime from their neighbours with 67% of respondents stating that there were places in Brighton & Hove where they did not feel safe. The majority of those in social housing did not feel safe in estates on the outskirts of the city. One third of LGBT people in the sample do not have enough information on how civil partnerships affect them. Just under a third had reported their relationships to all the relevant agencies and under a third of the sample had experienced domestic violence and abuse. There was evidence that domestic violence and abuse causes homelessness for those who experience it from their partners and those who experience it from family members. For the latter, homelessness was often related to reactions to LGBT identities. The majority of LGBT people are happy to give information about their LGBT identities if the information is confidential and anonymous and the service is considered LGBT friendly, however, it is clear that trans monitoring needs to be carefully addressed.

Executive Summary

Housing is an important issue for the entire population. In Brighton & Hove the expense of housing and the limited supply means that particular issues may arise in this context. This research draws on the Count Me In Too research which consisted of 819 responses to a 238 question questionnaire, and 20 focus groups. Analysis for this report was undertaken by key stakeholders and experts in this area.

Living in Brighton & Hove

- 87% of the sample lived in Brighton and Hove.
- 56% of those who lived in Brighton & Hove have lived in the city for 6 years or more.
- LGBT people move to Brighton & Hove and stay here because of its LGBT friendliness and LGBT specific services.
- The majority of the sample lived in privately owned accommodation (47%). Just under a third (30%) lived in rented accommodation, and 7% lived in Council housing. A small number (5 people) lived in sheltered and supported accommodation.
- 9% of the sample lived in 'social housing' (those who live in rented Council housing, rented association, sheltered and supported housing, temporary accommodation or who is homeless).
- 17% of our sample lived in St. James Street and Kemptown, 26 % lived in 'areas of potential deprivation' (North Portslade, Hangleton & Knoll, Brunswick (East), Hollingbury, Hollingdean, Saunders Park, St Peters, Turner (South Hanover), Bristol Estate, Bevendean, Moulsecomb, Whitehawk & Manor Farm, Queens Park & Craven Vale) with 57% living in none of the areas listed in table 2.5a.
- The majority of this LGBT sample lived alone (30%) or with a partner (same-sex, 39%, different sex, 3%). This varied by sexuality, age, isolation, mental health difficulties and income.

Satisfaction with and difficulties obtaining accommodation

- Over 80% of the sample said they were happy where they lived. 83% were happy with who they lived with.
- Those in social housing were less likely to be happy with their accommodation (62%) than those who owned their homes (91%) or who rented privately (82%).
- 23% of those who live in social housing were not happy with who they lived with.
- Just over a quarter of the sample had problems getting accommodation in Brighton & Hove.
- Those who lived in social housing (49%) were more likely to say that they had problems getting accommodation in Brighton & Hove than those who owned their own homes (12%).
- Trans people, bi, queer and other sexualities, those who identified as disabled and those with mental health difficulties are more likely to struggle getting accommodation than others.
- The vast majority (86%) of those found Brighton & Hove unaffordable, and 44% said that there was a lack of available or suitable housing, 17% said that the lack of LGBT-friendly options was problematic and 19% said their problems stemmed from them being ineligible for housing support.
- In the qualitative data there was also evidence of transphobia and ablism when sourcing accommodation.
- 31% of those who had difficulties getting accommodation related this specifically to a lack of money for a deposit. This can lead to over working, inappropriate relationships.
- 10% related their problems to a lack of local connections. This could be problematic where individuals come to Brighton & Hove because of their LGBT identities.
- Lack of an information point for LGBT people on low income/social support to share accommodation advice and availability was noted.
- Overcoming accommodation problems can include going into debt, living with friends or family, moving elsewhere or becoming homeless.
- Maintaining accommodation can be problematic where rents are high and this can lead to homelessness.

Social housing

- 39% of LGBT people who lived in social housing did not live in the areas with the highest density of council housing, such as Whitehawk and Moulsecoomb. 47% did live in the areas listed, with 14% living in St. James Street and Kemptown.
- 15% of bisexual people and 32% of those who identify with sexualities other than lesbian, gay or bisexual live in social housing, compared to 8% of lesbians and gay men.
- Almost a third of the trans respondents of this sample lived in social housing.
- Those over 55 (15%) are more likely to be in social housing than those in the 26-35 age group. 9% of young people live in social housing.
- 21% of those who identify as disabled or have a long term health impairment live in social housing compared to 9% of those who did not identify as disabled or has having a long term health impairment.
- 30% of those who are living with HIV live in social housing compared to 8% of those who are negative or who have not taken a HIV test.
- 17% of those who live in social housing know of services that are designed to meet their needs that they cannot or choose not to use.
- The qualitative data also pointed to evidence of prejudice and discrimination when engaging with council housing services and housing associations.
- 30% of those living in social housing who have taken illegal drugs, or using drugs without a prescription in the past 5 years would like more control over their drug use.
- 12% of those in social housing, 13% of those in privately rented accommodation and 17% of all others felt that no one supports them on a regular basis.
- Those in social housing are also less likely to be supported regularly by their family of origin (35%) than homeowners (48%) and those who rent privately (54%).

Homelessness

- Over 1/5th (22%) of the sample had been homeless at some point in their lives.
- There are significant differences in the likelihood of experiencing homelessness based on sexual identity (bi, queer and those otherwise coded 33%), disability (33%), HIV (29%), mental health and income
- 8% of the sample has been homeless in Brighton & Hove in the past five years.

- 18% of LGBT young people who moved to Brighton and Hove in the past 5 years and 19% in the 36-45 category have been homeless in Brighton & Hove in the past 5 years, compared to 9% of those aged 26-35 and those over 55.
- 34% of those who have been homeless in Brighton & Hove in the past five years have experienced difficulties with their mental health in the past five years.
- 59% of those who have been homeless in Brighton & Hove in the past 5 years have had serious thoughts of suicide.
- Those who are living with HIV (14%) are more likely to have been homeless in Brighton & Hove in the past five years compared to those who are negative and/or have not been tested (11%).
- 8% of those who said they had been homeless were currently sleeping rough, living in temporary accommodation, staying in a hostel or with friends, or sofa-surfing (1.6% of the sample).
- Those who experienced abuse, harassment or violence from a family member or someone close to them were more likely than those that didn't to have experienced homelessness. Qualitative evidence pointed to domestic violence and abuse as a cause of homelessness and risky behaviours.
- Most of those who were homeless were homeless for less than 18 months (93%).
- One woman said her experience of homelessness in a lesbian hostel was 'fine'. However, most who described even short spells of homelessness described the experience using terms such as dreadful, awful and damaging.
- 46 people who have been homeless said that they had stayed with friends, relatives or sofa surfed. This put strain on friendships and can result in specific mental health issues and other support needs.
- Only 16% of those who have been homeless had the Council conduct a housing and care assessment with them. Ten of these 25 people said that it had taken into account LGBT issues but 15 felt that it did not take into account LGBT issues.
- 4 of those who have exchanged sex for money and experienced homelessness said that the Council conducted a housing and care assessment. 26 said that the Council had not conducted a housing and care assessment.
- 12 indicated they had been treated 'ok' by the Council, with 13 saying they had been treated badly.
- 57% of those who have been homeless would like to see some aspect of specialist LGBT service provision.
- LGBT people who have been homeless in Brighton & Hove (64%) and elsewhere (62%) are more likely than those who have not been homeless to have used illegal drugs or taken legal drugs with a prescription the past five years (48%).

- 60% of those who have experienced homelessness have been concerned about their use of alcohol; however, this is only slightly higher than those who have never been homeless (57%).
- Those who have experienced homelessness are more likely to have had difficulties in the past five years with their mental health.

Specialist housing needs

- Specialist housing needs were self defined as there are no measures of LGBT specialist housing needs, although these may be linked to issues of multiple marginalisation.
- 8% of LGBT people said that they have specialist housing needs.
- Those who have specialist housing needs were far more likely to be located in social housing (37%) than those without specialist housing needs.
- Yet the majority of those with specialist housing needs did not live in the social housing sector; 30% rented privately and 15% owned their own homes, this could potentially be an indication of distrust or lack of access to social housing.
- Those who; identify as disabled or long term health impaired (37%), have mental health difficulties (17%), living with HIV (18%), who have been homeless in Brighton and Hove (15%) who have been homeless elsewhere (11%) are more likely than other members of the sample to say that they have specialist housing needs.
- Specialist LGBT housing services can be desired by those who are experiencing hate crime and/or domestic violence.
- Those with specialist housing needs are significantly more likely to want LGBT specific services.
- Those who are over 46 are the most likely to have specialist housing needs (13% compared to 4-8% of those aged under 46).
- The majority of older (62%) and younger people (71%) would like to see housing that is specifically caters for LGBT people.
- There are concerns regarding older people's housing and the prospects of growing old without suitable accommodation that is LGBT friendly. The options for LGBT people are limited and the absence of a specific LGBT care, alongside a general assumption that care for older people does not cater for them as LGBT is a genuine and deep seated fear. The importance of safety and the need for LGBT friendly and safe options for older LGBT people was emphasised.

Housing and community safety

- Hate crime is not limited to physical violence from strangers and can take numerous forms, including ongoing harassment, criminal damage, intimidations and attacks on personal property.
- 122 people in the sample had experienced some form of abuse, violence or harassment in their neighbourhoods because of their gender/sexual identities.
- 56 people said that they had experienced violence harassment and abuse from a neighbour.
- Contrary to potential assertions regarding household formations and experiences of hate crime, those who lived with a same-sex partner were slightly less likely (28% compared to 30%) to have experienced homophobia/biphobia/transphobia in the area where they live.
- 37% of those who are living with HIV experienced discrimination on the basis of their gender and/or sexual identities in the areas where they lived.
- 30% of those who lived in St. James Street and Kemptown and areas of potential deprivation had experienced some forms of prejudice where they lived in the last five years due to their sexual and/or gender identities.
- Those who lived in the areas of potential social deprivation were more likely to experience criminal damage (9%) and sexual assault (7%) than those who lived in St. James Street and Kemptown and those who did not live in any of these areas (4% criminal damage, 3% sexual assault).
- Those who live in social housing are more likely to experience certain forms of hate crime that was attributed to their gender and/or sexual identities, such as criminal damage.
- 41% of those who had experienced hate crime from their neighbours reported an incident of hate crime.
- There were differences in experiences in dealing with services that support hate crime victims.
- Apparent lack of Council action was perceived as the Council 'siding' with abusive neighbours/landlords, in both focus groups and questionnaires
- Whilst some victims of hate crime seek to be supported to remain in their homes and having the perpetrators dealt with, others may seek to be moved as a priority.
- Those who live in St. James Street and Kemptown (13%) are the least likely to say that they avoid going home to where they live due to safety concerns. This rises to 15% for those who do not live in any of the areas listed in the questionnaire and rises steeply (22%) for those who live in the areas of potential deprivation.
- Anxieties and fear about areas of residence can result in the concealment of sexual and gender identities.

- Only a third (33%) of respondents stated there was nowhere in Brighton and Hove where they did not feel safe, in other words that they felt safe everywhere in the city.
- The majority of those who indicated they did not feel safe stated that they felt less safe in estates on the outskirts of Brighton and Hove (69%) and in the town centre (51%).
- 76% of those that felt unsafe said that they felt less safe because of homophobia, biphobia and/or transphobia.
- 76% of those who live in social housing do not feel safe in the estates on the outskirts of Brighton & Hove, which has implications for the housing choices
- A number of solutions were suggested to address hate crime, homophobia, biphobia and transphobia in estates and across the city, including education, and making LGBT people and their allies visible in areas that feel less safe and addressing safety fears of these areas amongst LGBT people.
- Ongoing harassment can have serious implications for mental health and wellbeing amongst LGBT people and can be exacerbated by neighbourhood based hate crime.

Housing and LGBT health and support needs

- Those who live in areas of potential deprivation are the most likely to have mental health difficulties (25%). 16% of those who lived in Kemptown and St. James Street have mental health difficulties and 17% of those who do not live in any of these areas.
- 39% of those in social housing have had difficulties with their mental health, compared to 12% of those who own their own homes and 22% of those who rent privately.
- 87% of those who feel that they need support for their mental health needs do not live in social housing and 80% of those with mental health difficulties do not live in social housing. Therefore mental health services, whilst aware of the challenges of social housing, should not be limited to this tenure.
- Those in social housing (42%) are far less likely than those in privately rented (81%) or owned (80%) accommodation to say that in the past 12 months their health has been good/very good.
- Those who own their own homes are the least likely to have taken illegal drugs or legal drugs with a prescription (45%). Those in social housing (49%) are also less likely to take illegal drug or use legal drugs with a prescription than those who privately rent (56% and all others 58%).

- Those who live in St. James Street and Kemptown (93%) are more likely to drink alcohol than those who live in other areas (82% of the areas listed and 86% of all other areas).
- Those who live in social housing are less likely (62%) than other groups (88% of those who own their own homes, 89% of those who rent privately and 82% of all others) to drink alcohol.
- Those who are frequently concerned about their use of alcohol (41%) or the amounts they drink are more likely than those who are not concerned to have had problems getting accommodation.
- The lack of alternatives to the LGBT scene and the desire for other forms of socialising and ways of engaging both with friends and strangers away from alcohol and drug fuelled scenes was highlighted across the focus groups.
- 23% of those who exchanged sex for payment said that they did so because they needed the money for housing.
- 4% of LGBT people have had sex or made themselves available to have sex in order to have somewhere to stay in the past 5 years. A further 4% have done so outside the last five years.
- 18% of those who have been homeless had sex or made themselves available to have sex in order to have somewhere to stay.
- 10% of young people have had sex or made themselves available to have sex for somewhere to stay.

Relationships and Housing

- 65% of LGBT people who have partners live with their partners (40% of the entire sample); a further 5% said they 'unofficially' lived together.
- One third of people who live with their partners do not feel they have enough information about how civil partnership affects them.
- 53% of those in social housing and 51% of LGBT home-owners said that they had enough information about how civil partnerships affect them, compared to only 41% of those in privately rented accommodation.
- Participants asked for general information regarding who is affected and how, who to report to, and the financial implications for all affected, ranging from inheritance tax to pensions and benefit.
- 29% of people who live with a partner have reported this to all or some of the relevant agencies, 27% have not reported that they live together to any agency, 34% were unsure as to why they should report it, or feel that this isn't applicable to them.
- Of those who had reported, 23% had experienced financial loss as a result of the civil partnership act, with 15% unsure whether they had lost money.

- 58% of those who had reported said that they did not experience any financial loss as a result of civil partnerships.
- Of the 17 people who reported how much they had lost, the average loss was £246 per month.
- LGBT people now have fears relating to a lack of knowledge regarding their rights and responsibilities under the new legislation. There are fears regarding the loss of housing and transferring into unsuitable accommodation/areas.
- There is a clear gap between housing services procedures and the fears and knowledges of LGBT people.

Domestic violence and abuse

- 30% of the sample experienced some form of domestic violence and abuse in their lifetimes.
- 33% of those who have experienced domestic violence and abuse (this % is true of both those abused by family members and those abused by partner or ex-partners) have been homeless at some point in their lives.
- The qualitative data indicated that those subject to family domestic violence and abuse can put themselves into vulnerable partnered relationships to escape this abuse and violence.
- There were vulnerabilities in terms of home ownership by a partner and there is the potential for these to be exacerbated in areas such as Brighton & Hove with the high cost of housing. These issues clearly have resonances with heterosexual partnered domestic violence.
- Applications for re-housing may not take into account LGBT experiences of domestic violence and can cause further vulnerabilities, particularly if coupled with a requirement to come out.
- 60% of survivors of domestic violence and abuse would like to have LGBT specific safe temporary housing.
- Women's refuges can be alienating for women who have experienced same sex partnered violence.

Monitoring and consultation

- The majority (85%) of LGBT people are happy to give information about their gender/sexual identities if they believe the service is LGBT friendly and the data is confidential and anonymous.
- For some the small networks of LGBT Brighton & Hove are problematic when attempting to ensure anonymity.

- Monitoring gender variance and trans should be undertaken in line with policies that support trans people.
- 61% of respondents would like to see consultations undertaken by questionnaire, 47% in open public meetings, 38% LGBT community forums, 38% community events and 36% LGBT focus groups. The citizen's panel was the least popular option (24%).

Contents

Acknowledgements	i
Synopsis of key findings	ii
Executive summary	iii
Contents	xiii
List of figures	xvii
List of tables	xviii
1. Introduction	1
1.1. Introduction	1
1.2. Brighton & Hove housing context	1
1.3. Housing and LGBT needs	2
1.4. Count Me In Too: background and research methods	2
1.5. Key terms	3
1.6. Outline of the report	5
2. Living in Brighton & Hove: the sample	7
2.1. Introduction	7
2.2. Living in Brighton and Hove	7
2.3. Migration to the City	8
2.4. Type of housing (tenure)	11
2.5. Areas where LGBT people live	12
2.6. Household composition	13
2.7. Multiple Marginalisation	15
2.8. Conclusion	17
3. Satisfaction with, and difficulties in obtaining and maintaining accommodation in Brighton & Hove	19
3.1. Introduction	19
3.2. Satisfaction with accommodation	19
3.3. Satisfaction with household composition	20

3.4.	Problems in obtaining accommodation in Brighton & Hove	22
3.5.	Local connection and LGBT people	25
3.6.	Overcoming accommodation problems	26
3.7.	Maintaining accommodation	28
3.8.	Conclusion	29
4.	Social housing	31
4.1.	Introduction	31
4.2.	Location of social housing tenants	31
4.3.	Sexuality and social housing	32
4.4.	Trans identities and social housing	33
4.5.	Age and social housing	34
4.6.	Disability and social housing	34
4.7.	Living with HIV and social housing	34
4.8.	Services and support	35
4.8.1.	Services	35
4.9.	Support and the control of drug use	38
4.9.1.	Support	38
4.10.	Conclusion	39
5.	Homelessness	41
5.1.	Introduction	41
5.2.	Homelessness amongst LGBT people	41
5.3.	Homelessness in Brighton & Hove in the past five years	43
5.4.	Becoming homeless	44
5.5.	Experiences of homelessness	46
5.6.	Council assessment	48
5.7.	Services for LGBT people who have experienced homelessness	48
5.8.	Key areas for support for homeless LGBT people	50
5.9.	Drugs	50
5.10.	Alcohol	50
5.11.	Isolation	51
5.12.	Mental health	51
5.13.	Conclusion	52
6.	Specialist housing needs	53
6.1.	Introduction	53
6.2.	Specialist housing needs	53
6.3.	LGBT specialist housing services	54
6.4.	Older LGBT people and specialist housing need	55
6.5.	Conclusion	58

7.	Housing and community safety	59
7.1.	Introduction	59
7.2.	Neighbourhoods	59
7.3.	Reporting LGBT hate crime from neighbours	62
7.4.	Fear of crime	65
7.5.	Going home	65
7.6.	Safe in the city?	66
7.7.	Harassment and mental health	68
7.8.	Conclusion	70
8.	LGBT health and support needs	71
8.1.	Introduction	71
8.2.	Mental health	71
8.3.	Physical health	72
8.4.	Drugs	73
8.5.	Alcohol	74
8.5.1.	Alcohol concerns and problems getting accommodation	74
8.5.2.	A pub with no beer: alternative social venues	75
8.6.	Sex for housing	76
8.6.1.	Sex workers	76
8.6.2.	Sex for somewhere to stay	76
8.7.	Conclusion	77
9.	Relationships and housing	79
9.1.	Introduction	79
9.2.	Living with a partner	79
9.3.	Civil partnerships	79
9.3.1.	Information	80
9.3.2.	Reporting	81
9.4.	Financial loss resulting from civil partnerships	82
9.5.	Conclusion	85
10.	Domestic violence and abuse	87
10.1.	Introduction	87
10.2.	Homelessness	87
10.3.	Experiences of homelessness	88
10.3.1.	Family	89
10.3.2.	Partner	89
10.4.	Housing and escaping partner domestic violence and abuse	91
10.4.1.	Refuge experiences	92
10.4.2.	Temporary housing	94
10.5.	Conclusion	95

11.	Monitoring and consultation	97
11.1.	Introduction	97
11.2.	Monitoring	97
11.3.	Modes of consultation	99
11.4.	Conclusion	100
12.	Conclusion	101
12.1.	Introduction	101
12.2.	Overview	101
12.3.	Specific needs/identity groupings	104
12.3.1.	Isolation	104
12.3.2.	Older people	104
12.3.3.	Young people	105
12.3.4.	Income	106
12.3.5.	Mental health difficulties	106
12.3.6.	Bisexual and queer	107
12.3.7.	Trans	107
12.3.8.	Disability	108
12.3.9.	Living with HIV	108
12.3.10.	Sex workers	108
13.	Recommendations	111
13.1.	Housing services and providers	111
13.2.	Brighton & Hove City Council	112
13.3.	Community safety	113
13.4.	Support services	114
13.5.	Consultation and monitoring	115
13.6.	Further research	116
14.	References	117

List of figures

	page
3.4c: I struggled to find accommodation because...	23
5.2b: Experience of homelessness by income	42
5.12a: Experiences of homelessness by mental health difficulties	51
7.6a: Which places / services / facilities do you feel less safe in?	67
9.3b: Have you reported your partnership to all the relevant agencies?	81

List of tables

	page
2.2a: How long have you lived in Brighton & Hove?	7
2.2b: % who answered 'yes' to 'have you changed where you live?'	8
2.3a: Count Me In: Why did you decide to live in Brighton & Hove?	9
2.3b: Zorro - Why did you choose to live here?	9
2.4a: Housing type: Which one of the following best describes the type of accommodation you live in now?	11
2.4b: Housing tenure (recoded)	12
2.5a: Which area do you live in?	13
2.6a: Who do you currently live with?	14
2.6b: Who do you currently live with? Same-sex partner vs. those living alone by income	15
3.2a: Are you happy with your accommodation, where you live? By tenure	20
3.3a: Tenure By "Are you happy where you live? Who you live with ..."	21
3.3b: "Are you happy where you live? Who you live with ..." by age	21
3.4a: Have you had problems getting accommodation...	22
3.4b: Have you had any problems getting accommodation in Brighton & Hove? By accommodation type	22
4.3a: Sexuality by Social Housing	32
4.4a: Trans identities by social housing	33
4.5a: Age by social housing	34
4.7a: Tenure by living with HIV	34
4.8a: Tenure by "Are there services designed to meet your needs, which you cannot or choose not to use?"	35
4.9a: Would you like to have more control over your drug use by tenure	38
5.3a: Are you now sleeping rough, living in temporary accommodation...	44
5.5a: How long were you homeless for	46
5.11a: Isolation by homelessness	51
7.3a: How many of those who had experienced hate crime from neighbours reported at least one incident?	62
8.3a: Tenure by physical health in the past 12 months	73

8.4a:	In the last 5 years, have you taken illegal drugs or used legal drugs without a prescription/relevant medical advice by tenure	73
8.4b:	In the last 5 years, have you taken illegal drugs or used legal drugs without a prescription/relevant medical advice by age	74
8.5a:	Have you ever been concerned about the amount you drink or your use of alcohol? By “have you had any problems getting accommodation in Brighton & Hove”?	76
8.6a:	Homelessness by have you had sex or made yourself available to have sex with someone so that you had somewhere to stay within the last 5 years	77
9.3a:	Do you have enough information about how the Civil Partnership Act affects you?	80
9.3c:	Have you already or would you enter into a civil partnership? By reporting	82
10.2a:	Homelessness by experiences of domestic violence and abuse	87
10.2b:	Experience of domestic violence and abuse by current homelessness and age	88
11.2a:	Are you willing to give information ... for monitoring purposes?” By area where you live	98
11.2b:	“Are you willing to give information ... for monitoring purposes?” By accommodation type	98
11.3a:	How would you like service providers to consult with you?	99

1. Introduction

1.1. Introduction

Housing is a key issue both in the city of Brighton & Hove and for lesbian, gay, bisexual and trans (LGBT) people. Brighton & Hove's buoyant property market has resulted in particular challenges and opportunities for the city and its residents. Whilst the LGBT population may experience similar gains and challenges from this housing situation to heterosexual and/or cisgendered (non trans) residents, there are specific challenges that LGBT people encounter both in their histories and in migration to the city and living in Brighton & Hove. This chapter offers some background information regarding the current Brighton & Hove housing context. It will then explore the data used for this research before moving onto the key terms for this report. Finally the chapter will outline the remainder of the report.

1.2. Brighton & Hove housing context

The city has a buoyant housing market; property values have increased steeply over the past decade, which has created wealth for the city's homeowners, including LGBT homeowners, and regenerated much of the city's economic structure, to the benefit of the working population and leisure industries – including the vibrant and growing LGBT leisure sector. There has been a corresponding increase in the size and cost of the private rented sector (the city's private rented sector is twice the national average), the number of buy-to-let mortgages, and, crucially, a diminution of social and affordable housing, related to increasing 'right-to-buy' sales. Wages in the city have also failed to keep pace with increasing housing values, so we are seeing a widening 'affordability gap' – the difference between wages and housing cost (DCA 2005).

In 2005, Brighton & Hove was assessed as having the highest affordability gap outside of London, and the floor¹ of the owner-occupier housing market was assessed as requiring a household income of £29, 200 (DCA 2005), an income significantly above the city's median household income of around £22,000, and beyond the means of around 60% of the city's population.

¹ Household income required to buy the cheapest single-bedroom accommodation in the cheapest area of the city at 95% mortgage

The floor¹ of the private rented market (£14,400) is, according to the 2005 Housing Needs Survey (DCA, 2005), similarly beyond the means of many households in the city. Rates of 'local housing allowance' (LHA, Brighton & Hove's Housing Benefits system) also do not cover much beyond the very bottom end of the rental market in any property size, meaning that many households who claim benefits are forced to choose between properties of adequate size and quality with rents which they must supplement from their benefits, and poor quality or overcrowded accommodation with rent covered entirely by LHA. This can also make the transition from benefits dependency into education, training or employment unaffordable. 'Single room rent', the cap on LHA rates for people under 24, can also contribute to difficulty in finding affordable accommodation for young people.

With social housing demand vastly outstripping supply, this problem with private rented sector affordability means that many lower-income and benefit-dependent households in the city are living beyond their means (with concomitant rises in rent arrears, repossession, problem debt, unaffordable credit, loan sharking and county court judgements in some areas of the city), or in overcrowded, poor-quality private rented sector accommodation - or else remaining in their original family home in overcrowded conditions, sometimes with their own partners and children, long after they would have wished to find accommodation of their own (DCA, 2005).

1.3. Housing and LGBT needs

Housing is an important socioeconomic factor by which inequality makes itself felt within Brighton & Hove, and so 'housing need' has come to mean, by extension, 'housing and support need', as services in all sectors are having to meet the needs of vulnerable people excluded from the housing market. The implications of the city's current housing picture, in terms of health and support issues, are vast, and for communities, such as the city's LGBT communities, already at risk of marginalisation by virtue of their identities, there are further inequalities in terms of accessing housing, services, support and community engagement that meet their specific needs. This report seeks to identify those inequalities, and further inequalities relating to diverse multiple identities within the LGBT communities, and make recommendations to address them.

1.4. Count Me In Too: background and research methods

In 2000 the award winning Count Me In survey was developed from the grassroots of the lesbian and gay communities. This research was used to form the LGBT community strategy for Brighton & Hove 2000-2006.

¹ Household income required to rent the cheapest single-bedroom accommodation in the cheapest area of the city with rent accounting for 30% of net household income

Count Me In Too was initiated in 2005 as a joint venture between Spectrum¹ and the University of Brighton. It is a community led action research project that seeks to advance progressive social change in the city. The research phase ran from January 2006-October 2006. The research consisted of a large scale questionnaire with 819 respondents and 20 focus groups that had 69 participants. The data for this in-depth housing report was analysed with the help of an analysis group that consisted of representatives from a broad range of statutory services and voluntary groups. During the analysis the group advised on the information that would be most relevant to the analysis and that would progress positive social change for LGBT people. The research was collated by Dr. Kath Browne and written with help from Petra Davis. The report was then returned to the analysis group for comments and amendments. Further details regarding the Count me In Too research can be found in the initial findings reports located at www.countmeintoo.co.uk.

Count Me In Too allows us to understand the diversity and complexity of the LGBT communities in greater depth and detail than ever before. Factors such as in-migration, multiple marginalisation and homelessness, and the various ways in which these factors contribute to inequalities for and within the LGBT communities, are explored below. This report will also allow the development of the City Council's forthcoming LGBT Housing Strategy, the city's first specialist housing strategy for the LGBT communities, to include new data and reflect new understanding of the housing and support needs of the LGBT communities within the city.

1.5. Key terms

There are some terms that are used in this analysis that are unique to the questionnaire or require some understanding at the outset. Other terms such as multiple marginalisation, tenure, and areas of potential deprivation that are used in the report are defined in chapter 2, in relation to the data presented. The latter terms are central to the report and should be understood before moving to other areas of the report.

Category	Definition
Sexual identity	The question used as the basis of this category asked for the sexual identity with which the respondent most closely identified. Those who defined as gay and female were recoded into the lesbian / gay woman category.
Trans	These were respondents who identified as being trans. Two of those who answered yes to the question 'Do you identify yourself as being trans or have you ever questioned your gender identity?' were removed from this category as they argued in comments sections that they were not trans but had questioned their gender identity.

¹ Spectrum is Brighton & Hove's Lesbian, Gay Bisexual & Transgender Community Forum established in 2002 to provide infrastructure and community development support to LGBT communities and promote partnership work and community engagement in the planning of services and policy. www.spectrum-lgbt.org

Ethnicity	The question used for this category asked for ethnicities with which respondents most closely identified. Respondents were given four choices: White, BME (Black and Minority Ethnic), gypsy traveller and other
Deaf, hard of hearing, deafened or deaf-blind	The question used as the basis of this category was 'Are you or do you identify yourself as being deaf, hard of hearing, deafened or deaf-blind?'
Disability	This category includes those who answered yes to the question: 'are you or do you identify as having a long term health impairment or a physical disability?'
Age	This was done in numerically with the following categories used: young people were defined as those under 26 and older people defined as those over 55.
Income	Income levels were measured in categories that asked for income before deductions.
Isolation	Isolation was measured by those who answered yes / sometimes to the question 'Do you feel isolated in Brighton & Hove?' The figure was broken down into Yes / sometimes and no (the small category unsure (1.9%) was removed to ensure statistical significance). This captured current perception, and therefore was chosen over the question that asked about 'isolation' under mental health difficulties experienced in the past 5 years.
Mental Health	The 'mental health' category in this report refers only to those who ticked that they had difficulties with any of the following: depression, anxiety, significant emotional distress, suicidal thoughts, panic attacks, problem eating / distress, fears / phobias, addictions / dependencies, anger management and self harm. The question also asked about stress, insomnia, confidence / self esteem and isolation but these categories were excluded because they included large proportions of the sample. Moreover, comments were written in the questionnaires such as - "sometimes not being able to sleep or getting stressed does not mean one has mental health difficulties" (questionnaire 74). These suggested that this question was read as 'have you ever experienced', rather than have you ever experienced difficulties. These issues caused the action group to rethink the category of 'mental health difficulties' for the purposes of this report, and particularly in the cross tabulating with other identity categories. This category may be reconsidered in further dissemination events but a robust category was thought to be most appropriate for this report.
Living with HIV	This category was comprised of those who answered that their most recent HIV test result had been positive.

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

1.6. Outline of the report

- Chapter one outlines the sample composition in relation to the number who live in Brighton & Hove and their movement patterns, type of housing and tenure, areas of residence for LGBT people in the city, household composition, and multiple marginalisation. This sketches the parameters of this report including the sample and key terms such as tenure, areas of residence and multiple marginalisation.
- Chapter two examines the data around issues of accommodation satisfaction and addresses specific identity groupings within LGBT communities in Brighton & Hove.
- Chapter three addresses those who live in social housing within the LGBT communities, the experiences of living in social housing and then the services and support needs of those who live in social housing.
- Chapter four outlines the prevalence of homelessness amongst LGBT people, and outlines LGBT homelessness in Brighton & Hove in the past five years. It explores experiences of homelessness, including length of homelessness and Council assessments before addressing key risk areas for LGBT people who experience homelessness.
- Chapter five firstly explores the break down of specialist housing needs by identity categories, before moving to sketch out LGBT specialist housing services and finishing with some issues for older LGBT people and specialist housing needs.
- Chapter six firstly explores LGBT people's experiences of hate crime from their neighbours. The reporting of neighbourhood crime is addressed before moving to the fear of crime and feelings of safety. The chapter finishes by sketching some of the issues that pertain to harassment and mental health.
- Chapter seven examines the health implications when exploring LGBT housing needs and experiences of housing. It addresses mental health, physical health, alcohol and sex for housing.
- Chapter eight briefly outlines the data regarding living with a partner. The majority of the chapter is devoted to the recent legislative changes associated with civil partnerships. The chapter outlined the data regarding the lack of information about this legislation and the inaccurate assumptions and knowledges that were stated, reporting newly 'legal' relationships and the financial losses associated with civil partnerships- including the fears of the loss of housing due to this recent legislative move.

- Chapter nine explores homelessness for those who have experienced domestic violence and abuse and experiences of fleeing partnered domestic violence and abuse. It highlights the absence of services in this area.
- Chapter ten addresses whether LGBT people are happy to be asked about their gender/sexual identities and the geographical variations in this data collection. The local government duties to consult with the diverse populations of cities are then addressed using the sample responses to the questions around how they feel consultations should occur.

2. Living in Brighton & Hove: the sample

2.1. Introduction

As has been established, housing is crucial in understanding quality of life issues and the needs of residents of a city. This chapter will outline the sample composition in relation to the number who live in Brighton & Hove and migration to the city, type of housing and tenure, areas of residence for LGBT people in the city, household composition, and multiple marginalisation. This chapter will thus sketch the parameters of this report including the sample and key terms such as social housing, tenure, areas of residence and multiple marginalisation.

2.2. Living in Brighton and Hove

87% of the sample lived in Brighton and Hove, 56% of those who lived in Brighton & Hove have lived in the city for 6 years or more (see table 2.2a).

Table 2.2a: How long have you lived in Brighton & Hove?
(NB: only those who currently live in Brighton & Hove)

	Number	Percent	Valid %
Less than a year	58	8.2	8.3
1-5 years	252	35.6	35.9
6-10 years	158	22.3	22.5
10 + years	234	33.1	33.3
Total	702	99.2	100.0
Missing	6	.8	
Total	708	100.0	

66% of the sample had changed where they live in the past five years. Those who are under 26 were the most likely to have changed where they live in the past five years (86%), compared to those over 55 (33%) ($p=.0005$). Those who have not taken a HIV test or who have tested negative (70%) are more likely to have moved in the past five years than those who are living with HIV (53%, $p = .03$).

Those who felt isolated in Brighton & Hove (74%) were more likely ($p=.017$) to have changed where they lived in the past five years than LGBT people who did not feel isolated (64%). This indicates that mobility may be linked to increased separation from services, friends and social networks. People who come to Brighton & Hove to seek LGBT community engagement may find themselves isolated if they cannot find appropriate forms of accommodation. This should be considered not just by housing officers but also wider LGBT social and support networks in order to cater for new to Brighton & Hove residents.

Table 2.2b illustrates the frequencies of movements to, from and within Brighton & Hove (Note these categories are not exclusive). 37% of the LGBT sample moved to Brighton and Hove within the past five years with 7% of the sample leaving the city and a further 6% not living in the city in the past five years.

Table 2.2b: % who answered 'yes' to 'have you changed where you live?'

	Number	Percent
Move to Brighton & Hove for first time	171	37.3
Move within Brighton & Hove 1-2 times	176	38.4
Move within Brighton & Hove 3-4 times	67	14.6
Move within Brighton & Hove 5+ times	23	5.0
Move out of Brighton & Hove	32	7.0
I haven't lived in Brighton & Hove for the last 5 years	25	5.5
Other	20	4.4

Those who have been homeless in Brighton & Hove and lived here for less than 5 years (in other words those who have probably been homeless in Brighton & Hove) (13%, n. 4), are more likely than those who have not been homeless in Brighton & Hove and have lived here for less than five year (2%, n. 4), to have moved 5+ times within the city. This suggests an increased transience within the city for those who have experienced homelessness. This also implies a lack of settled and secure accommodation, however as the figures are small further research is needed in this area.

2.3. Migration to the City

93% of Count Me In respondents (2000) and 92% of Project Zorro respondents (1998 [men only]) had grown up outside of the city. The vast majority of this migration was not local or regional, but from all over the UK and beyond. Zorro found that four fifths had moved from other parts of the UK, 10.3% had grown up abroad, and 9.4% had grown up in East or West Sussex, Surrey or Kent. Count Me In reported a similar pattern of migration.

Both Count Me In and Zorro asked respondents their reasons for living in the city:

Table 2.3a: Count Me In: Why did you decide to live in Brighton & Hove? (n = 997, that responded to the question) (Webb and Wright, 2001)

	Male % (n.)	Female % (n.)	Overall sample living in Brighton & Hove
LGBT scene/community	50.1	46.4	48.8
LGBT friends	21.7	16.5	19.9
Work	31.4	24.6	29.1
University	9.9	18.8	13.1
Was born here	4.5	3.8	4.2
Moved with parents	3.2	2.6	3.0
Other	33.3	40.3	35.7

Table 2.3b: Zorro - Why did you choose to live here? (n = 503 that responded to the question that asked for reasons for moving to Brighton) (Scott, 1998)

Reason for moving to Brighton	% citing reason
Gay scene/gay community	25.0
Gay friends and partners	11.2
Gay-friendly town	10.7
Nice, likeable cosmopolitan town	7.1
Sea/countryside	6.3
London-by-the-sea	1.9
To get away from London	1.4
Cheap, or cheaper	1.6
College or University	10.5
Work related	12.6
Get away from family	1.1
Moved with family	2.6
Born in Brighton and stayed	3.3
Other	4.7

Within the Count Me In Too focus groups there was some support for the contention that people move to Brighton & Hove because of its LGBT communities and the support this is perceived to offer them to live LGBT lives:

Sara: **Amongst people I know anyway, [it] is quite a common way to end up here. People kind of run away to Brighton to do things**

Rosy: **[I] made a specific decision to come to Brighton. I was attracted by the GLBT community. I'd lived in London a lot of my life, I felt the gay community there was not as strong as it has been and I got fed up with having to be at war if you like, with the rest of the community and I wanted to come to Brighton, just relax and be amongst people that I felt comfortable with.**

(Bisexual focus group)

This comfortable feeling is something that Brighton & Hove can feel proud of. It is also the place where LGBT services are accessed in ways that are life saving. These LGBT specific services and the LGBT friendliness of the city did not just attract individuals it was offered as a reason in focus groups as to why people remained in Brighton & Hove. This element was also seen as central to understanding why Brighton and Hove was appreciated by LGBT people and seen as 'better than' other places (see section 2.7).

However, the focus groups also presented evidence of a different experience to that expected when participants moved to Brighton. Participants believed that changes in the Council's attitude towards LGBT people and issues were linked to the economic worth of LGBT people and this attracted LGBT people to the city. However, this did not cater for all LGBT people:

Peter: I think there is a lot of great words about LGBT in Brighton. They say a lot of things and they do include us in pamphlets and what have you but I think actions speak louder than words and I think when it comes down to the actions they are not very gay friendly at all you know... I just get the feeling off of them that we are being used simply because it is an attraction here. If you ask anything of them other than to bring the pink pound here and have a good time. Don't! You know it is a sort of love/hate relationship I think they've got with us. They don't want us here but they do want us here, they are a bit schizophrenic.

Dan: **I think what it is they want our money. But they don't want us here, that is the general feeling.**

Peter: **They give us all these fancy speeches and fancy words but homophobia is on the increase, homeless gay people is on the increase you know. I find them full of hot air when it comes right down to it homophobia, big issues that affect the gay community; they really don't want to know.**

Dan: **The message is that you are welcome to come to Brighton but if you come to Brighton you must have money. You must have somewhere to live and you must have a job. Don't come here unemployed. Don't come here disabled. Do not come here if you have got mental health issues. They don't want to know. That is the general sort of attitude. That the feeling from the members of staff of Brighton & Hove Council over the last 15 years. That is the attitude that I have received from all of them. They don't want us here, they don't care if you've lived here all your life, go and find somewhere else, you are disabled, and they don't want you because they can't cope with you in Brighton and Hove city, in this town.**

(Disabled focus group)

In this focus group there is an assertion that although the Council appreciates the money gay people can bring to the city, their interest is not in helping LGBT people who do not have the economic means and need support. This focus group highlights clear issues regarding multiple marginalisation and the inability to benefit from the tolerance that Brighton & Hove offers to those who can afford it. It emphasises that moving to Brighton can be experienced differently by different people.

2.4. Type of housing (tenure)

The majority of the sample lived in privately owned accommodation (47%). Just under a third (30%) lived in rented accommodation, and 7% lived in Council housing. A small number (5 people) lived in sheltered and supported accommodation. Table 2.4a outlines the data around housing type. When this is compared to the results from the Count Me In research (Webb and Wright, 2000), it can be seen that a smaller proportion of people now own their own homes (54% in 2000, compared to just under 48% now). This reflects a national trend - the age of first time buyers has risen steeply in the past decade.

Similarly the proportion of those in privately rented accommodation has risen from 27% to 30% between Count Me In (2000) and now (2006). The proportion of people living in Council accommodation has remained steady at just under 5%, and the proportion of people living in rented association housing has maintained at 3%.

Table 2.4a: Housing type: Which one of the following best describes the type of accommodation you live in now?

	Frequency	Percent	Valid %
Privately owned	389	47.5	47.9
Rented - Council Housing	37	4.5	4.6
Rented – Association	23	2.8	2.8
Rented - Private landlord	245	29.9	30.2
Sheltered housing	2	.2	.2
Supported housing	3	.4	.4
Temporary accommodation	7	.9	.9
Staying with friends/partner	20	2.4	2.5
I am homeless	2	.2	.2
House-share	24	3.0	3.0
Student accommodation	10	1.2	1.2
Flat/house/chalet	42	5.1	5.1
Other	8	1.0	1.0
Total	812	99.1	100.0
Missing	7	.9	
Total	819	100.0	

In order to describe the sample and undertake statistical tests, the tenure categories have been grouped into those that are meaningful for the data and housing services. Throughout this report social housing (9% of the sample) will be used to describe everyone who lives in rented Council

housing, rented association, sheltered and supported housing, temporary accommodation or who is homeless. This will be compared to those who privately rent, those who own their own homes and those who exist in another of these categories. The recoded categories are located in table 2.4b.

Table 2.4b: Housing tenure (recoded)

		Total
social housing	No.	74
	%	9.1
privately owned	No.	388
	%	48.0
privately rented	No.	243
	%	30.0
all others	No.	104
	%	12.9
Total	No.	809

2.5. Areas where LGBT people live

17% of the sample lived in St. James Street and Kemptown, with 57% living in none of the areas listed in table 2.5a. The researchers were supplied with this list as a list of areas of high social deprivation. However, this list does not equate to the identified neighbourhood renewal areas. Nonetheless, Council housing is located throughout the city, but the biggest proportion (around 60%) and the largest concentrations are found in east Brighton, on large estates such as Moulsecoomb and Whitehawk, as well as smaller estates such as Coldean, Hollindean, Hollingbury, Albion Hill, the Bristol Estate and Craven Vale. There are also significant concentrations of Council housing in Portslade, Hangleton and Hove. Therefore, this report uses these areas and terms them 'areas with high concentration of potential deprivation'. Because the 'areas of potential deprivation' encompass the main Council estates of the city, they can be regarded as being areas of potential deprivation. This allows us to explore differences between these areas, other areas that may contain more owner-occupied or private rented accommodation. However, it should be noted that St. James Street and Kemptown, also have high concentrations of council housing. These areas are separated from other areas because of the unofficial association of St James Street and Kemptown with the LGBT. This is in part due to a concentration of LGBT (and particularly gay) businesses including gay and lesbian bars and nightclubs and restaurants and shops that seek to target lesbians and gay men in this area, and also due to an assumption of a concentration of LGBT households in this area (although this has not been established). Consequently, this area is seen as an important area for separate analysis. Thus, whilst it is clear that LGBT people live across the city of Brighton & Hove, in this research there was a concentration in the unofficial gay area of the city. As this report will show there were differences between this area and other areas that contained council housing. This includes differences in perceptions of safety and also the desirability of particular forms of accommodation. St. James Street and Kemptown, according to police figures is also a hot spot for

LGBT related hate crime and this will be addressed in the safety section (see chapter 7).

Table 2.5a: Which area do you live in?

	Frequency	Percent	Valid %
North Portslade	11	1.3	1.4
Hangleton & Knoll	12	1.5	1.5
Brunswick (East)	44	5.4	5.6
Hollingbury	7	.9	.9
Hollingdean	8	1.0	1.0
Saunders Park	3	.4	.4
St Peters	40	4.9	5.1
Tarner (South Hanover)	8	1.0	1.0
St James Street & Kemptown	134	16.4	17.1
Bristol Estate	6	.7	.8
Bevendean	4	.5	.5
Moulsecoomb	13	1.6	1.7
Whitehawk & Manor Farm	18	2.2	2.3
Queens Park & Craven Vale	28	3.4	3.6
None of these areas	447	54.6	57.1
Total	783	95.6	100.0
Missing	36	4.4	
Total	819	100.0	

For the remainder of this report these areas will be coded into St. James Street and Kemptown, areas of potential deprivation and none of these areas. Chapter 3 illustrates that 39% of LGBT people live in social housing in areas of mixed tenure which are not perceived by many as 'traditional' Council estates. The differences in perceptions of St. James Street and Kemptown and other areas of council estates are perhaps unsurprising, but are important to note here in order to validate the analysis. It also shows how positive/negative perceptions of 'council estates' and 'council housing' are geographically specific and may not be associated with official 'estates'.

2.6. Household composition

The majority of this LGBT sample lived alone (30%) or with a partner (same-sex, 39%, different sex, 3%), see table 2.6a. This is slightly less than in 2000, when 36% lived alone and 42% lived with a partner. The percentage of those living with parents has risen (from 2% to just under 4%); this can in part be explained by the high prices of housing and rent in Brighton & Hove (see).

Table 2.6a: Who do you currently live with?

	Frequency	Per cent
Alone	242	29.5
Gay/Lesbian/friend(s)	88	10.7
Same-sex partner	323	39.4
Different-sex partner	23	2.8
Parent(s)	29	3.5
Bisexual friend(s)	4	0.5
Sibling(s)	17	2.1
Trans friend(s)	4	0.5
Straight/heterosexual friend(s)	58	7.1
Children	29	3.6
Stranger(s)/acquaintance(s)	18	2.2
Other family member(s)	13	1.6
Lodger(s)	34	4.2
Other	18	2.2

Lesbians/gay women formed the highest proportion of respondents living with a same-sex partner (52%). 38% of gay men lived with a same sex partner. Just over a quarter of those who defined as queer and 17% of those who defined as bisexual lived with a same sex partner. 26% of those who defined as queer lived with gay and lesbian friends compared to 12% of gay men, 11% of bisexuals and 9% of gay women or lesbians. None of those who were coded outside the categories of lesbian, gay or bisexual lived with gay / lesbian friends.

Non-trans people were more likely to live with a same sex partner (59%) than trans people (41%). Those who are trans are significantly ($p < .05$) were more likely to live with a different sex partner (18%) than those who are not trans (2%).

16% of the sample have children (or are closely related to a child). Within this group, 23% live with children. Similar to Count Me In findings, 4% of the sample lived with children. 7% of lesbians / gay women live with children. 28% of lesbians/gay women who have children or are closely related to a child, live with children.

The proportions of those over 55 (26%) and those under 26 (25%) living with a same sex partner were lower than for the 26-55 age group (44%). There was a statistically significant ($p < .0005$) difference by age amongst those who live alone. Those over 55 (49%) were more likely to live alone than those under 26 (8%). Those who are under 26 (22%) were significantly ($p < .001$) more likely to live with straight / heterosexual friends than those over that age. The figure varies from 9% of those aged between 26-35 to 3% of those aged over 55. 5% of those aged over 55 lived in with lesbian and gay friends compared to 20% of those under 26.

Those who lived alone were also statistically ($p < .05$) more likely to describe themselves as isolated in Brighton & Hove. 39% of those who are isolated live alone, compared to 26% of those who are not isolated. Those who felt isolated (27%) were less likely ($p < .05$) to live with a same sex partner than those who did not feel isolated (48%). Only 2% of the sample lived with

stranger(s) / acquaintance(s), but 4% of those who felt isolated or sometimes felt isolated lived in this arrangement compared to 1% of the rest of the sample ($p < 0.05$).

Those who had mental health difficulties were less likely (statistical significance $p < .05$) to live with same sex partners (35%) than those who had not experienced mental health difficulties in the past 5 years (51%).

Those who live with a same sex partner (10%) are less likely to be in the low income category (earning under £10,000) than those who live alone (24%). They are more likely to earn over £20,000 (62%) compared to those who live alone (47%, $p < .0001$), see table 2.6c.

Table 2.6b: Who do you currently live with? Same-sex partner vs. those living alone by income

		With same-sex partner	Alone	Total
Under 10,000	No.	33	58	91
	%	10.2	24.4	16.3
10-20,000	No.	90	69	159
	%	28.0	29.0	28.4
20,001-40,000	No.	148	79	227
	%	46.0	33.2	40.5
Over 40,000	No.	51	32	83
	%	15.8	13.4	14.8
Total	No.	322	238	560
	%	100.0	100.0	100.0

2.7. Multiple Marginalisation

Multiple marginalisation is a key aspect of understanding the LGBT communities. Despite the apparent tolerance of particular sectors of the LGBT communities, many LGBT people experience discrimination on the basis of interlocking social differences and multiple identities, including, but not limited to, social class, ethnicity, gender identities and disabilities. These differences are hierarchised such that some go unnoticed (such as whiteness), whereas others are noted and can be made inferior. Those who are marginalised through their sexual and/or gender identities and other forms of difference can experience what is termed 'multiple marginalisation'¹. Due to the combination of hierarchical identities some LGBT identities are accepted more than others. One process through which some LGBT people have become 'accepted' is through greater legislative rights. For example, civil partnership legislation excludes trans people who have previously been married and such legislation benefits particular parts of the LGBT communities (those who have gained from inheritance rights, rather than those who live with partners and claim

¹ One aspect of this is alienation and discrimination from within communities that could offer them support (for example LGBT people in faith communities). This means that their experiences are related to their multiple identities. For example, an LGBT person from a faith community may, in addition to shared experiences of LGBT exclusions and discriminations, may also have a different experience of discrimination than an LGBT person not from a faith community. They also risk losing the support of both communities by virtue of belonging (and not belonging) to both.

benefits, see chapter 9). Those who are subject to forms of multiple marginalisation may be less tolerated due to how their diverse identities are perceived. In order to understand the experiences and needs of this diverse community, then, we need to explore these multiple identities. Here consideration is paid to the differences between the LGBT communities along particular axes of difference. These can indicate how multiple identities combine - to increase the likelihood of discrimination; to affect the forms of discrimination experienced; and to decrease the likelihood of finding support and understanding of these particular identities, experiences and needs, either within services or in communities.

The subtleties outlined in this section were reflected in both the quantitative and qualitative data gathered in the survey and focus groups and in the quantitative data. Experiences of living in Brighton & Hove varied by isolation, mental health and ethnicity. 70% of the overall sample thought that Brighton was a better place to live than anywhere else that they have lived. However, people who had experienced difficulties with their mental health (6%) were more likely to describe their experiences of living in the city as worse than other places they have lived than those who have not experienced mental health difficulties (2%). Those who said that they felt isolated in Brighton & Hove were far (11%) more likely to describe the city as worse than other places they have lived in compared to those who were not isolated (2%), $p = .0005$. Those who defined as BME and other were more likely to describe the city as worse than other places they have lived in (14%) compared to those who defined themselves as white 4% ($p = .006$). In the BME focus groups, it was clear that there were some issues with living in Brighton as an LGBT BME person:

Yasmin: **I do feel that the culture, the gay culture in Brighton & Hove is very white dominated. And as soon as you have a bunch of Black gay people together then it is actually culturally threatening to the white people in the scene, so like when I had a group of Asian Lesbian friends who came down from London they went to the Marlborough Pub and they actually left because of the comments that they got from people**

Martin: **[A friend] lives in Brighton and he lives with a mate who is also Black and gay. [They] are both about to leave Brighton. There is not enough here to keep them here so they are both going to move back to London because there is much more Black gay people and there is a lot more also in terms of scene and activities for black gay people as well.**

Yasmin: **It is funny because the only other Black lesbian couple that I knew in Brighton have also left Brighton .**

(BME focus group 1)

Despite the difficulties and differences in experience, most of the respondents agreed that Brighton & Hove had much to offer them. 76% of LGBT people who currently live in Brighton and Hove and have lived

elsewhere describe Brighton & Hove as better than other places they have lived. 5% described it as worse and 19% as neither better nor worse.

2.8. Conclusion

It's not perfect but Brighton & Hove is still better than elsewhere

(Questionnaire 80)

The majority of LGBT people in Brighton & Hove enjoy living in the city but most would like to see aspects of the city improved. Although this varied according to ethnicity, mental health and isolation, the majority still saw Brighton as having much to offer. This chapter has given an outline of the sample composition and explained key terms such as tenure, areas of residence and multiple marginalisation, which are important for this report.

3. Satisfaction with, and difficulties in obtaining and maintaining accommodation in Brighton & Hove

3.1. Introduction

Accommodation satisfaction can both reflect and affect the mobility of the population. (Brighton & Hove, Tenant Satisfaction Survey, 2003). Examining satisfaction levels and difficulty in obtaining accommodation in conjunction indicates the areas of potential need for LGBT people who are resident in Brighton & Hove. (Suitability of accommodation for LGBT people in Brighton & Hove also includes issues around community safety and community engagement, both actual and perceived, and this is dealt with in chapter 7). This chapter will examine the data around issues of accommodation satisfaction and addresses specific identity groupings within LGBT communities in Brighton & Hove. It will then investigate the problems LGBT people have in obtaining and maintaining their accommodation in Brighton & Hove.

3.2. Satisfaction with accommodation

Satisfaction with accommodation across the city was generally high; over 80% of the sample said they were happy with their accommodation, with 14% saying that they were not happy with where they lived. 83% were happy with who they lived with. There were, however, significant differences in satisfaction level between LGBT people in the sample.

Differences between tenure types were reflected in both satisfaction levels (see table 3.2a, below) and experience of finding accommodation (see table 3.4b). This indicates a level of inequality in living in acceptable accommodation within the LGBT communities. Those in social housing were less likely to be happy with their accommodation (62%) than those who owned their homes (91%) or who rented privately (82%) ($p < .0001$). They were also significantly more likely to say that they were not happy with their accommodation (32%, compared to 8% of owner-occupiers, see table 3.2a).

Table 3.2a: Are you happy with your accommodation, where you live? By tenure

		social housing	privately owned	privately rented	all others	Total
Yes	No.	46	351	198	78	673
	%	62.2	90.5	81.5	75.0	83.2
No	No.	24	29	37	22	112
	%	32.4	7.5	15.2	21.2	13.8
Don't know	No.	4	8	8	4	24
	%	5.4	2.1	3.3	3.8	3.0
Total	No.	74	388	243	104	809
	%	100.0	100.0	100.0	100.0	100.0

p < .0001

78% of LGBT people in council accommodation said that they are happy with where they live. This level of satisfaction with social housing is similar to the general population, as reported in the Council's 2006 tenant satisfaction survey (80% of respondents were very or fairly satisfied with their accommodation, Status Survey, 2006). It is however significantly less than those who own their own homes (91%) or those who rent privately (82%). Only 61% of those in rented association housing and 3 out of the 5 people in sheltered and supported housing were happy with where they live.

Those who said that they had a physical disability or a long term health impairment (73%) were less likely to be happy where they lived than those that did not (85%, p. =.006). Those with mental health difficulties (80%) were also less likely to be happy in their accommodation than those who did not have mental health difficulties (90%). Mental health difficulties are discussed below (see section 5.12), suffice to note here that accommodation problems can result in, or exacerbate existing, mental health difficulties. Conversely, mental health difficulties may be an aspect of accommodation difficulties. Clearly inter agency working to support LGBT people are necessary in such circumstances.

There were variations in satisfaction by identity. Those who are trans (63%) are less likely to say that they are happy with their accommodation than those who are not trans (84%, p. =.001). Bi and queer (78%) and other sexualities (66%) are less likely to be happy in their accommodation than lesbians (81%) and gay men (87%, p=.02).

3.3. Satisfaction with household composition

There are also significant disparities around satisfaction with household composition: 23% of those who live in social housing were not happy with who they lived with. Those in the 'other' tenure category (21%) also had high levels of dissatisfaction with their household composition (p<.0001). This could indicate issues around overcrowding or community safety. It could also indicate that LGBT people are remaining in unsatisfactory housing or household formations due to the lack of affordable, suitable accommodation.

Table 3.3a: Tenure By “Are you happy where you live? Who you live with ...” [Q75]

		social housing	privately owned	privately rented	all others	Total
Yes	No.	35	270	160	67	532
	%	72.9	87.4	84.7	72.8	83.4
No	No.	11	29	17	19	76
	%	22.9	9.4	9.0	20.7	11.9
Don't know	No.	2	10	12	6	30
	%	4.2	3.2	6.3	6.5	4.7
Total	No.	48	309	189	92	638
	%	100.0	100.0	100.0	100.0	100.0

There are also differences in relation to sexuality and satisfaction with household composition. 86% of lesbians and 84% of gay men are happy with who they live with compared to 72% of bi, queer and other sexualities (p. = .03). This along with a dissatisfaction with the location of accommodation, suggests a difference across a number of scales pertaining to sexual identities.

There were also significant differences between those who have mental health difficulties (80%) and those who do not (90%), in being satisfied with their household composition. As has been noted above mental health difficulties can result in and from accommodation difficulties.

Table 3.3b illustrates that there is also an age differential in satisfaction with household composition. Younger (74%) and older people (66%) are less likely to be satisfied with their household composition than those who are aged between 26-55. These ages may be periods in the life-courses where individuals have less choice over their household structures and this could point to an area of need.

Table 3.3b: “Are you happy where you live? Who you live with ...” [Q75] by age

		Under 26	26-35	36-45	46-55	Over 55	Total
Yes	No.	86	185	159	73	29	532
	%	73.5	88.5	86.4	85.9	65.9	83.3
No	No.	23	15	16	10	13	77
	%	19.7	7.2	8.7	11.8	29.5	12.1
Don't know	No.	8	9	9	2	2	30
	%	6.8	4.3	4.9	2.4	4.5	4.7
Total	No.	117	209	184	85	44	639
	%	18.3	32.7	28.8	13.3	6.9	100.0
	%	100.0	100.0	100.0	100.0	100.0	100.0

p = .001

3.4. Problems in obtaining accommodation in Brighton & Hove

Just over a quarter of the sample had problems getting accommodation in Brighton & Hove (see table 3.4a).

Table 3.4a: Have you had problems getting accommodation in Brighton & Hove?

	Frequency	Percent	Valid %
Yes	195	23.8	25.2
No	579	70.7	74.8
Total	774	94.5	100.0
Missing	45	5.5	
Total	819	100.0	

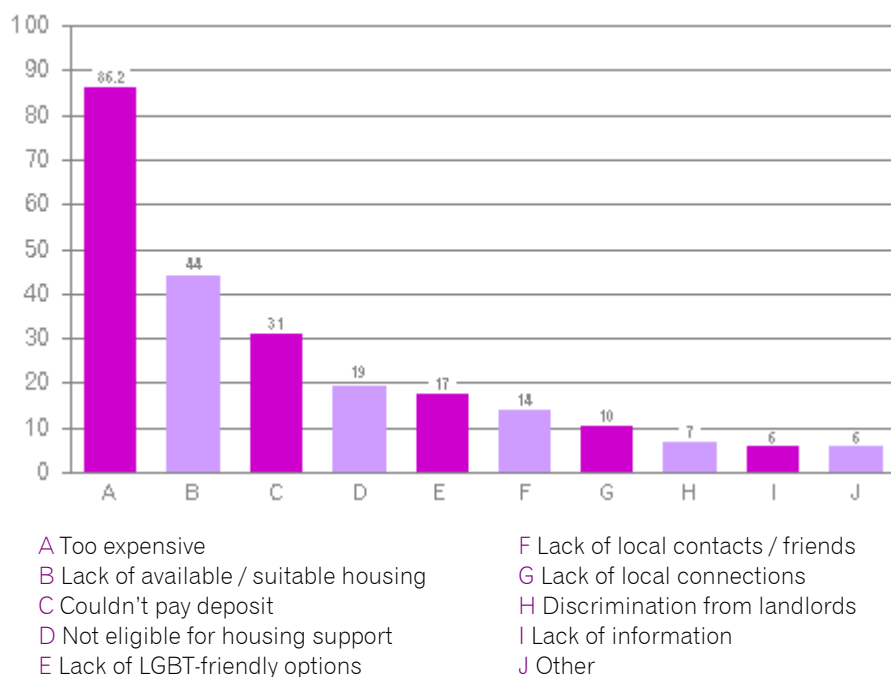
As with satisfaction levels, there is a highly significant relationship between tenure and problems getting accommodation. Those who lived in social housing (49%) were more likely to say that they had problems getting accommodation in Brighton & Hove than those who owned their own homes (12%, $p < .0001$, see table 3.4b). This may, in part, be due to the long waiting lists for council housing as well as any personal circumstances that may exclude them from the private housing sector. Those who rented privately were also, at 35%, less likely than those in social housing to say that they had problems getting accommodation.

Table 3.4b: Have you had any problems getting accommodation in Brighton & Hove? By accommodation type

		social housing	privately owned	privately rented	all others	Total
Yes	No.	34	44	83	34	195
	%	49.3	12.1	34.6	34.7	25.3
No	No.	35	321	157	64	577
	%	50.7	87.9	65.4	65.3	74.7
Total	No.	69	365	240	98	772
	%	100.0	100.0	100.0	100.0	100.0

Figure 3.4c points to some of the reasons for difficulties getting accommodation in Brighton & Hove. The vast majority (86%) of those found Brighton & Hove unaffordable, and 44% said that there was a lack of available or suitable housing, 17% said that the lack of LGBT-friendly options was problematic and 19% said their problems stemmed from them being ineligible for housing support. The private sector housing team of the Council can provide support to people unable to obtain a council house (including) advice about housing benefits / local housing allowance, adaptations to properties and advice on tenancy law (and other things). This may not be known by LGBT people who come to the city and struggle to find accommodation.

Figure 3.4c: I struggled to find accommodation because... (% who answered 'yes' to 'have you had problems getting accommodation')



Similar to the differences regarding satisfaction with accommodation, trans people, bi, queer and other sexualities and those with mental health difficulties are more likely to struggle getting accommodation than others. 33% (n. 24) of bi and queer people and 52% (n. 13) of other categories of sexualities had problems getting accommodation, which is much higher than lesbians (25%) and gay men (22%).

56% of trans people had problems with accommodation, compared to 24% of non trans people ($p < .0001$). Trans people were almost twice as likely to struggle getting accommodation, compared to other LGB people. A trans respondent relied on their partner to find them privately rented accommodation because:

I couldn't view the accommodation. I got my partner to do that because landlords discriminate against trans people

(Questionnaire, 212).

In this quote it is clear that transphobia can be an issue when seeking accommodation in the private rented market. Those who experience such forms of discrimination may have to use others in order to secure their housing. Whilst this respondent had their partner to rely on, this is an area of vulnerability for trans people (national and local research demonstrate that it is common for trans people to experience homelessness or difficulty finding safe, suitable accommodation, particularly during their transition - see Whittle et al, 2006; Cull et al., 2006). This should be accounted for in providing housing support to trans people. It should be acknowledged that housing support needs are not limited to the social housing sector, but also, as in this instance, encompass the private rented sector. Whilst sexual identities are now covered under the new goods and service

provision legislation and therefore LGB people have legal rights within the private rented sector, trans people are still vulnerable to discrimination in this area.

Although Brighton & Hove has a disproportionately large private rented sector (more than twice the national average (DCA, 2005), the data suggests that in Brighton & Hove privately rented accommodation is not accessible to all. Those who are disabled or have a long term health impairment (48%) are over twice as likely to struggle getting accommodation as those who do not (21%, p. <.0001). Ablism particularly affects disabled accommodation seekers who need adapted or adaptable accommodation, which is rare in the private rented sector due to the cost to landlords. This could account for some of the difficulties in finding accommodation and could be coupled with landlords that are not LGBT friendly. One man in the disabled focus group noted the unsuitability of his accommodation, but the problems in moving:

Dan: **It's horrible not being able to get out because there is a sort of isolation and I am in a property where I can't get to my back garden, you know I have to go through a front door, then I have to go through a locked gate to get into my back garden, you know, and the issue is that they were building a patio that goes on to the back bedroom but it wouldn't be much, it would be a corner, a dark dingy corner. Could you imagine me sitting in this dark dingy corner in the middle of winter in a wheelchair? I mean I don't think so but I do like to go out all the same to get some fresh air. Just only a couple of weeks ago I went out, stepped outside the back door, stepped back in the back door and got jammed between the back door and the wall that way and the door came in and squashed me back inwards because I had tripped on the blasted doorstep. They moved me into this property, it wasn't big enough for the wheelchair, it's not suitable, adaptations - can't do any further adaptations to it. All the evidence is there in front of them and they're still saying oh, you've got to look at the begging list. A begging list, there's properties on there that would never be suitable for this wheelchair but that's all I had in there, you've got to keep looking at this begging list. They call it a begging list because you are begging for properties that you are never going to receive.**

(Disabled focus group)

In this group Dan also spoke of his hate crime experiences with his neighbours and it should be noted that if LGBT people live in an adapted property and suffer abuse or harassment, there are further difficulties in finding a suitable adapted property. This may prevent a move away to escape the abuse (see chapter 10).

Discrimination and prejudice may also be a factor in explaining why those who have mental health difficulties are more likely to struggle to get

accommodation (31%), than those who do not have mental health difficulties (13%, $p < .0001$). The 7% who experienced problems due to discrimination from landlords should be encouraged to report these incidents. These may not be reported for a number of reasons including, a desire not to 'rock the boat' and threaten future housing opportunities, a desire to 'move on' (literally and emotionally), a lack of confidence in the council to take action, homophobia from the council (real or perceived) or the incident becomes mundane as it appears to be in the questionnaire above, such that these incidents are not reported. There is a need to improve the awareness of rights and what actions can be taken by the council or other bodies. Further research should explore experiences of multiple marginalisation relating to housing including LGBT friendliness and racism, ablism and other forms of social difference.

3.5. Local connection and LGBT people

10% of those who said that they had problems getting accommodation attributed this to a lack of local connection. For those who fall outside the scope of homelessness legislation (which is most of those who seek help), the Council exercises a local connection policy that targets city services towards 'local people', and seeks to reduce migration of vulnerable homeless people into the city. This was problematic for respondents who had sought out Brighton & Hove as a safe and friendly place to live for LGBT people. As chapter 2 has described Brighton & Hove is often experienced as better than other places and can be used for its specific LGBT services as well as enjoyed for its accepting attitudes. LGBT respondents in this research who had accommodation difficulties at times felt that they were not given the help they needed, with some reporting an unreasonable 'gatekeeping' approach by the Council. This was reflected in some of the qualitative data:

Look into getting on housing list with the council but told it was 'closed'. Since then, I've discovered I haven't got enough connections in Brighton even though I was born there!

(Questionnaire 538).

As has been seen above in Chapter 3, LGBT people move to Brighton & Hove in order to engage with the LGBT communities and find a sense of belonging. This need for community engagement is specific to their LGBT identities, affecting the level and type of their support need, and potentially also their need for support for particular forms of multiple marginalisation (for example mental health difficulties). The risks associated with finding and keeping accommodation may exacerbate support needs in cities such as Brighton & Hove where accommodation is desired (and arguably needed) by LGBT people with needs pertaining to being LGBT, yet it is also expensive and may be difficult to obtain. These needs can be diverse and complex but may include such issues as sexual health, domestic violence, mental health, and control over drug use.

3.6. Overcoming accommodation problems

Those who had problems getting accommodation in Brighton & Hove were asked what they did to overcome them. 31% of those who had difficulties getting accommodation related this specifically to a lack of money for a deposit. 22 people said that they had problems getting a deposit; and 14 mentioned moving in with family or friends to have somewhere to stay, or to save a deposit. 3 people said that they had lived or are now living with their parents but sought/are seeking LGBT friendly accommodation. 12 borrowed from friends or parents and/or went into debt to afford somewhere to stay. The many problems people had with saving deposits sometimes had personal and social implications:

I worked for years every hour God sent usually from 9am till 10.30pm till I got the deposit for a house. It was like running after a fast moving bus – but I made it at great sacrifice to my late 20s and early 30s. I lost friends in the process as I was never available

(Questionnaire 54)

This need to overwork to afford accommodation can result in isolation and exclusion from the community networks that many LGBT people move to the city to find. This can mean that where issues relating to sexual/gender identities arise; lack of community engagement denies vulnerable LGBT people an important source of understanding and support.

Some respondents described forming new and sometimes inappropriate relationships in order to find accommodation. Two respondents mentioned moving in with partners in order to find affordable housing or avoid homelessness, some specifically stating that the relationship was too new or inappropriate (see section 3.7) for a discussion of remaining in unsuitable relationships in order to maintain accommodation and manage a risk of homelessness). For some this meant seeking accommodation with a partner from a relationship that had broken down:

I had to move in with my partner so we could afford to rent a one bedroom flat. There was no way I could have afforded to live on my own. Now we are struggling in our relationship and I feel pressured to stay here as I know both of us will be unable to afford somewhere to live on our own with enough room for our belongings and privacy, rather than a bed-sit or shared house

(Questionnaire 77)

In chapter 10, we will explore issues around the risk of domestic violence related to staying in unsuitable relationships in order to avoid homelessness. Here it suffices to note that a lack of housing options can lead to people remaining in unsatisfactory relationship arrangements. This is exacerbated by affordability issues and may not be unique to LGBT relationships. However, issues and perceptions of community safety,

social networks and community engagement are important considerations for assessing suitable and safe housing for LGBT people.

Although Brighton & Hove has a disproportionately large private rented sector (more than twice the national average (DCA, 2005), the data suggests that in Brighton & Hove privately rented accommodation is not accessible to all. The qualitative data (alongside the quantitative data that pointed to a lack of LGBT friendly options) suggests that for LGBT people, problems finding accommodation could relate to more than expense. This data should be read in conjunction with the disparities between LGBT people and their struggles to find accommodation that are detailed in the section above.

A lack of housing options can also mean that the only option is to leave Brighton & Hove and live elsewhere. This can result in isolation and an absence of support networks:

Applied to Lewes Council and got offered a council house in Lewes, which was not ideal, as now I am alone with no support from friends in the LGBT area

(Questionnaire136)

In the above example, the absence of support elsewhere and the difficulty in finding accommodation within Brighton & Hove are combining to result in a growing unmet support need for the respondent. Such risks could potentially be partly addressed through an organised point of information that catered specifically for LGBT needs:

It would be good if there were LGBT flat shares organisations in Brighton & Hove and info on income support / housing support

(Questionnaire 838)

This respondent identifies a lack of available co-ordinated information and co-operation in creating LGBT flat shares and information on support and housing. Throughout the focus groups there was evidence of a lack of a central resource that could provide information to LGBT people. For some this should be in the form of a physical centre and an online portal that housed a range of resources, contacts and connections. Over 90% of the sample supported the idea of a healthy living centre offering a range of services to LGBT people.

While the Council has focused on developing new home ownership schemes, affordable housing developments and long term leasing of private sector homes, creating more mixed communities to balance the high concentrations of vulnerable people in areas with high social housing, there is significant pressure on the availability of Council housing in the city.

3.7. Maintaining accommodation

For those who did find accommodation, rent can be an ongoing struggle, continually threatening their housing stability. Throughout the questionnaire data the phrase 'overpriced' is used and the struggle to find rent continues after a deposit is found, saved or borrowed:

We rent, £500 per month each (there are two of us) and it is taking half my monthly wages. So I am living beyond my means. I am just coping but I keep thinking I may have to get a second job or move

(Housing and relationship questionnaire)

Borrowed money from family. I was evicted as my landlord sold my home. I could hardly take my daughter and pets and wait to be evicted then wait in a B&B till some accommodation was found for us. I am currently spending all my wages paying rent. I am totally unable to pay my council tax

(Questionnaire 417)

In the current housing market, where large amounts of housing stock are owned by private landlords, the vulnerability to such landlords is clear. Rising rent levels can mean individuals and families are vulnerable to homelessness when landlords sell or increase rent levels. In such situations households are often torn between the cost of moving, which can in itself be expensive, and managing an unaffordable rent rise. This issue is exacerbated where there are already rent arrears or debt.

Rent arrears are a risk of homelessness across the city. For some, unable to manage their rent, homelessness was unavoidable:

I rented a flat I could not afford. BHT [Brighton Housing Trust] told me I would get DHP Housing Benefit refused me suggesting I make a homeless application. Homeless did not want to know when I became homeless. I was housed over drug dealers and became priority transfer as a man who assaulted me in 2000 came to the flat below

(Questionnaire 841)

Although Brighton Housing Trust can help those who are at risk of homelessness, they do not allocate housing benefit. Statutory assessments and voluntary sector assessments of the same person may not always agree, particularly in relation to entitlement to help, benefits, accommodation, etc. Homelessness is addressed in chapter 5, suffice to note that high rent levels can leave people vulnerable to eviction. Four people who were homeless mentioned that they used the services of Brighton Housing Trust and found these effective in dealing with their housing issues:

With help from BHT [Brighton Housing Trust], rented a bed sit, got on the Council list, and then got nominated for CDHA

(Questionnaire 92)

3.8. Conclusion

There are high satisfaction levels for LGBT people who live in privately owned accommodation. However, those who live in social housing less likely to consider their accommodation satisfactory and far more likely to say that they are not happy in their accommodation than those who live in privately owned and rented accommodation. A quarter of the sample had difficulties in obtaining accommodation and this is attributed in the main to expense, though issues such as perception of community safety, discrimination, local connection and lack of LGBT-friendly options were also significant. The differences between the sample in relation to difficulties finding accommodation highlighted there are issues of multiple marginalisation that need further investigation and research. Specific issues relating to LGBT people's experiences of finding and maintaining accommodation in Brighton & Hove in both the social and private rented sectors included: discrimination on the basis of sexual and/or gender identities; lack of local connections, isolation and the need for the LGBT support networks that Brighton & Hove can provide. The limited availability of affordable accommodation and social housing was an issue for LGBT people and this chapter has shown that for some this can lead to homelessness as well as unsatisfactory housing.

4. Social housing

4.1. Introduction

As we have seen in chapter 3 above, those in social housing are less likely to be satisfied in their accommodation and with whom they live with and they are more likely to struggle to find accommodation than those in other forms of tenure. Demand for Council housing in Brighton & Hove outstrips supply and those in social housing may be vulnerable due to their housing situation (social housing includes those who live in Council housing, rented association, sheltered and supported housing, temporary accommodation or who is homeless)¹. This chapter will address who lives in social housing within the LGBT communities, the experiences of living in social housing and then the services and support needs of those who live in social housing.

4.2. Location of social housing tenants

As stated above, Council housing is located throughout the city, but the biggest proportion (around 60%) and the largest concentrations are found in east Brighton, on large estates such as Moulsecoomb and Whitehawk, as well as smaller estates such as Coldean, Hollingdean, Hollingbury, Albion Hill, the Bristol Estate and Craven Vale. There are also significant concentrations of Council housing in Portslade, and in Hangleton in Hove. The majority of Council housing stock is located in the places named here as 'areas of potential deprivation' (these include all the estates named) and St. James Street and Kemptown. This sample, however, does not reflect this: 39% of LGBT people who lived in social housing did not live in these areas. 47% did live in the areas of potential deprivation, with 14% living in St. James Street and Kemptown. The majority of those who live in St. James Street and Kemptown owned their own homes or rented privately (83%). Similarly, 74% of those who lived in the areas of potential deprivation also rented privately or owned their own homes. This may be evidence of gentrification; however, the sample may under-represent those in social housing, perhaps due to the nature of a (long!) questionnaire that was advertised through particular networks, media and in specific places.

¹ Brighton & Hove operates a Choice Based Lettings (CBL) allocations scheme, called 'homemove', whereby applicants bid for properties that become available. There is a high level of demand for Council housing. Applicants on CBL are also assessed and placed into priority bandings (A to D) so that those with the highest need are prioritised over others when bidding for properties. The system of prioritisation combined with high demand for council housing means explains why many people (including LGBT people) struggle to obtain Council housing unless they have a high priority need.

In order to mitigate against this potential skewing of the questionnaires, respondents were recruited in focus groups that are usually underrepresented in tools such as questionnaires. In the hate crime focus group there was a clear connection with Kemptown from a gay man living with HIV:

Howard: **I love Kemptown because, you do feel, apart from like sometimes with anti-social behaviour, you feel relaxed there in who you are. It's a really nice kind of vibrant, alive place to live, you know. I do love the vibe when I'm connected into Kemptown. I don't think I could live anywhere else. Not right now in my life anyway.**

(Hate crime focus group)

This connection to Kemptown and the feelings of belonging despite, or perhaps apart from, the hate crimes that Howard had experienced is important in understanding health and wellbeing for LGBT people. Although this respondent does refer specifically to Kemptown, it should be recognised that LGBT people may feel a sense of belonging across the city. LGBT-friendly housing and neighbourhoods were not and could not be restricted to the 'gay ghetto'; desire for the feeling of safety and inclusion was central to respondents' lives no matter where they lived, particularly for those most vulnerable in the LGBT communities, who had had difficult and multiple experiences of exclusion, marginalisation and discrimination. This also has implications for housing and 'local connections'(see chapter 7 and 9).

4.3. Sexuality and social housing

There are significant disparities in tenure type based on sexual identity. 15% of bisexual people and 32% of those who are otherwise coded live in social housing, compared to 8% of lesbians and gay men (see table 4.2). Similarly bisexual (35%), queer people (19%) and those otherwise coded (39%) are less likely to own their own homes than lesbians (48%) and gay men (52%). This may indicate that there is a need to address the differences within the LGBT communities and it is important for services working in these areas to be aware of the issues for bisexual, trans and queer people that may be different from non-trans lesbians and gay men.

Table 4.3a: Sexuality by Social Housing

		Lesbian	Gay	Bisexual	Otherwise coded	Total
social housing	No.	22	33	7	12	74
	%	7.9	7.7	15.2	20.7	9.1
privately owned	No.	134	222	16	17	389
	%	47.9	51.9	34.8	29.3	47.9
privately rented	No.	91	121	13	20	245
	%	32.5	28.3	28.3	34.5	30.2
all others	No.	33	52	10	9	104
	%	11.8	12.1	21.7	15.5	12.8
Total	No.	280	428	46	58	812
	%	100.0	100.0	100.0	100.0	100.0

p < .0001

Although there are differences in the proportions of those in social housing by sexuality, it should be noted that the majority of respondents in social housing were lesbians and gay men (74%). However, this does indicate that proportionately, bisexuals and those who do not identify within the categories lesbian, gay or bisexual are less likely to privately own their own homes, and considerably more likely to require social housing and support.

4.4. Trans identities and social housing

There were disparities in tenure by gender identity. Almost a third of the trans respondents (n. 12) of this sample lived in social housing, indicating that this is an important area of provision for housing services (see table 4.3). This highlights a need for housing services to be aware of trans issues and include understanding of transitioning and gender identity into their training. This should be read alongside the findings of other studies regarding trans people, and the loss of income, families and housing relating to their transition (see Whittle et al, 2006; Cull et al., 2006). Spectrum earlier in 2007 highlighted the inadequacies of the Council in addressing trans issues, since then there has been ongoing work to address this shortfall. Earlier in 2007 Spectrum presented a position paper to the Council's Equalities Forum proposing an inclusive definition for and proposals for addressing trans issues (Spectrum, 2007).

39% of trans people owned their own homes. This is a smaller proportion of homeowners than amongst those who are not trans (48%, p.<.0001)); however, it does indicate that not all trans people will require tenancy support. However, trans homeowners may still be vulnerable and can still encounter problems in relation to community safety and other related housing issues.

Table 4.4a: Trans identities by social housing

		Trans identity	Not trans	Total
social housing	No.	12	61	73
	%	29.3	8.1	9.2
privately owned	No.	16	364	380
	%	39.0	48.1	47.7
privately rented	No.	10	232	242
	%	24.4	30.7	30.4
all others	No.	3	99	102
	%	7.3	13.1	12.8
Total	No.	41	756	797
	%	100.0	100.0	100.0

4.5. Age and social housing

Those over 55 (15%) are more likely to be in social housing than those in the 26-35 age group. 9% of young people live in social housing, one person lives with their parents (note, social housing also includes those who said that they are homeless). 67% of older people own their own homes. Similar to national figures which suggest that the age of acquiring a first mortgage has risen to 35, those under 35 are most likely to rent privately compared to other age categories (p.<.0001).

Table 4.5a: Age by social housing

		Under 26	26-35	36-45	46-55	Over 55	Total
social housing	No.	11	14	24	14	11	74
	%	9.1	5.8	9.7	11.1	14.5	9.1
privately owned	No.	28	95	141	73	51	388
	%	23.1	39.6	56.9	57.9	67.1	47.8
privately rented	No.	49	99	65	23	9	245
	%	40.5	41.3	26.2	18.3	11.8	30.2
all others	No.	33	32	18	16	5	104
	%	27.3	13.3	7.3	12.7	6.6	12.8
Total	No.	121	240	248	126	76	811
	%	100.0	100.0	100.0	100.0	100.0	100.0

4.6. Disability and social housing

21% (n. 6) of those who identify as disabled or have a long term health impairment live in social housing compared to 9% (n.67) of those who did not identify as disabled or has having a long term health impairment. 36% privately own their own homes compared to 48% of those who are not disabled. This indicates that LGBT disabled people are more likely to be dependant on housing support and provision than non-disabled LGBT people. Although there is evidence of a reliance on social housing amongst disabled people there are not statistically significant differences between the categories of disabled LGBT people and non-disabled LGBT people. However, as chapter 3 shows, disabled LGBT people are less likely to be satisfied in their accommodation than other LGBT people, and are more likely to struggle to find accommodation.

4.7. Living with HIV and social housing

Those living with HIV are significantly more likely to live in social housing than other LGBT people. 30% of those who are living with HIV live in social housing compared to 8% of those who are negative or who have not taken a HIV test ($p < .0001$). 43% of those living with HIV own their own home compared to 48% of other LGBT people (see table 4.6). This is an area where housing services should be aware of the issues relating to living with HIV and work closely with health services to ensure that LGBT people living with HIV receive appropriate support.

Table 4.7a: Tenure by living with HIV

		Positive	Negative or no test	Total
social housing	No.	17	57	74
	%	30.4	7.5	9.1
privately owned	No.	24	365	389
	%	42.9	48.3	47.9
privately rented	No.	9	236	245
	%	16.1	31.2	30.2
all others	No.	6	98	104
	%	10.7	13.0	12.8
Total	No.	56	756	812
	%	100.0	100.0	100.0

4.8. Services and support

4.8.1. Services

17% of those who live in social housing know of services that are designed to meet their needs that they cannot or choose not to use (see table 4.7a). This is more than double the proportion of those who live in privately owned (8%) and privately rented (6%) accommodation. Although the services are not specifically identified, this question indicates areas of need that although provided for are not used by LGBT people. The disparity between LGBT people indicate that those in social housing are more likely to avoid services, such that it may not be that services are not known, more that they are not perceived as friendly to LGBT people. In this context, those in social housing may not access services that are designed to meet their needs.

Table 4.8a: Tenure by “Are there services designed to meet your needs, which you cannot or choose not to use?”

		social housing	privately owned	privately rented	all others	Total
Yes	No.	12	28	14	12	66
	%	17.4	7.8	6.1	12.4	8.7
No	No.	28	171	92	38	329
	%	40.6	47.5	39.8	39.2	43.5
Unsure	No.	29	161	125	47	362
	%	42.0	44.7	54.1	48.5	47.8
Total	No.	69	360	231	97	757
	%	100.0	100.0	100.0	100.0	100.0

In the qualitative data there was significant evidence of discrimination in services provided by housing services (including the council and housing associations) against those within social housing. One focus group respondent described the heterosexism he encountered in everyday dealings with the Council, as officers made assumptions about the gender of the respondent and his partner:

Simon: **Our favourite trick the Council play is when you phone the Council repairs, they pull up your accounts and then they go "So, Ms Thompson." "No, its Mr Thompson", "So, miss, can I help you?" over and over and it just happens from the bottom up in the Council. ... I'm working [with] quite a lot of people who work or live in Council accommodation and we've had the worse treatment out of everyone. People who have been in Council houses for like 20, 15, 30 years and we are still getting the worst treatment and they automatically still believe that gay guys like us must be going out every single weekend, must be having parties, must be causing trouble, must be annoying the neighbours. When in fact it's actually the people who are in a much older age bracket and straight and married with kids who cause the most mess and fuss**

**and noise. But don't mind us, we're just bad gay boys.
[LAUGHTER]**

(Hate crime focus group)

This heterosexism, where the gender of a person is assumed on the basis of their partner's gender, was described as a 'favourite trick' and as permeating throughout the Council. In addition to this Simon describes the homophobic assumptions that all gay men must be engaging in particular forms of activities. They describe their perception of themselves as the 'bad gay boys' and feel that this is the reason why they are not treated in the same way that others are. Simon and his partner went on to give specific examples of their experiences of the discrimination they perceived to exist in the provision of Council services for LGBT people in social housing, including slowness in attending to repairs where the lack of clarity and accountability was problematic in fixing key problems with social housing. These slow responses and perceived disparities between Council tenants were frustrating and the participants believed that this was related to a lack of understanding of both health needs and that these were gay men asking for repairs and not vulnerable older people. The medical needs including issues that prevented the participants from undertaking the work themselves. The lack of confidence in Council housing services in terms of repair needs was also discussed by others in this focus group. One of the group discussed his avoidance of Council repairs entirely:

Greg: **We don't have anyone come out to do any work on our flat. I do myself because I can, I can do electric and plumbing and building and stuff, so I do everything myself, so I'm no expense to the Council whatsoever - I don't call them for anything whatsoever. But when I have had to call them out the attitude is "Oh well it's only Council [housing], it don't really bother" kind of thing. I'm like "Well, I live here, you know, this is my home". We've painted it out of our pocket, I've got up on a ladder and I've done it year after year, every year. We keep the flat clean and tidy.**

(Hate crime focus group)

Issues pertaining to discrimination on the basis of sexual and/or gender identities were not exclusive to the Council, but also related to housing associations, as one questionnaire respondent described:

About two years ago my housing association sent a builder to discuss changing my patio doors. In his summing up to me, he called me 'dear' I almost threw him out, but I escorted him to my door. 5 min later I received a call from my housing association saying that I must apologise to him, as he was the only trader who could do this job, and I either had to apologise or be out when this work was done. I refused to apologise and refused to leave my home, so this homophobic man could work in it

(Questionnaire13).

For questionnaire 13 calling him 'dear' was a homophobic reaction. He was asked to apologise to the builder, despite the builder being homophobic. For some their limited access to Council repairs and services in their housing was an ongoing issue. This can mean that LGBT people live in substandard housing that is in need of repair, yet they are not willing to engage with homophobic contractors or wait for a considerable amount of time before their needs are addressed.

When homophobic instances do occur, the Council has procedures to address these. However, one LGBT person found that this line of complaint was effectively blocked:

I was homophobically abused by a member of the Council, reported it and felt NOTHING was done about it, despite giving a very accurate traceable description of the person, their manager was "unable" to trace them. I do not have any confidence in B+H Council. I think they pay a lot of lip service to the gay community and wouldn't doubt that they'd withdraw support overnight if the tide turned that way

(Questionnaire 706)

Positive discourses and initiatives from the Council need to be supported by substantive changes to the lives of LGBT vulnerable people. There is a desire to see appropriate and effective engagement throughout service provision, public engagements with the Council and publicity and other campaigns. These would target residents and not just tourists:

Matt: **What amazes me about Brighton and Hove, especially Brighton and Hove Council is, I mean they'll spend an absolute fortune painting the seafront to make it look really nice for the tourists and they spend all this money on these big amazing firework displays every Friday and Saturday night, but to actually try and get the Council to come and empty your bins, or...**

Simon: **Or fix your floors after two years on bare floorboards with nails, or boilers breaking so no hot water for two winters, or... They'll put forward 101 doggie litter bags and bins all over the road, they'll set up, I mean great initiatives like the anti-victimisation thing and LGBT liaison, but they spend all this money and they ignore the fact that there are individual people and partnerships, which just do not get what everyone else does.**

(Hate crime focus group)

The desire to see improvements such as those in the quote are not limited to LGBT residents. As with provisions made for those who are disabled by their environments, improvements may be beneficial to the entire city.

It should be apparent from this section that LGBT people in social housing are vulnerable and in need of support (including LGBT people who have medical needs). Dependency on the Council for doing necessary maintenance or repairs can be mitigated by tenants undertaking repair work themselves, but this evidently depends on physical ability, skills range and confidence, may not be an option for many, particularly for disabled people. Where this is not an option, as Simon explains, they must work with Council officers and a system that has already engaged with them in discriminatory ways.

4.9. Support and the control of drug use

More than half of those who responded to Count Me In Too had used illegal drugs, or used prescription drugs without a prescription or medical advice, within the last 5 years (these are the types of drug use that statutory services refer to, along with problematic alcohol abuse, as 'substance misuse'). However, relatively few of those who had used drugs felt that their drug use was problematic and only 10% felt that they needed more control over their drug use.

There is, however, a significant association between tenure and seeking to have control over drug use ($p < .0001$). 30% (n.11) of those living in social housing who have taken illegal drugs, or using drugs without a prescription in the past 5 years would like more control over their drug use. Those who own their own homes and have taken illegal drugs, or using drugs without a prescription in the past 5 years are the least likely to say that they would like to have more control over their drug use (7%).

Table 4.9a: Would you like to have more control over your drug use by tenure

		social housing	privately owned	privately rented	all others	Total
Yes	No.	11	11	14	5	41
	%	29.7	6.5	10.4	8.5	10.3
No	No.	23	146	106	44	319
	%	62.2	86.9	79.1	74.6	80.2
Don't know	No.	3	11	14	10	38
	%	8.1	6.5	10.4	16.9	9.5
Total	No.	37	168	134	59	398
	%	100.0	100.0	100.0	100.0	100.0

This indicates that using illegal drugs or taking prescription drugs without medical advice is not problematic for all. Within social housing, however, there is a desire for LGBT friendly drug and alcohol services, which links to the desire for LGBT friendly services more generally (see section 4.8.1).

4.9.1. Support

12% of those in social housing, 13% of those in privately rented accommodation and 17% of all others felt that no one supports them on a regular basis. 9% of homeowners also felt that no one supported them.

This is an indicator of isolation and points to an area of need for those in privately rented, social housing and those in other forms of accommodation.

Those in social housing are also less likely to be supported regularly by their family of origin (35%) than homeowners (48%) and those who rent privately (54%) ($p = .02$). This disparity is reflected in other types of relationships: those in social housing (29%) are less likely to be supported by a partner that lives with them than those who live privately own (53%) or privately rent (35%) their accommodation. Those who live in other forms of tenure are the least likely to be supported regularly by a partner (18%, $p < .0001$). This is a highly significant association which indicates a link between social housing and lack of support from immediate family.

Families of origin and partners can be key providers of support regularly and this statistic indicate that there may be isolation issues for LGBT people. This needs further research to establish these support needs.

4.10. Conclusion

A significant proportion of the LGBT population within social housing in this sample have chosen to live outside of the main concentrations of social housing in, particularly, east Brighton. Although, those who live in social housing do live in St. James Street and Kemptown, these areas are perceived differently to estates on the outskirts of the city (see chapter 4). This may be linked to perceptions around the safety and LGBT-friendliness of those areas (see chapter 5), or to a desire for community engagement within the 'gay village' of St. James' Street and Kemptown. Those who live in social housing are more likely than other LGBT people to be disabled, be living with HIV, or be older. LGBT people in social housing experience particular forms of discrimination due to their gender and/or sexual identities. There are some very negative experiences of dealing with statutory services within this section of the sample. These relate both to Council and housing association provisions and also to neighbours and neighbourhoods. LGBT people in social housing are more likely than those not in social housing to face issues around wanting greater control over their drug use, inaccessibility of services, and lack of informal support networks.

5. Homelessness

5.1. Introduction

Homelessness for this report is defined as including sleeping rough, living in temporary Council accommodation, staying in a hostel, staying with friends and sofa surfing. This reflects the question that was asked in the survey and the data upon which this chapter is based. Homelessness can act as an indicator of vulnerability, as well as those who are homeless may be at risk in a plethora of ways. This chapter will outline the prevalence of homelessness amongst LGBT people, and outline LGBT homelessness in Brighton & Hove in the past five years. It will explore experiences of homelessness, including length of homelessness and Council assessments before addressing key risk areas for LGBT people who experience homelessness.

5.2. Homelessness amongst LGBT people

Over 1/5th (22%) of the sample had been homeless at some point in their lives. This was almost evenly split between those who had been homeless in Brighton & Hove and those who had been homeless elsewhere (see table 6.6). 4 people in the housing and relationship questionnaires spoke of being homeless (see also Cull et al, 2006).

Table 5.2a: Have you ever been homeless?

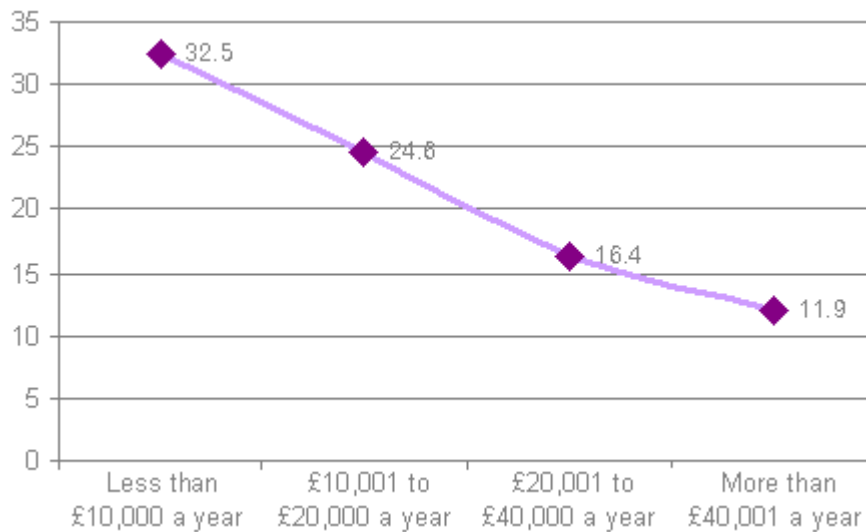
	Frequency	Percent	Valid %
Yes, while in Brighton & Hove	92	11.2	11.5
Yes, while elsewhere	80	9.8	10.0
No	629	76.8	78.5
Total	801	97.8	100.0
Missing	18	2.2	
Total	819	100.0	

There are significant disparities in experience of homelessness based on sexual and gender identities. 1/3rd of those who defined as bisexual, queer and otherwise coded have experienced homelessness, compared to 22% for lesbians / gay women and 19% for gay men. 36% of trans people experienced homelessness compared to 21% of non trans individuals; this result is, however, slightly above the significance level used ($p=0.055$).

There are also significant differences in the likelihood of experiencing homeless based on disability, HIV, isolation, and mental health. 1/3rd of those who defined themselves as disabled have been homeless compared to 20% of those who are not disabled. Those who have tested positive for HIV are more likely (29%, $p < .05$) to have experienced homelessness than those who have received a negative test result or who have not been tested (22%). 34% of those who felt isolated and those who sometimes felt isolated in Brighton & Hove have experienced homelessness (34%) compared to 15% of those who do not feel isolated (15%), and 26% of those who have experienced mental health difficulties have also experienced homelessness, compared to 9% of those who have not experienced mental health difficulties (statistically significant $p < .0005$).

Income was also a factor in experience of homelessness. Overall, 1/3rd of those earning under £10,000 had been homeless compared to 12% of those earning above £40,000 (see figure 6.6). The proportion that have been homeless decreases relative to the income grouping, with 25% of those earning between £10,001 and £20,000 and 16% of those earning between £20,001-40,001 having been homeless. It can be argued that experiences of homelessness are related to income and consequently LGBT people on lower incomes are more likely to have experienced homelessness. This can be seen as a form of multiple marginalisation, making LGBT people on lower incomes more vulnerable to the risks associated with homelessness, as well as to the various perceptions of their sexual and income identities.

Figure 5.2b: Experience of homelessness by income



It is not possible to conclude whether experiences of homelessness lead to these social differences, or whether homelessness was caused by disability, HIV, isolation, low income and/or mental health difficulties. However this is an area that requires further research in relation to LGBT people.

5.3. Homelessness in Brighton & Hove in the past five years

The question on the survey asked about homelessness in a person's lifetime, in order to assess a broad range of experiences of homelessness. However, when assessing contemporary homelessness it is possible to examine those who have moved to Brighton and Hove in the past 5 years for the first time and who has been homeless in Brighton. 62 people moved to Brighton for the first time in the past 5 years and have been homeless in the past five years. This is 8% of the sample as a whole, this is a significant proportion.

Although there is no significant difference in experiences of homelessness throughout life spans, there are age differentials when exploring contemporary homelessness. 18% of LGBT young people who moved to Brighton and Hove in the past 5 years have been homeless in Brighton & Hove in the past 5 years (n. 14), compared to 9% of those aged 26-35 (n. 14) and those over 55 (n.2). Another at risk category for contemporary homelessness is certain sections of the 36-45 year old age group. 19% of those in this age category who moved to Brighton & Hove in the past 5 years have been homeless (n. 27, 2 of these are trans and 4 have been married). This subverts assumptions regarding homelessness and the age specificity of this.

34% of those who have been homeless in Brighton & Hove in the past five years have experienced difficulties with their mental health in the past five years. 59% of those who have been homeless in Brighton & Hove in the past 5 years have had serious thoughts of suicide (n. 33), compared to 23% of those who have never been homeless (and have moved to Brighton and Hove in the past 5 years, $p < .0001$). In the general population, also, those who have been homeless are at a high risk of suicide. These figures indicate a significant contemporary support need in this area.

Those who are living with HIV (14%) are more likely to have been homeless in Brighton & Hove in the past five years compared to those who are negative and/or have not been tested (11% $p = .01$).

Sex workers are more likely to have been homeless in Brighton and Hove on the past five years. Three people (5% of those who have been homeless in Brighton and Hove, 23% of sex workers) who have been homeless in Brighton & Hove in the past five years have regularly taken payment for sex or have done so occasionally as necessary (these are defined as 'sex workers' and there are 13 of them in this sample). These were all male sex workers. 23% (n. 3) of those who regularly sell sex, 19% (n. 13) of those who did it once or do not do it any more compared to 10% of those who have not sold sex have been homeless in Brighton & Hove in the past five years ($p < .0001$). 13 people who exchanged sex once or 'don't do it anymore' have been homeless in Brighton & Hove in the past five years (these are categorised as 'temporary or former sex workers' and there are 68 of these in the sample). Conversely, those who have been homeless are more than 3 times as likely to have exchanged sex for payment (22%) than those who have never experienced homelessness (7%). This indicates an area of vulnerability both sex workers who risk homelessness and those who are homeless being forced into sex work. These findings need further investigation, including exploring the needs of sex workers and temporary

sex workers. 8% of those who said they had been homeless were currently sleeping rough, living in temporary accommodation, staying in a hostel or with friends, or sofa-surfing (see table 5.3a). This is 1.6% of the total sample.

Table 5.3a: Are you now sleeping rough, living in temporary accommodation, staying in a hostel or with friends, or sofa-surfing? (% who answered 'yes' to 'have you ever been homeless?')

	Frequency	Percent	Valid %
Yes	13	7.6	7.9
No	152	88.4	92.1
Total	165	95.9	100.0
Missing	7	4.1	
Total	172	100.0	

92% of those who have been homeless but are now not now sleeping rough, living in temporary accommodation, staying in a hostel or with friends, or sofa-surfing, said that they are in suitable accommodation. 9% said they are not now in suitable accommodation.

5.4. Becoming homeless

Definitions of homelessness vary and one respondent shared her experiences and lack of identification with this category:

When I came out, when I got together with my first partner (either) family would have had each of us live at home but her parents wanted me to stay away from her house & street, and my parents were hostile to her. We often didn't know where we were going to stay next week and sometimes that night. We stayed in very temporary accommodation and slept on floor / sofa / 'house sat' for friends. It was years before I thought of this as being homeless, because we had a roof over our head. We contacted several lesbian / gay housing support services but they were full to capacity. The lack of a place to go was massively stressful. Due to stressful fall outs with family, even more stressful. My partner started getting panic attacks and I know my mental health was not good. This made it harder to enter house-shares as we obviously didn't come across as easy going housemates. We house-shared with people from China, Eritrea, Malaysia who perhaps didn't recognise our stress and I know didn't initially recognise that we were a couple. One person who sublet to us told us to leave when a friend visited her & I think pointed it out we were a couple. We lived together for 9 months in a house with 'no boyfriends after 10pm' rule. When housemates worked out we

were sleeping together, they giggled a lot but didn't make problems

(Housing and relationship questionnaire, 7)

This quote highlights the possibilities of under-reporting of homelessness in the questionnaire. It emphasises the experiences LGBT people may have that may not be a visible or recorded form of homelessness, yet these individuals may nevertheless be vulnerable to the risks associated with homelessness. This quote highlights the complicated interactions between families of origin and other housemates that can result from negative reactions to same sex relationships. In this instance, these reactions resulted in homelessness and the risks of homelessness amongst LGBT people who experience domestic violence and abuse from a family member or someone close to them (see chapter 10). 4 people in the questionnaire data said that they had become homeless directly because of adverse familial reactions to their sexual/gender identities.

Bad time with family around the time I realised I was gay, mum threw me out

(Questionnaire 488)

30% of the sample had experienced abuse, harassment or violence from a family member or someone close to them, defined here as domestic violence and abuse. Those who had experienced domestic violence and abuse were more likely to have experienced homelessness than the rest of the sample. Chapter 10 addresses housing needs, including homelessness, for those who have experienced domestic violence and abuse. However, here it should be noted that partner abuse and violence can also result in homelessness for LGBT people.

I moved out of my flat and stayed in a hostel in London for a while, after my partner was getting drunk and starting to push me around. ... I quickly couldn't afford it, and ended up in this awful unsafe hostel. Some friends rescued me thank god

(Questionnaire 262)

The reliance on friends came through strongly in the data. The need to find accommodation with friends to ensure one was not homeless highlights the practical support LGBT social networks can provide. It also emphasises the vulnerability of LGBT people who do not have those networks, including those who have had to leave family homes, those who are isolated or who are new to Brighton & Hove.

Without support from families of origin, and/or high paying jobs deposits and high rents can make LGBT people susceptible to homelessness, and relying on friends to provide them with accommodation:

Sofa surfing is embarrassing and I feel like I'm intruding on others, but it's very difficult to get the deposit and month in advance for a flat

(Questionnaire 468)

Individuals who are relying on friends may not be considered in priority need. However, the lack of affordable rented accommodation can result in a prolonged period in which this may be the only option.

5.5. Experiences of homelessness

When asked to describe their experiences of homelessness there was a diverse range of stories. Two stories said that they had worked their way out of homelessness, with seven saying that the experience was 'ok' (with one person describing it as fun), this it was reasoned was either it was short lived and/or friends made the experience less damaging. One woman commented:

It was fine, short life, lesbian only hostel

(Questionnaire 504)

Most of those who were homeless, were homeless for less than 18 months (93%) (see table 5.5a).

Table 5.5a: How long were you homeless for? (% who answered 'yes' to 'have you ever been homeless?')

	Frequency	Percent	Valid %
Under a month	52	30.2	32.3
1 to 3 months	54	31.4	33.5
3 to 18 months	44	25.6	27.3
19 months or more	11	6.4	6.8
Total	161	93.6	100.0
Missing	11	6.4	
Total	172	100.0	

For most who commented on the questionnaire even small spells of homelessness were described using words such as dreadful, awful and damaging:

Terrible. I was a 14 year old boy and had to exchange my body for food and accommodation

(Questionnaire 70)

Hostel was disruptive, other tenants homophobic, problematic temporary B&B full of drug addicts / shabby / not safe. Private accommodation was in bad state of repair with hostile landlords

(Questionnaire 836)

Felt isolated with little support available at that time

(Questionnaire 45)

**Frightening, freezing cold, on the beach in Brighton.
No safe accommodation for women in Brighton, or
temp place to stay**

(Questionnaire 414)

These stories illustrate the vulnerability of those who are homeless. The isolation, desperation and lack of support in these experiences are apparent.

As highlighted above, friends can mitigate against street homelessness or a reliance on state services for LGBT people. 46 people who have been homeless said that they had stayed with friends, relatives or sofa surfed (moving between different houses and staying on sofas/spare beds). Some noted that this can lead to fraught relationships and friendship:

**It's depressing and you feel as if you are impinging on
somebody's own privacy**

(Questionnaire 130)

**Staying with relatives, it's embarrassing especially
when it takes ages to get a property anywhere. I feel
pressured for me and my daughter to go to a hostel
when I know it's not safe!**

(Questionnaire 133)

Not only can a reliance on friends and informal support networks, cause frayed relationships and friendship, it can have consequences for individuals themselves:

**Sofa-surfing is really nasty; lack of personal space can
have some pretty serious emotional issues**

(Questionnaire 521)

**Sofa-surfing was dreadful, full of anxiety and stress,
and filled my entire horizons, so that I could not handle
getting work till I had a place to call home**

(Questionnaire 718)

Due to the emotional distress experienced through using informal support networks, this form of homelessness can result in specific mental health issues and other support needs. This can escape the consideration of housing services, who may not have the resources to support those who are not street homeless at the time of seeking help.

Reliance on friends can mean that individuals are vulnerable to further experiences of dislocation and sofa surfing can involve numerous moves and a lack of security and settledness. This problem is intensified where rent prices are high and individuals do not have the means to get into the property market (see chapter 3):

I stayed with a friend for a while then she asked me to leave & I was really desperate as stayed with other friends but only [for] a few days. ... Affordable rented accommodation is impossible for those of us on low income

(Questionnaire 713)

Thus amongst LGBT people, informal support networks can mask significant amounts of homelessness from statutory and other services. For individuals at risk of homelessness informal support networks are invaluable but can put pressure on friendships, leaving those who are homeless once again vulnerable. Moreover, these arrangements can result in long term support needs.

5.6. Council assessment

Perhaps due to the reliance on friends and informal support networks, only 16% of those who have been homeless (n.25) had the Council conduct a housing and care assessment with them. Ten of these 25 people said that it had taken into account LGBT issues but 15 felt that it did not take into account LGBT issues. Only 2 LGBT people who were under 26 and had experienced homelessness said that the Council had conducted a housing and care assessment. One person noted implicit heterosexism in the Councils forms:

The Council application form does not cater for gay people at all

(Questionnaire 130)

4 of those who have exchanged sex for money and experienced homelessness said that the Council conducted a housing and care assessment. All of these were LGBT people who had exchanged sex once or don't do it anymore. 26 said that the Council had not conducted a housing and care assessment. Although these figures are small they indicate a potential area of unmet need within the LGBT communities. These groupings are both vulnerable and potentially need outreach work to engage with appropriate services.

5.7. Services for LGBT people who have experienced homelessness

In the qualitative data that asked how people felt they were treated by the Council, 12 people said that they had been treated ok, well or very well by the council services. One person notably added the proviso of 'but I did not disclose my sexual orientation' (Questionnaire 136). In the qualitative comments six people indicated that they would not use Council services, one said:

I haven't been to the council. I don't think they'll be able to help me because when I've gone to the council before, the only way I would get somewhere to live is if I had any children or have any disabilities

(Questionnaire 557)

Although these assumptions around the provision of council housing may be problematic, one experience can taint people's views of the possibilities of obtaining housing and the use of housing services. One person mentioned using other services due to how they felt they were treated by the Council:

It was very impersonal and felt as though I was almost an inconvenience for them. No assurance was given that I would be housed soon, so had to use other services

(Questionnaire 538)

In the housing and relationship questionnaires, Brighton Housing Trust was mentioned as providing for those who were homeless, or who had the potential to become homeless. In one questionnaire Brighton Housing Trust were described as 'very helpful' (see also chapter 4).

Council staff were described as 'a little shocked but were courteous', when one woman registered for social housing as trans, bisexual and with 'mental health illness'. Those who had experienced homelessness were asked how they felt that the Council had treated them. There was some mixed responses:

At first as scum, but by helper from Council ok

(Questionnaire 46)

The reliance on individual sympathetic housing workers within the Council was highlighted in chapter one, where the LGBT friendliness of Council services could be seen as related to the officer.

Thirteen people in the qualitative data in the questionnaires who had been homeless said that the Council had treated them badly. The poor treatment of homeless LGBT people indicates their vulnerability and issues of multiple marginalisation:

Shabbily – when I was in Council B&B and complained about transphobic victimisation by hotel owners, Council sided with them

(Questionnaire 828)

The powerlessness in this quote is apparent. Where hotel owners are transphobic, it may not be desirable to have LGBT people stay in such accommodation. However, the Council should not be using such accommodation for vulnerable people. This quote may also indicate a need for specific LGBT accommodation, where vulnerable LGBT people can feel safe.

5.8. Key areas for support for homeless LGBT people

Alongside the data that suggests there should be provision for LGBT people who are currently homeless or who have experienced homelessness in the past, 57% of those who have been homeless would like to see some aspect of specialist LGBT service provision (14% would like to see service run for LGBT people and 43% would like to see a mixture of LGBT specific and LGBT friendly services). Although this question does not directly pertain to homelessness, it does indicate a desire for LGBT specific provision.

There are key support needs for homeless LGBT people. Some of which mirror, the support needs of heterosexual homeless people, however, these services need to take into account LGBT issues and be aware that mainstream services can be perceived as unsafe for LGBT people. In providing for the support needs of LGBT people who are currently homeless or who have support needs related to their experiences of homelessness, issues of sexual and/or gender identity need to be accounted for. Conversely, in providing for LGBT people, issues of homelessness and the effects of homelessness should also be considered.

5.9. Drugs

There is a significant association ($p = .002$) between the use of illegal drugs or using legal drugs without a prescription or medical advice and homelessness. LGBT people who have been homeless in Brighton & Hove (64%) and elsewhere (62%) are more likely than those who have not been homeless to have used drugs in this way the past five years (48%). Only 2 people in the sample who have been homeless in Brighton and Hove have use ever used drug services in Brighton and Hove (3%), 97% of those who have been homeless in Brighton & Hove have not used drug services in the city.

5.10. Alcohol

60% of those who have experienced homelessness have been concerned about their use of alcohol, however, this is only slightly higher than those who have never been homeless (57%, $p = .015$). However, it does indicate that the majority of LGBT people who drink alcohol have been concerned about their use of alcohol. This is a need that could be provided for across the LGBT community.

5.11. Isolation

Those who have been homeless are more likely to experience isolation (53%) than those who have not been homeless (28%). These figures do not indicate whether experiences of homelessness have led to isolation or whether isolation resulted in homelessness experiences. Clearly this is a factor when addressing the risk of homelessness amongst LGBT people, particularly where informal support networks can be central to preventing street homelessness.

Table 5.11a: Isolation by homelessness

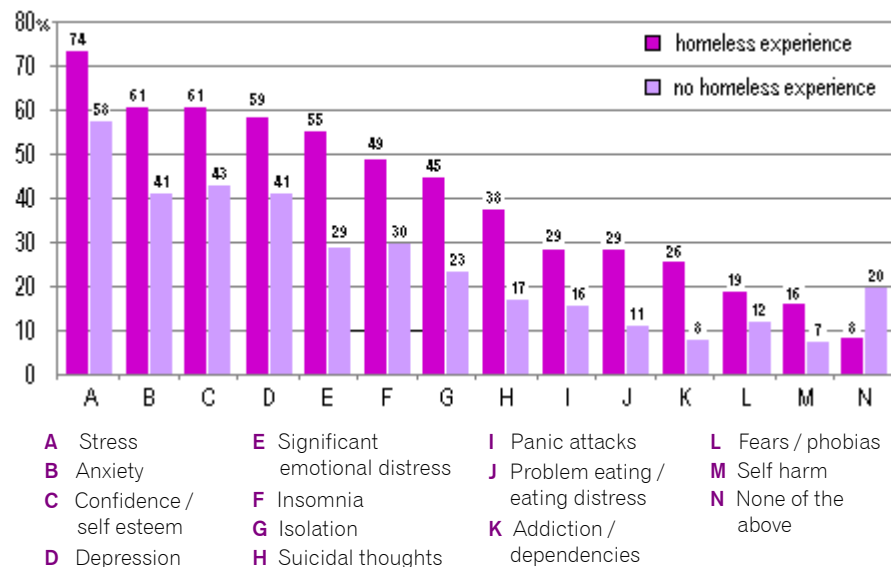
		yes/sometimes	no	Total
Yes, while in Brighton & Hove	No.	47	42	89
	%	52.8	47.2	100.0
Yes, while elsewhere	No.	40	37	77
	%	51.9	48.1	100.0
No	No.	169	444	613
	%	27.6	72.4	100.0
Total	No.	256	523	779
	%	100.0	100.0	100.0

p < .0001

5.12. Mental health

There is a statistical association between experiences of homelessness and mental health difficulties (all of the mental health difficulties listed in figure 5.12 have a significance level of p < .0001 all significant association, except anger management). Those who have experienced homelessness are more likely to have had difficulties in the past five years with their mental health. Figure 5.12a illustrates the range of these difficulties and highlights the differences between those who have experienced homelessness and those who have not.

Figure 5.12a: Experiences of homelessness by mental health difficulties



This data does not indicate whether experiences of homelessness have made LGBT have more difficulties with their mental health, or whether mental health difficulties have left LGBT people vulnerable to homelessness. Services dealing with LGBT people with mental health difficulties therefore should be aware of their mental health issues associated with homelessness. Services should be aware that there could be risk of homelessness from those who have experienced mental health difficulties.

5.13. Conclusion

Within the LGBT communities there are differences in those at risk of homelessness, particularly around sexual identity, disability, living with HIV, income level, emotional and physical wellbeing, and mental health. Experiences of homelessness and reasons for homelessness often pertain to sexualities and gender identities. Many people rely on family and friends in periods of homelessness which can have impacts on social networks and mental health. Perhaps because of the support networks that were used, only 16% of those who have been homeless had the council conduct a housing and care assessment. Services dealing with homeless people and those dealing with LGBT people should be aware of the needs of LGBT homeless people. The risks associated with homelessness, for example risks around sex work, sexual health, mental health, and/or the formation of inappropriate relationships, may mean that LGBT people who have experienced homelessness may have a range of needs that differ from LGBT people who have not experienced homelessness.

6. Specialist housing needs

6.1. Introduction

There is a dearth of literature regarding LGBT specialist housing needs, and a lack of any common guidance that addresses the needs of LGBT communities. Those within LGBT communities may have housing needs relating to their experiences of discrimination based on their sexual and/or gender identities. However, these needs may vary throughout their lives and also be related to experiences of multiple marginalisation. Nonetheless, the questionnaire tackled the issue of specialist housing needs directly, allowing respondents to self identify as having specialist housing needs, without having to justify this label. By analysing the identity groups within the sample who felt they did have specialist housing, we can indicate and offer some suggestions as to the nature of these needs. Consequently, this chapter will highlight some key areas of specialist housing needs for LGBT people from the data in the sample. It will firstly explore the break down of specialist housing needs by identity categories, before moving to sketch out LGBT specialist housing services and finishing with some issues for older LGBT people and specialist housing needs.

6.2. Specialist housing needs

The Count Me in Too research posed the question ‘do you have specialist housing needs?’ 8% of LGBT people said that they have specialist housing needs (n.60). This question did not define specialist housing needs but allowed LGBT people to self define within this category. By analysing statistical differences between those with specialist housing needs it is possible to identify some areas of need amongst the LGBT population of the city.

Those who have specialist housing needs were far more likely to be located in social housing (37%) than those without specialist housing needs. Yet the majority of those with specialist housing needs did not live in the social housing sector; 30% rented privately and 15% owned their own homes. This may indicate a lack of understanding of LGBT specialist housing needs, or a lack of suitable or available accommodation in this sector (see chapters 3 and 4). In addition, there is a historical difficulty on the part of statutory services in accepting that certain identity groups, such as LGBT people, may have specialist housing needs at all, compared to other identity groups whose specialist needs are commonly accepted, such as older people. This may explain why LGBT people with specialist housing needs find their needs better met by the looking beyond the social housing sector.

Those who identify as disabled or long term health impaired are more likely to report having specialist housing needs (37% compared to 2%) than those who are not disabled. This is a strong association and implies a link between disability and specialist housing needs. This is perhaps to be expected yet it should still be noted that the majority of LGBT disabled people do not live in social housing (79%). A significantly ($p < .0001$) higher proportion of LGBT people with mental health difficulties (17% compared to 5% of those who had not had mental health difficulties in the past 5 years) have specialist housing needs. This links to the disability statistic where 18% (n. 96) of those with mental health difficulties defined as disabled. Landlords can be reluctant to rent to those with physical disabilities due to a perceived or actual need to adapt the accommodation, or to those with mental health difficulties perhaps due to concerns about the ability of those with mental health needs to manage their accommodation. This kind of discrimination is a form of ablism and should be challenged.

Those living with HIV (18%) are more likely than those who have not been tested for HIV or have tested negatively in their most recent test (6%) to have specialist housing needs ($p=.002$). This links to the disability statistic as 53% (n. 29) of those who are living with HIV also identified as having a disability or a long term health impairment.

There are significant disparities in levels of specialist housing need by experience of homelessness. 15% of those who have been homeless in Brighton and Hove define as having specialist housing needs. 11% of those who have been homeless elsewhere say that they have specialist housing needs. These are higher than the rest of the sample (6%) who have not been homeless. This could indicate a period of homelessness that has now been resolved, and indicates that the homelessness may not be due to long term needs.

6.3. LGBT specialist housing services

This section will illustrate some of the key issues for LGBT people and housing services in relation to their identities and lives. The Out On My Own research (Cull *et al.*, 2006) found that young vulnerable LGBT people may require specialist housing services that understand their sexual and gender identities. This is supported here and 71% of younger people think that housing schemes specifically for young LGBT people are necessary. However, the desire (and need) for specialist housing provision for LGBT needs is not limited to young people. Amongst others, specialist LGBT housing services can be desired by those who are experiencing hate crime and/or domestic violence. Comments on the questionnaires requested a 'LGBT housing service' (questionnaire 628) and housing was a particular issue for those in focus groups:

Sally:

I think there's a huge housing issue in the city. I would like specific services for LGBT people applying for housing and also I'd like a service for, you know, LGBT people fleeing domestic violence, whether it's from within the family or with their partner. There's no services whatsoever for people who are experiencing

domestic violence in our community and I'd like to see that as well

Howard: **There's nothing for LGBT people support wise and housing again has been one of our main issues. I think the other area is just lack of awareness really and I would like to see more, if not training, just more kind of actual LGBT services rather than mainstream because if they can't actually deal with LGBT people properly then maybe we need our own services to deal with it.**

(Hate crime focus group)

Where mainstream services may be unable to understand or provide for the needs of LGBT people, Howard argues that 'maybe we need our own services'. Housing is central to issues of inclusion and discrimination, and where homes are threatened by hate crime, housing policy and support becomes a key issue for discussion (as was the case in this focus group and see chapter 8). The need for housing provision for survivors of LGBT domestic violence and abuse is considered below (see chapter 10), but here it should be noted that this should be catered for within specialist housing provision for LGBT people.

The desire for specialist housing services is, in part, supported by the data regarding the provision of services for LGBT people. In the overall sample only a third of respondents indicated that their sexuality or gender identity was unimportant in their use of services. 46% of respondents want some form of LGBT specific service in the provision of choices. 34% said they would like a mix of LGBT specific and friendly services, and 12% wanted LGBT specific services alone. Those with specialist housing needs are significantly more likely to want LGBT specific services ($p < .0001$). 74% of those who have specialist housing needs would like to see some aspect of their provision be LGBT-specific. Half of those with specialist housing needs would like a mixture of LGBT friendly and LGBT specific services and just under a quarter (24%) would like to see LGBT specific services, although this is a generic question and does not apply solely to housing.

6.4. Older LGBT people and specialist housing need

Those who are over 46 are the most likely to have specialist housing needs (13% compared to 4-8% of those aged under 46, $p < .0001$). Whilst this may not be distinct from the general population concerning the need for support and housing as one grows older, there are specific issues pertaining to the provision of LGBT accommodation for older people. 62% of older people would be interested in sheltered housing/extra care housing/residential care that is specifically for the LGBT community. The 'Whole of Me' project suggests older LGB people have a significantly greater dependence on professional care services because they are: twice as likely to be single, 2½ times as likely to live alone, and 4½ times as likely to have no children to call upon in times of need (Knocker, 2006).

There are concerns regarding older people's housing and the prospects of growing old without suitable accommodation that is LGBT friendly.

It's a genuine fear that I have. I am fiercely independent. I am just over 40. If my health deteriorates a lot over the next 10 years I will be allowed to go into sheltered housing. My fear is that as I get older as my family of origin die, I will be alone and I do fear going into care. I am amazed even when I worked in health that there are no nursing/care homes specifically for the LGBT community because I know because of my lifestyle I couldn't ever if I had to go into a str8 [straight] care, nursing home as I got older

(Questionnaire 13)

For this respondent the fear of getting older (one that echoes for many LGBT people) is the prospect of going into straight care (mainstream care where an LGBT lifestyle is not perceived to be possible). The options for LGBT people are limited and the absence of a specific LGBT care, alongside a general assumption that care for older people is straight is a genuine and deep seated fear. This desire for an LGBT specific residential accommodation for older people was echoed throughout the qualitative data:

retirement homes/villages for LGBT seniors

(Questionnaire 418)

Though I don't need it yet I feel specific old people's homes for gays and lesbians would meet a very real need

(Questionnaire 628)

However, in the Older people's focus group there was some caution expressed about being 'hived off' into a 'gay ghetto'. This reflects discussions that the rest of the sample had regarding an LGBT healthy living centre:

Alf: **It also occurs to me that you know at some stage in the future I'm, it might be better for me to live in some sort of sheltered accommodation or whatever but one of the things that I like about where I am is that I am actually in a mixed community, there are young people, there are older people, there are kids, you know what I mean, there is everybody around me. I don't want to be hived off into a little ghetto of elderly gay people.**

Jude: **Yeah, that's one of the things I was going to ask you about because Brighton Council has got policy, unofficial, putting the same sort of people together all over their town right, so if you are trouble makers you**

go to Moulsecoomb or upper part of Whitehawk, if you've got mental health issues or learning difficulties you go [into] little ... enclaves more or less, they are situated in the town all over the place. Where they going to group people together if they go for housing and help?

Researcher: Would you want to be grouped together?

[Participant unclear]: Not really

Researcher: Would other people want to be grouped together?

Jude: **No. I want to mix with everybody**

Alf: **I mean as long as I feel safe, I'd much rather that was the general situation**

Jude: **Yeah exactly**

Paul: **Well I'm living in your worst nightmare [laughter]. Stuck out in the far end of Moulsecoomb with everybody waiting to ... God's waiting room sort of thing. I'm the youngest one there.**

(Older people's focus group)

This discussion illustrates similar concerns regarding an LGBT healthy living centre that if it were the only place LGBT people could go, it would restrict choice and prevents interactions with other people. Here Jude emphasises the importance of safety and the need for LGBT friendly and safe options for older LGBT people. This view is reiterated through the questionnaires- often in terms of a fear that choice will be restricted. The perception of the housing policy that forces people into 'ghettos' is viewed negatively and the desire is to live in a mixed, safe community. These perceptions of safety are related to specific areas of the city and Paul's comment replays the undertone of comments regarding both sheltered accommodation and the Moulsecoomb area. Both of which are perceived to be unsafe and undesirable for LGBT people. In order to create LGBT friendly accommodation, the fears regarding the safety and friendliness of supported accommodation needs to be addressed. These housing options should not solely be located within the social housing sector:

Housing options for older people not housed by the public sector/housing associations

(Questionnaire 399)

There was desire to see other housing support services developed for LGBT older people including residential care services and a help services for older LGBT people. These should be in addition to creating LGBT safe and friendly accommodation.

6.5. Conclusion

8% of LGBT people defined as having specialist housing needs, yet the majority did not live in social housing. This may indicate a lack of provision in this sector for LGBT people or a mistrust of social housing. Those who have specialist housing needs are more likely to have disabilities, have mental health difficulties and be living with HIV. These groupings may experience multiple forms of discrimination from landlords who do not wish to adapt their accommodation or have prejudicial fears regarding the care of their accommodation. There was a desire for specialist housing services for LGBT people. These should be offered amongst a range of provisions and include services to help survivors of hate crime and domestic violence and abuse. Those over 46 are the most likely to have specialist housing needs, yet there is a fear regarding the provision of LGBT friendly housing and housing services for this age group. The provision of LGBT specialist and LGBT friendly services to older people was seen as an important concern as those who are living open LGBT lifestyles age. It was also believed to extend beyond the social provision of services to all sections of the aging LGBT population.

7. Housing and community safety

7.1. Introduction

Although the housing stock for the Council is located mainly in east Brighton in areas such as Whitehawk, Mousecomb plus neighbouring areas like Coldean and Bevendean other high density areas include Albion Hill (Tarnar), Bristol Estate and Craven Vale, Hollingbury, Hollingdean and Woodingdean, LGBT people in social housing are not concentrated in these areas. This could imply a fear regarding living in these areas. However, LGBT people regardless of tenure live across the city and hate crime is not confined to these areas. This chapter will firstly explore LGBT experiences of hate crime from their neighbours. The reporting of neighbourhood crime will be addressed before moving to the fear of crime and feelings of safety. The chapter will finish by sketching some of the issues that pertain to harassment and mental health.

7.2. Neighbourhoods

Matt: **[I have been] harassed by a bunch of people in our street, that for some reason don't like us and I think it's because we're gay. I can't believe that because I mean it's Brighton for God's sake you can't believe people. It does happen, people just don't like you. But we're having so much trouble over the years, so much trouble, we have been called paedophiles, we've had our front door kicked in. the other one went to court and pleaded guilty to the assault in the street, he's been... they've made false accusations against Peter (his partner) and the police have come and arrested him and 10 o'clock at night and put him in a cell. Our other friend has been arrested... these people have gone out of their way to inconvenience us in every little shape and form and whatever way they can.**

(Hate crime focus group)

Tracey: **I had that in my old flat, there were these two people they were hassling me putting like lit matches through my door, food through my door, just writing Dyke right across the landing.**

(Mental health focus group)

Both of these people lived in social housing and illustrate that hate crime is not limited to physical violence from strangers. As Matt and Tracey illustrate, it can take numerous forms, including ongoing harassment, intimidations and using familiarity with services and the level of trust that they had with these services to imply that Matt and Tracey were the perpetrators of violent crime. This form of hate crime can involve criminal damage and an attack on personal property. 122 people in the sample had experienced some form of abuse, violence or harassment in their neighbourhoods because of their gender/sexual identities. 56 people said that they had experienced violence harassment and abuse from a neighbour:

My neighbour directly above will not communicate with me over harmonising the tenancies. Bullies me by making constant 24/7 noise. Immediate attack responses to civilised requests.

(Questionnaire 841)

10 of those who experienced abuse, harassment or violence from a neighbour lived in social housing, 25 in privately owned homes and 15 in privately rented accommodation. Thirteen LGBT people said that they had experienced some form of LGBT hate crime from a landlord in the past 5 years and 5 of these lived in social housing.

Contrary to potential assertions regarding household formations and experiences of hate crime, those who lived with a same-sex partner were slightly less likely (28% compared to 30%) to have experienced homophobia/biphobia/transphobia in the area where they live. This difference was not significant. 37% of those who are living with HIV experienced discrimination on the basis of their gender and/or sexual identities in the areas where they lived. The problems this can cause for those living with HIV was indicated in the focus group data:

Matt: **The people that are harassing us and this is really, this has been going on for quite a while now, and these people for some reason the Council won't take action. I understand that they might be ill or whatever, but I'm a guy living with HIV. I changed my medication this year and I failed a combination, I failed a combination that was the side effects were like you couldn't believe. I couldn't believe it myself and I had to stop and in the meantime I'm getting called 'queer' and 'faggot' in the street and I thought I don't need this. The Council are there to house people, some vulnerable people for different reasons, but surely they should be there to protect me and the Council have failed me as a landlord, they really have, they've failed me as a landlord and I'm disgusted with them**

(Hate crime focus group)

For Matt the Council failed to protect him from those he has been told also have vulnerability issues. His physical reactions and mental anguish when a combination of HIV drugs failed him were added to by hate crime he experienced from his neighbours.

30% of those who lived in St. James Street and Kemptown and areas of potential deprivation had experienced some forms of prejudice where they lived in the last five years due to sexual and/or gender identities. However, those who lived in Kemptown and St. James Street were the least likely to suffer criminal damage (2%), sexual assault (1%), and bullying (5%) in the past five years due to their gender or sexual identity ($p < .05$). Those who lived in the areas of potential social deprivation were more likely to experience criminal damage (9%) and sexual assault (7%) than those who lived in St. James Street and Kemptown, and those who did not live in any of these areas (4% criminal damage, 3% sexual assault). 13% of those who live in other areas outside those listed experienced bullying compared to 12% of those in areas of potential social deprivation.

This data does not indicate where the assault took place, as it may not have occurred where people live. Whilst Police data for reported hate crime shows hot spots for physical assaults around the 'gay village', safety agencies (Partnership Community Safety Team, Police, THT, Spectrum, Housing, eb4u) accept that there is significant under-reporting of all LGBT hate crime, particularly involving 'low-level' harassment and abuse, confirmed in these findings (see the draft LGBT community safety strategy, 2007). Although this data does not indicate where the violence or abuse took place and therefore cannot be used to target policing initiatives, it should be recognised that safety initiatives should not solely concentrate on residents who live in Kemptown or St. James Street. The need to address hate crime where LGBT people live is explicitly addressed in developing strategies (see **draft** LGBT community safety strategy).

Those who live in social housing are more likely to experience certain forms of LGBT hate crime. Those in social housing (20%) are the least likely to say that they have not experienced hate crime that was due to their sexual or gender identities in the past five years. 32% of those who own their own homes and 24% of those who privately rent have not experienced violence, abuse or harassment in the past five years due to their sexual or gender identities. 8% of those who live in social housing experienced sexual assault in the past five years that was due to their sexuality or gender identities, this contrasts with 2% of those who own their own property and 5% of those who rent privately ($p = .03$).

32% of those who live in social housing have been teased because of their gender/sexual identities, 18% of those who own their own homes and 23% of those who rent privately experienced this form of harassment ($p = .03$). 53% of those who live in social housing have received negative comments in the past five years relating to their sexuality or gender identities. This is similar to those who own their own homes (59%) but contrasts with those who rent privately (65%, $p = .05$). This indicates that those in rented accommodation may have support needs that are not addressed in the focus on social housing. Although the data does not suggest who is doing the teasing, with new sexual orientation legislation, negative comments from service providers can now be addressed.

7.3. Reporting LGBT hate crime from neighbours

41% of those who had experienced hate crime from their neighbours reported an incident of hate crime (the data does not allow us to see which incident they reported). This missing data is much lower than for the overall sample (39% compared to 25%) indicating that those who experience hate crime from their neighbours may report these incidents more than those who do not. It should be noted only 61% have reported an incident indicating that there is an undercounting of LGBT related hate crime from neighbours. Anecdotal evidence suggests that this form of hate crime has a higher rate of repeat and prolonged victimisation, which may account for the higher levels of reporting. However, the police do not collate data by neighbourhood harassment.

Table 7.3a: How many of those who had experienced hate crime from neighbours reported at least one incident?

	Frequency	Percent	Valid %
The police	23	41.1	67.6
The Community Safety Team	2	3.6	5.9
Other	9	16.1	26.5
Total	34	60.7	100.0
Missing	22	39.3	
Total	56	100.0	

Table 7.3a shows a much higher level of reporting to the police than the general sample. However it shows a consistently low level of reporting of abuse from neighbours to the Council's Partnership Community Safety Team which has a remit to 'improve community safety, reduce crime and disorder and make people feel safer across the city' and offers 'help or advice regarding anti social behaviour that causes harassment, alarm or distress' including 'homophobia' (Brighton and Hove, 2007a, b).

In the focus groups experiences of reporting and the action taken from reporting neighbour related hate crime were discussed:

Matt: **The police, I'm surprised, the police have been great. To be honest I thought the police would be a bit awful, I thought the Council would be the better one. But the police, the police have got cases together, prosecutions and it's still going on, these people are still doing what they're doing. The Council have done nothing. I'm so, so angry with... I have had the Council... I have the [name of Council officer] has literally laughed at me down the phone. She said "A big fella like you can't be intimidated by a bunch of little women". I find the Council disgusting and really for, for a town like Brighton that has such a big gay population, the Council are just completely useless**

(Hate crime focus groups)

Matt argues forcefully that there are disparities in services between statutory services. As has been noted above, experiences with the Council can be related to contact with specific individuals. There is no reason to believe a similar argument cannot be made about the police. Here Matt contends that his experiences with the Council have been hugely heterosexist, relying on dubious gendered stereotypes when he has complained about his harassment. In contrast the police have engaged with his experiences of hate crime and offered him help and support.

Housing services were also pointed to as an issue when dealing with conflicts between LGBT people and landlords:

When I was a homeless person living in Council B&B's the Council supported the transphobic landlords against me

(Questionnaire 828)

Housing services may have to broker conflicts between tenants and landlords in ways that maintain properties for social housing. However, the perception here is that of 'siding' with transphobic landlords against a client. As has been discussed in chapter 3, trans people can find the private rented sector difficult due to transphobic landlords. This can also be the case when living in council supported accommodation. Apparent lack of Council action can be perceived as the Council 'siding' with abusive neighbours and landlords:

Matt: **But we just get so much grief, and the thing is the Council... they spend so much money, "We will not tolerate this. We will not tolerate that. We will not tolerate the other and we will..." we can't be abusive, Council tenants can't, I mean there in the Council's handbook, and it's all not worth it, it's not worth toilet paper. We have been laughed at, we have cried down the phone, we have... "Well, Mr [name] have you kept the diary sheets? Have you kept the diary sheets?" "Yes, I have kept the diary sheets, what are you going to do? If you don't do something about this is going to get worse one of us is going to be assaulted..."**

Nigel: **And then they turn round and say "Well, we don't really accept a diary because it's just one person's opinion in the end."**

Matt: **There's nothing we can do.**

Peter: **Exactly.**

Matt: **And then one of us was assaulted. "Oh, well, are you keeping the diary sheets? Are you keeping the diary..." I mean how many bloody diary sheets do you need to keep? It's just disgusting, I'm so disillusioned and if I really... I am so... if I had money I would give the Council's flat to the Council and I would say "Stuff it!"**

I'd say "You are the worst landlords, you are just disgusting..."

Nigel: **We get called in for a visit [Council officer] who basically sit there telling us off for being so mean to this poor old couple downstairs despite the fact that there's charges against him. Not necessarily like they got followed through or anything, but....**

Tony: **Apart from that one time that he [name] went downstairs to sort of say to this guy, "Look, leave us alone, that's it, we're calling the police" that is the only time either of us had ever approached him. He's broken a window, we've had to get that repaired through the Council and the Council are just like "Well, whatever." You know, he's forced his way into my home each time this guy has come up to us, to my premises, he's forced his way in, you know, he's thrown stuff. He's... oh, anyway, he's threatened to have all my rats put down and taken away and this was within the first few months of having the rats and that's when he first let himself in... So, but I mean the Council just seem as though, there's an old person, they will just bow down, bend over backwards, and accept anything they say at face value and it doesn't matter what you have to say, it doesn't matter how much evidence you manage to accumulate leading up to the situation, "But they're old, you obviously must have done something". It's like "Well, no, I mean if you'd actually bothered to keep my records from the start you'd see the reason I was housed was because I was completely agoraphobic, thank you. [LAUGHTER] But yeah, I just wouldn't leave the home, I wouldn't say boo to a goose and now, yeah, I'm having to do all of this**

(Hate crime focus group)

Housing polices regarding re-housing those who have experienced hate crime from their neighbours, can be perceived as slow in addressing the perpetrator. The Council's 'sit tight' approach is supported by a range of services from counselling to physical security measures. However, with many abusive and violent cases, the victim may not feel safe to remain in their homes and in these cases a priority transfer to another property is sometimes the only option. This desire to be moved quickly can be motivated by a desire to move away from the abuse and the perpetrators. For survivors of hate crime, moving can be quicker than court challenges and other forms of redress:

Tracey: **I spoke to the Council and the Council said they don't want to move them because of the rent they want off them so I had to be moved and I really loved my little place and I was the one who had to move but at least I moved to a bigger property, so I can't... It went on for about six years and it was just having all these hassles**

... but I had to keep a diary of everything as well so for the evidence for the Court and that so for the Council but they moved me just in time before the Court case.

(Mental health focus group)

For Tracey she has been moved from her home in order to escape verbal abuse and hate crime. She experienced six years of this prior to being moved, however she notes that her move was 'just before' the court case was heard. This evidence suggests a desire to stay in the housing Tracey was in and to move the perpetrator, which should perhaps be the first consideration for housing officers. For many there is a desire to leave the area and the housing where a perpetrator and their social networks can be intimidating and violent. This may mean that whilst some want to stay and have the perpetrator dealt with appropriately, others do not want to risk staying even if the perpetrator is removed (this includes the fear of potentially having to deal with further conflicts from extended social networks.) Where hate crime is an issue, these should be considered priority moves. However, even where the choice is given, as noted in chapter 3, moving may not be an option due to a lack of properties adapted to an individual's needs.

7.4. Fear of crime

Fear of crime has important implications in where people go and when. Avoidance strategies can be deployed in order to feel safer. These can include avoiding particular places. This chapter will now address differences in avoidance tactics within the LGBT communities and offer some indication of the perceptions of places that inform these tactics.

7.5. Going home

Despite 30% of those who live in St. James Street and Kemptown saying that they have experienced hate crime where they live, this group (13%) are the least likely to say that they avoid going home to where they live due to safety concerns. This rises to 15% for those who do not live in any of the areas listed in the questionnaire and rises steeply (22%) for those who live in the areas of potential deprivation. There are also significant differences in avoidance of home places by tenure ($p < .0001$). LGBT people who live in social housing are over 3 times as likely to avoid going home to where they live (49%) than those who own their own homes (13%) and those that rent privately (15%). This indicates a pattern of fear and avoidance of areas of residence that varies by tenure and area of residence.

One respondent mentioned their anxiety of the estate where they live and how this linked into their sexuality:

Think it is more my generalised anxiety levels and fear of what could happen, i.e. homophobia from teenagers on [the] estate I live [on]

(Questionnaire 16)

These anxieties and fear can result in the concealment of sexual and gender identities. In these cases going home to where one lives may mean concealing 'dangerous' identities even in 'tolerant' Brighton:

Gemma: **In certain area of Brighton it is known like the gay community and they are recognised and everything but where I live it is not a gay community and I don't think they would like gay people where I am.**

Researcher: So how are you treated where you live then, specifically?

Gemma: **Well nobody knows I'm gay round there. I don't feel safe to turn round to tell everybody I'm gay but there again my neighbourhoods very, it is not, not clean neighbourhoods you know, we don't really know our neighbours that well.**

Researcher: So what do you think would happen if you were out about who you are?

Gemma: **I'd probably get set upon, it is that type of neighbourhood that I might get my windows smashed or**

Tracey: **I had that in my old flat, there were these two people they were hassling me putting like lit matches through my door, food through my door, just writing Dyke right across the landing**

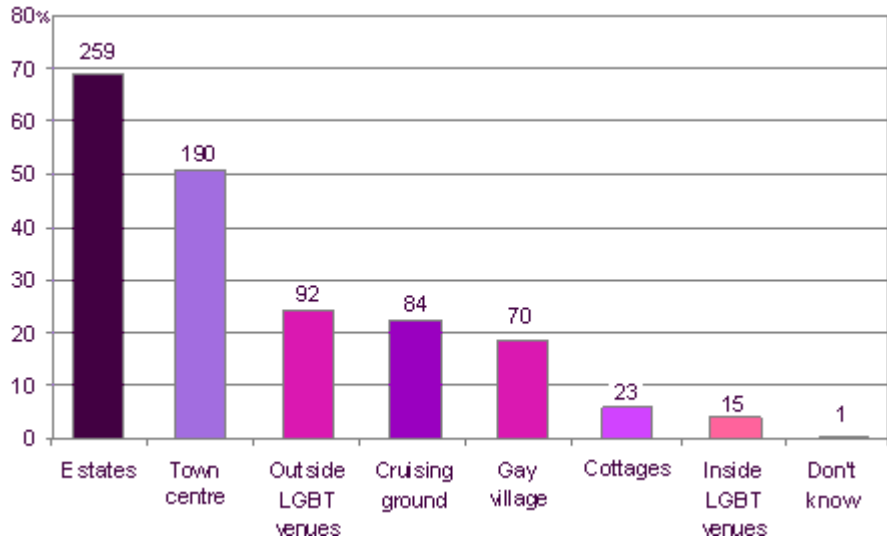
(Mental health focus group)

Gemma points to the differences that have already been seen in the quantitative data regarding 'gay areas' compared to other areas of Brighton & Hove that are perceived to be less safe. Gemma and Tracey worry about being seen to be gay in the areas in which they live and how this could result in attacks on their property. This is from prior experience of such hate crime (see also section 7.6). These fears and past experiences therefore inform how comfortable Gemma and Tracey feel about their sexual identities in their areas of residence.

7.6. Safe in the city?

Only a third (33%) of respondents stated there was nowhere in Brighton and Hove where they did not feel safe. The majority of those who indicated they did not feel safe stated that they felt less safe in estates on the outskirts of Brighton and Hove (69%) and in the town centre (51%) (See Figure 7.6a). 76% of those that said that they felt unsafe, said that they felt less safe because of homophobia, biphobia and/or transphobia. This indicates a fear of particular areas of Brighton & Hove that are areas of residence and can be associated with large housing estates.

Figure 7.6a: Which places / services / facilities do you feel less safe in? (% of those who stated there were places in B&H in which they did not feel safe)



76% of those who live in social housing do not feel safe in the estates on the outskirts of Brighton & Hove. This has clear implications when allocating social housing to LGBT people and may also, in part, explain the distribution of those in social housing outside the areas where there are large housing estates. These safety fears have geographical connotations:

It's not just the homophobia on West Street. In Moulsecoomb and Whitehawk - its the general level of intimidation and violence. I wouldn't go there, I wouldn't live there, and I don't know what you can do about it

(Questionnaire, 262).

This questionnaire answer highlights how avoidance strategies due to fears of homophobia can restrict movement across the city. It also points to decisions regarding where LGBT people may want to live. The fear of large housing estates is not solely attributable to those in social housing. For this person they would not choose to live on particular estates. Some noted the potentially irony in creating 'safe' LGBT spaces:

Not sure you can. It's the people that live in these places and you couldn't just evict them. That would be another form of prejudice

(Questionnaire 448)

For others they already live on these estates and seek to increase the numbers of LGBT people in their area:

Well strangely enough I live in an estate on the outskirts of Brighton, and i am one of two gay people on this estate who from time to time suffer from it, I actually believe that the Council/housing association

Lettings should be to all sexually orientated groups not just heterosexual couples, with or without children

(Questionnaire 13)

More visible queers everywhere. Queer housing estates!

(Questionnaire 20)

These questionnaires emphasise the perceived link between numbers of LGBT people and experiences of hate crime. Although this link can be dubious, there is clearly some work to be done both to make these estates safer for LGBT people and to address the perceptions of these areas.

A number of solutions were suggested to address hate crime, homophobia, biphobia and transphobia in estates and across the city. Education was seen as crucial for some:

Educating children in schools about LGBT so they understand it and there is less homophobia. Religious groups stopping being homophobic and instead welcoming LGBT people

(Questionnaire 838)

In the neighbourhood renewal area focus group it was noted that neighbourhood renewal officers engaging in such ventures as promoting a Pride float; both changed the perceptions of LGBT people about these areas. It also challenged prejudice in these areas and made LGBT people who live there feel safer:

Andy:

If you go to a [gay] pub and you say 'I'm from Whitehawk', and they're like, 'Well where's your Burberry?'. The Pride in Whitehawk float challenges that. So I think it's about having more positive imagery. It's challenging what they usually think about, about LGBT communities.

(Outlying estate focus group)

It should be noted that fear of crime should not be seen as 'irrational' and whilst estates continue to be perceived and for some experienced as 'unsafe' LGBT people may require alternative housing options.

7.7. Harassment and mental health

Ongoing harassment can have serious implications for mental health and wellbeing amongst LGBT people. This can be exacerbated when the harassment occurs in the home and particularly for those who are vulnerable and in social housing:

Tracey: getting shouted out you know like on the balcony as you are walking down the road, 'oh you fucking puff' and all that and 'go back to Lesbos land' and you know it was getting ... it went on for about six years and it was just having all these hassles and that, they were writing dirty letters to me and everything....

(Mental Health Focus Group)

Dan: Just recently there were two kiddies from across the road, they were standing there for well over an hour and half throwing stones at the car until...they weren't happy until they had smashed a window and that was it. You know at the end of the day what can police do, oh, they're children. So do the adults not take responsibility for them? I mean I literally go up to the Council and I say to them well that is homophobic attack, I don't care what you say. The man knew his kids were doing it, he even threw one and it hit a bus. The police came round, saw the evidence, they were satisfied, they went over. I mean at the end of the day what do we still get? We get the intimidation now, do you know what I mean? I didn't want this. It's intimidation <?? – 1.18.45>. I've had my car, damage done to my vehicle, they just plonk their arse, ram right up to the back of it. They take my disabled parking bay, half in and half out and block me in so I can't get out but why? What have I done? I've only been there what 2 years. I hardly go out the house. I very occasionally see the neighbours and if I do go out it's usually late at night when they're all in bed. You know we go to maybe the local shop, go and get some bits, because it's the only time that he can go out. He won't go out like in the daytime.

(Disabled focus group)

This participant's isolation was clearly affected by the neighbour abuse he experienced. His (and his partner's) mental health difficulties are exacerbated through neighbours that he describes as intimidating and as engaging in criminal damage. Issues of multiple marginalisation were also clear in the hate crime focus group:

Tony: Yeah, mental health. Yeah, which is the main reason I essentially got put on the vulnerable housing list. The only people that seem to show any care and concern about it were the police on the last time that I had problems with the neighbour downstairs and they were the only ones that took into account. The Council just turned round and said "Well, take your medication if it's that serious". That's what I got from them. It's like "Okay, fine, I take really strong anti-psychotics, you know, anti depressants the lot and I'm being told to

take more, the amount I do take leaves me groggy for the first four hours every morning...

Nigel: **No, it means you sleep throughout most of the day**

Tony: **Day, you know, and I'm meant to just take them all. That's not the solution, my solution is I'm trying to get myself off this, I'm trying to sort my life out so that I can get on with life, you know, not have to be dependent on as many medication as possible and, yeah, like I say the police have been the only people that have every been considerate about it, even compared to the GPs**

(Hate crime focus group)

The link between mental health and harassment will be dealt with more thoroughly in the safety report and in the Mental Health report. Here it is important to note the connections between neighbourhood harassment and mental health issues and it should be noted that just as housing and mental health have important overlaps in relation to experiences of hate crime. In this focus group the police were an important point of contact for this person, in managing multiple difficulties and challenges. This indicates a clear need for cross agency working in order to address the multiple needs that may be presented to any one of the agencies dealing with these areas.

7.8. Conclusion

It could be argued from this chapter that there is not enough safe housing for LGBT people, as not all housing is safe, or perceived as safe, for LGBT people. Over a hundred respondents had experienced hate crime because of their gender/sexuality in their neighbourhoods. The qualitative research indicated that ongoing harassment is experienced and can be detrimental to mental health, as well as exacerbating other health problems. Those who live in social housing are more likely to experience certain forms of LGBT hate crime. Locational analysis suggested that safety initiatives dealing with perpetrators and reporting should not solely concentrate on residents who live in Kemptown or St. James Street. 41% of those who had problems with their neighbours reported the incident. Although there was some praise for the police, there was evidence of slow reactions in dealing with the perpetrators. There was also frustration at some of the requirements made on victims in relation to recording incidents where the official response was read as slow and at times homophobic. Problems of re-housing of victims of hate crime were also mentioned and further explorations of the desire to move or to 'sit tight' are needed. Three-quarters (77%) of respondents stated there are places in Brighton and Hove where they did not feel safe. The places where most LGBT people feel unsafe are estates on the outskirts of the city and in the Town centre. Most attributed these feelings to fear of prejudice regarding their sexual/gender identities. The majority of those in social housing do not feel safe in the outskirts of Brighton & Hove.

8. LGBT health and support needs

8.1. Introduction

LGBT populations have a diversity of health related needs that may or may not be related to their sexual/gender identities. Chapter 4 outlined the particular support needs of those who live in social housing and chapter 5 sketched the support needs for those who have experienced homelessness. This chapter will examine the place and implications of health when exploring other LGBT housing needs and experiences of housing. It will address mental health, physical health, alcohol and sex for housing across the sample.

8.2. Mental health

There was a statistically significant relationship found between area of residents and mental health difficulties. Those who live in areas of potential deprivation are the most likely to have mental health difficulties (25%). 16% of those who lived in Kemptown and St. James Street have mental health difficulties and 17% of those who do not live in any of these areas. It is not possible to ascertain whether this is because LGBT people who have mental health difficulties do so because they live in these areas, or LGBT people with mental health difficulties come to live in these areas.

Similarly there are statistically significant differences between tenure and mental health difficulties. 39% of those in social housing have had difficulties with their mental health, compared to 12% of those who own their own homes and 22% of those who rent privately. Again a causal relationship cannot be established from the data and further research should explore the links between tenure and mental health difficulties. Specifically, this research should explore if mental health difficulties lead to particular tenures and dependencies on social housing or if tenures can have an effect on LGBT people's mental health difficulties. 72% (n. 29) of LGBT people in social housing who have experienced mental health difficulties in the past five years have felt that they needed support for their mental health. Clearly these difficulties need to be accounted for, supporting those in social housing.

It should be noted that in the overall sample 80% of those with mental health difficulties do not live in social housing and therefore mental health services, whilst aware of the challenges of social housing should not be limited to this tenure. Particularly as 87% of those who feel that they need support for their mental health needs do not live in social housing. There was qualitative evidence that neighbourhood harassment effected mental health amongst homeowners and not only those who relied on state supported housing (see also the community safety section, chapter 7).

Ongoing problems with a neighbour who is very homophobic. Didn't realise until after I bought my home. Don't want to give in by selling but is having a serious impact on my mental health

(Questionnaire 519)

22 people who have mental health difficulties have experienced abuse, discrimination or exclusion and/or have been unable to access services from housing in the past five years. Although this is not a large figure, it indicates an area of concern, particularly where housing difficulties may exasperate mental health issues or mental health issues may result from housing difficulties.

The links between mental health difficulties and housing were not restricted to hate crime. When asked what had not helped their mental health issues, two respondents suggested that Brighton & Hove's housing situation was problematic:

Lack of support from professionals and housing situation being bad

(Questionnair, 342)

Brighton's high rent

(Questionnaire 602)

These answers point to the link between housing and mental health difficulties and the need for housing and mental health services to co-operate in supporting LGBT individuals.

8.3. Physical health

There is a significant relationship between type of accommodation and physical health ($p < .0001$). Those in social housing (42%) are far less likely than those in privately rented (81%) or owned (80%) accommodation to say that in the past 12 months their health has been good/very good ($p < .0001$), see table 8.3. Although it cannot be deduced whether this results from the accommodation and experiences of social housing that is lived in or whether poor physical health necessitates social housing.

Table 8.3a: Tenure by physical health in the past 12 months

		social housing	privately owned	privately rented	all others	Total
Very good/good	No.	31	311	196	73	249
	%	41.9	79.9	80.6	71.6	30.9
Neither good nor poor	No.	21	50	31	19	121
	%	28.4	12.9	12.8	18.6	15.0
Poor/Very poor	No.	22	27	16	10	62
	%	29.7	7.0	6.5	9.8	7.7
Total	No.	74	388	243	102	807
	%	100.0	100.0	100.0	100.0	100.0

8.4. Drugs

50% of the sample had used illegal drugs or using legal drugs without a prescription or medical advice (known by statutory services as 'substance misuse') in the past 5 years. As noted above homelessness was related to the use of drugs in this way (see chapter 5). Although there were no significant differences in relation to the area lived in, there were statistical differences between different types of tenure and the use of illegal drugs or the taking of legal drugs without a prescription in the past five years.

Those who own their own homes are the least likely to have taken illegal drugs or legal drugs with a prescription (45%). Those in social housing (49%) are also less likely to take illegal drug or use legal drugs with a prescription than those who privately rent (56% and all others 58%, $p = .01$). This may in part be due to the age composition of these groups, where younger people are more likely to have taken illegal drugs or legal drugs with a prescription than older people.

Table 8.4a: In the last 5 years, have you taken illegal drugs or used legal drugs without a prescription/relevant medical advice by tenure

		social housing	privately owned	privately rented	all others	Total
Yes	No.	35	173	137	59	404
	%	48.6	45.1	56.4	58.4	50.5
No	No.	37	211	106	42	396
	%	51.4	54.9	43.6	41.6	49.5
Total	No.	72	384	243	101	800
	%	100.0	100.0	100.0	100.0	100.0

There was also a significant relationship between age and the taking of illegal drugs or using legal drugs without a prescription. As table 8.4b shows 66% of those under 26 have done this in the past five years, compared to 24% of those over 55 ($p < .0001$). This indicates a potential vulnerability by age that should be accounted for. However, although young people are proportionally more likely to have taken illegal drugs or used legal drugs with a prescription/relevant medical advice, 80% of those who have done this in the past five years are over 26.

Table 8.4b: In the last 5 years, have you taken illegal drugs or used legal drugs without a prescription/relevant medical advice by age

		Under 26	26-35	36-45	46-55	Over 55	Total
Yes	No.	79	146	131	32	18	406
	%	65.8	61.3	53.0	25.4	24.0	50.4
No	No.	41	92	116	94	57	400
	%	34.2	38.7	47.0	74.6	76.0	49.6
Total	No.	120	238	247	126	75	806
	%	100.0	100.0	100.0	100.0	100.0	100.0

There is not a significant difference regarding the desire to have more control over drug use and homelessness. There is however a significant difference between those who live in social housing and those who do not in relation to their concern regarding their drug use. 30% of those who live in social housing would like more control over their drug use compared to 7% of those who own their own homes and 10% of those who privately rent. This may indicate an assertion of control and the desire for services.

8.5. Alcohol

Those who live in St. James Street and Kemptown (93%, $p=.02$) are more likely to drink alcohol than those who live in other areas (82% of the areas listed and 86% of all other areas). Those who live in social housing are less likely than other groups to drink alcohol ($p<.0001$). 62% of those who live in social housing drink alcohol, compared to 88% of those who own their own homes, 89% of those who rent privately and 82% of all others.

Although those in social housing are less likely to drink, those who do drink are just as likely as those in other forms of tenure not to be concerned about the amount they drink or their use of alcohol. Similarly there is no significant difference between concern regarding alcohol consumption and specialist housing needs.

8.5.1. Alcohol concerns and problems getting accommodation

41% of those who are frequently concerned about their use of alcohol or the amounts they drink have had problems getting accommodation ($p=.004$). This compares to 23% of those who are never concerned about their use of alcohol and 23% of those who are sometimes concerned about their use of alcohol (see table 8.5a).

Table 8.5a: Have you ever been concerned about the amount you drink or your use of alcohol? By “have you had any problems getting accommodation in Brighton & Hove”?

		Never	Sometimes	Frequently	Total
Yes	No.	64	67	25	156
	%	23.0	21.1	41.0	23.8
No	No.	214	250	36	500
	%	77.0	78.9	59.0	76.2
Total	No.	278	317	61	656
	%	100.0	100.0	100.0	100.0

This indicates that alcohol concerns and accommodation problems are linked and services that engage with LGBT people regarding their use of alcohol should be aware of housing issues and vice versa. Similarly it indicates a need for services that are aware of the specific needs that LGBT people may have regarding their alcohol use (which is aware of housing issues pertaining to these needs).

8.5.2. A pub with no beer: alternative social venues

The pressures of using alcohol in order to engage with other LGBT people, and in coming out processes was recognised throughout the focus groups. The lack of alternatives to the LGBT scene and the desire for other forms of socialising and ways of engaging both with friends and strangers was highlighted across the focus groups. Young people identified their exclusion from spaces where alcohol is served and in one focus group a pub without beer was advocated:

Jon: **Yeah I don't know for me some people it would be a pub with no beer, no I mean a social place where alcohol isn't on the agenda so you haven't got to go to a pub, that you can just jolly go somewhere and chat with people and play a bit of snooker or something like that and table tennis or just sit in a corner and sob your heart out if you want to ... some sort of social space, that are not saying a lot of idealistic nonsense**

(Disabled focus group)

The desire for a pleasant space that also allows for a 'corner to sob your heart out', suggests the diversity of needs amongst LGBT people that are not currently catered for by LGBT social spaces. These spaces should be grounded in an understanding of LGBT experiences and lives and not grounded in 'a lot of idealistic nonsense'.

8.6. Sex for housing

8.6.1. Sex workers

23% of those who exchanged sex for payment said that they did so because they needed the money for housing. Of these 18 people, 5 were under 26, 7 were aged between 26 and 35 and 6 were in the 36-45 age group. In the qualitative data, reasons for selling sex included domestic violence and abuse (addressed in chapter 10), mental health difficulties and at times desperation. Although some people said they sold sex to 'try it' or 'for fun', these answers point to selling sex as something that was forced by circumstances rather than chosen:

Problems with my mental health left me unable to work and with no money in my early 20's

(Questionnaire 48)

I was living on the streets and needed to eat (aged 14 years)

(Questionnaire 70)

Those who have exchanged sex for payment, regularly or occasionally (46%, n. 6) when they need to, are more likely ($p < .0001$) to have had sex or made themselves available to have sex in order to have somewhere to stay. (These sex workers were all male). This compares to 5% of LGBT people who have never accepted payment for sex and 25% of temporary sex workers- those who have done it once or do not exchange sex any longer (see also chapter 5). Although these figures are small they are indicative of housing support needs for those who may be vulnerable. Particularly services catering for sex workers should be aware of their potential need to exchange sex for somewhere to stay and those in housing should be suitably trained to cater for LGBT sex workers. This is an area that needs further investigation to explore the range of needs for LGBT sex workers.

8.6.2. Sex for somewhere to stay

4% of LGBT people (n. 31) have had sex or made themselves available to have sex in order to have somewhere to stay in the past 5 years. A further 4% (n. 28) have done so outside the last five years. There is a statistically significant relationship between homelessness and having sex for somewhere to stay ($p < .0001$ see table 6.9b). 18% of those who have been homeless had sex or made themselves available to have sex in order to have somewhere to stay (12% in the last 5 years, 6% outside the last 5 years) compared to 4% of those who have not been homeless (2% in the last 5 years, 3% outside the last 5 years).

Table 8.6a: Homelessness by have you had sex or made yourself available to have sex with someone so that you had somewhere to stay within the last 5 years

		Never been Homeless	Experienced Homelessness	Total
Have made themselves available (last 5 yrs)	No.	11	20	31
	%	1.8	11.8	4.0
Have made themselves available (not in the last 5 yrs)	No.	16	11	27
	%	2.6	6.5	3.5
Did not make themselves available (last 5 yrs)	No.	586	138	724
	%	95.6	81.7	92.6
Total	No.	613	169	782
	%	100	100.0	100

10% of young people (n.12) have had sex or made themselves available to have sex for somewhere to stay (see Harris and Robinson, 2007). Those in the peak earning ages (26-46) are less likely than young people to have made themselves available or had sex in order to have somewhere to stay in the past 5 years. 3 people over 55 (4%) have also made themselves available to have sex for somewhere to stay in the past five years.

8.7. Conclusion

Health and housing clearly have important overlaps. This research identified significant relationships between mental health difficulties and poor physical health and tenure circumstances. It cannot identify whether housing experiences and circumstances resulted in mental health difficulties and poor physical health or whether these conditions resulted in particular housing experiences and circumstances. However, services dealing with LGBT people in either of these areas should be aware of the linking of these and the various support needs that LGBT people may have. Although the relationship between tenure and drug use supports efforts across the LGBT spectrum, there is evidence that those in social housing proportionally seek to have more control over their drug use than those in other forms of tenure. Those in social housing are less likely to drink alcohol, but similar proportions of those who do drink alcohol in social housing seek control over their alcohol use. However, those who have had problems getting accommodation in Brighton & Hove and who drink alcohol are more likely to be concerned about their alcohol use. The desire for social space that is not alcohol based was recognised throughout the focus group and this could be an arena in which housing issues are addressed. For some payment was taken for sex in order to support housing needs. The data indicates that there may be housing support needs for LGBT sex workers and services that deal with housing and those who deal with sex workers such be aware of the issues pertaining to both. Further initiatives that prevent the need for LGBT to sell sex for those who do not wish to do so should also be explored.

9. Relationships and housing

9.1. Introduction

Relationships are important in understanding housing needs and engage with LGBT issues. This chapter briefly outlines the data regarding living with a partner. The majority of the chapter is devoted to the recent legislative changes associated with civil partnerships. The chapter will sketch out the data regarding the lack of information about this legislation and the inaccurate assumptions and knowledges that were stated, reporting newly 'legal' relationships and the financial losses associated with civil partnerships- including the fears of the loss of housing due to this recent legislative move.

9.2. Living with a partner

65% of LGBT people who have partners live with their partners (40% of the entire sample), a further 5% said they 'unofficially' lived together (this could have a variety of meanings, including regularly staying in the same house but 'officially' occupying two residences). 28% of LGBT people who have partners live separately.

9.3. Civil partnerships

On December 5th 2005 same sex relationships were redefined. Not solely for those who chose to enter civil partnerships but also for those who had their relationship redefined by the state. This unexpected legislation clearly had benefits for some in terms of inheritance tax and rights over property. For others this legislation was unwelcome and undesirable, leaving them more vulnerable. 'New relationships' had tax and benefit implications which meant those who were 'living as civil partners' had their welfare status redefined. These changes presume tolerance and a willingness to declare particular relationships and identities where this may not be safe. This could mean that LGBT people who are dependant on state support may be exposed to multiple forms of marginalisation, including from those within households, neighbours etc. Moreover, these 'new relationships' are not 'new' to those involved in them, there has not been a change in

individuals circumstances, but a change in the legislative context in which individual couples are now defined. Those who do not declare can be prosecuted by the department of works and pensions as well as housing benefits. This can lead to debt and a charge of 'benefit fraud'. As this legislation was introduced without any support from national government or any transitional arrangements, LGBT people who are dependant on the state may be exposed and vulnerable having made decisions based on the assumptions of particular state provision that has now been withdrawn, with little notice, support or relief.

9.3.1. Information

Civil partnership has affected different parts of the LGBT communities differently. Nevertheless, one third of people who live with their partners do not feel they have enough information about how civil partnership affects them (table 9.3a).

Table 9.3a: Do you have enough information about how the Civil Partnership Act affects you? (Figures only include those who live with a partner)

	Frequency	Percent	Valid percent
Yes	148	45.0	48.2
No	103	31.3	33.6
Don't know	56	17.0	18.2
Total	307	93.3	100.0
Missing	22	6.7	
Total	329	100	

Of those in social housing, just over half (53%) said that they had enough information about how civil partnerships affect them, and similarly, 51% of LGBT home-owners said they had enough information. A smaller proportion (41%) of those in privately rented accommodation said that they had enough information about how civil partnerships affect them. This suggests that information has so far primarily been successful in reaching those who are in social housing and those who are homeowners, potentially through very different means and for diverse reasons. This may reflect the high potential impact the Civil Partnership Act has for those on benefits and for those who wish to ensure property succession to civil partners. There are clearly, however, still large gaps in knowledge for many LGBT people affected by the legislation: of the respondents who were parents, for example, around half did not know where to get advice and support regarding being an LGBT parent, or the implications of the Civil Partnership Act, which affects benefits entitlement and parental responsibility for partners.

When respondents were asked what information they would like, the most common responses were general information regarding who is affected and how, who to report to, and the financial implications for all affected, ranging from inheritance tax to pensions and benefits. As one respondent said:

Information! I know the Up sides, but not the down sides

(Questionnaire 174)

In the qualitative data of the questionnaire, there was evidence of some worrying assumptions and gaps in knowledge regarding the new legislation:

Why does it affect me if I'm in a relationship - we both pay our own tax

(Questionnaire 192)

I knew nothing about this other than the fact that if we split up, we share everything

(Questionnaire 195)

Didn't realise there could be financial implications

(Questionnaire 204)

Don't know how it applies to foreign citizens

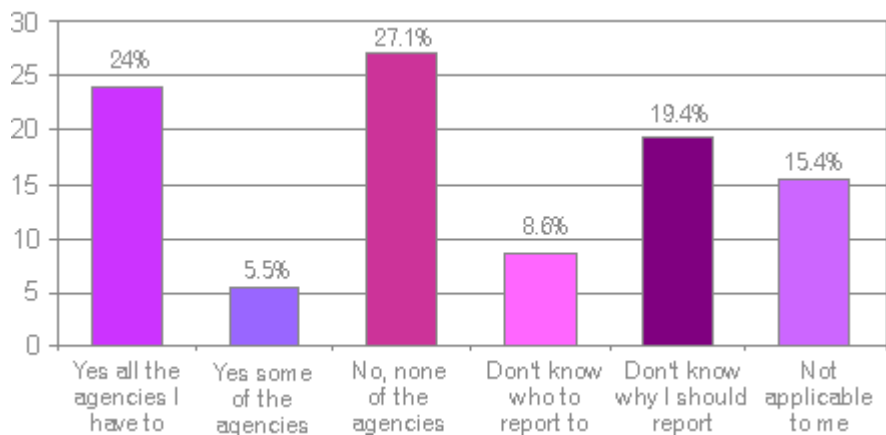
(Questionnaire 209)

This suggests a need for further accurate information that is useful to all.

9.3.2. Reporting

29% of people who live with a partner have reported this to all or some of the relevant agencies (Figure 9.3b). 27% have not reported that they live together to any agency: 34% were unsure as to why they should report it, or feel that this isn't applicable to them.

Figure 9.3b: Have you reported your partnership to all the relevant agencies?
(figures only include those who live with a partner)



Those who are parents were significantly more likely to have reported living with a partner to all the relevant agencies (52% of parents compared to 25% of those who are not parents or closely related to a child, $p < .0001$). However 29% of parents felt that the civil partnership act was not applicable to them, or did not know which agencies to report to.

Of those who had entered into official Civil Partnership, 46% had reported this to all of the relevant agencies, compared to those who have not (20%) (see table 9.3c, below, $p = .0005$). However, this result is not significant when comparison is made between those who have already and definitely will, or possibly will and those who said that they would not enter a civil partnership. This may indicate that 'reporting to relevant agencies' is perceived to be related to civil partnerships rather than other agencies, for example for benefits or tax purposes.

**Table 9.3c: Have you already or would you enter into a civil partnership?
By reporting**

		Yes, have already	Definitely will, possibly or no	Total
Yes, all the agencies I have to	No.	25	52	77
	%	46.3	19.5	24
Yes some of the agencies	No.	4	14	18
	%	7.4	5.2	5.6
No, none of the agencies	No.	11	76	87
	%	20.4	28.5	27.1
Don't know who to report to	No.	7	20	27
	%	13	7.5	8.4
Don't know why I should report	No.	3	60	63
	%	5.6	22.5	19.6
Not applicable to me	No.	4	45	49
	%	7.4	16.9	15.3
Total	No.	54	267	321
	%	100	100	100

9.4. Financial loss resulting from civil partnerships

Of those who had reported, 23% had experienced financial loss as a result of the civil partnership act, with 15% unsure whether they had lost money. 58% of those who had reported said that they did not experience any financial loss as a result of civil partnerships. Of the 17 people who reported how much they had lost, the average loss was £246 per month. However, here there is evidence in the data of confusion from services and amongst LGBT people and mismanagement:

Quite a lot probably but they keep getting the paperwork wrong as they are crap generally so we always end up owing them

(Questionnaire 627)

Unsure as have become a parent

(Questionnaire 52)

Just under a third (29%) of those in social housing have experienced financial loss compared to 8% of those who own their own homes and 11% of those who privately rent ($P = .03$). This indicates that those in social housing are likely to suffer the most financial loss from the Civil Partnerships act. This can have serious consequences for LGBT people, who may then choose to keep their relationships outside the realms of state knowledge in order to manage financially, with their newly redefined relationships:

Matt: **They tried to say to us, "You can move into a one-bedroom flat" and I said "There's no way." Sometimes I lie at night and I'm in agony and the last thing I want is someone lying beside me in the same bed, or if I've got vomiting or diarrhoea or something, or... and I get the night sweats, I sweat every other night, I wake up and the bed sheets are soaking wet. We spend most of our time in separate beds. He sleeps in one room and I sleep in the other**

Peter: **There's no way I've given up my flat to be with him. Put up with years of grief just to say "Well, you're going to get money cut, sorry mate, you can't have what you've been getting forever," I just think that's where it's wrong**

Matt: **All they say is "Oh, blah, blah, blah, right, so we'll cut this back" but what they don't see is when you need a taxi to hospital in the middle of the night, the bed sheets after the constant sweats. You can't throw someone with a bad immune system, "Oh go and eat beans on toast, that'll do you the world of good." It's not going to do you the world of good, you've got to eat well, and you've got to look after yourself.**

Peter: **All I want to do is be with him, we want to be together kind of thing, and that's it. But I don't need all this like extra stress, apart from the harassment thing we're already getting, don't want the other thing with the benefit thing, you know, and we're scared to make too many waves in case someone says "Oh, you're a couple, aren't you? You haven't declared that now, have you?"**

(Hate crime focus group)

This data points to the important fears LGBT people now have and potential factors that could lead to the under-reporting of these 'new' relationships. LGBT households where one or both of the partners have a health need may feel they need to keep a 2-bed flat; these and other participants may feel resentment and regret at giving up separate accommodation in a different legislative era in order to be with their partner, only to face financial loss at this later stage. Their decisions may, in the contemporary

period, be very different. In addition, fear of being reported by neighbours as in a couple may be a factor in the decision not to report ongoing hate crime, harassment or abuse and could be used as a tool for hate crime. Domestic violence and abuse could also go unreported for the same reason. Although, the council does take into account health issues when looking at housing needs / needs banding, this is not recognised by LGBT people who may be new to the legislation that now affects them. If housing services find that there is not a medical issue then tenants can be asked to downsize if they ask for a transfer or exchange of properties with another council tenant, this could lead to a fear regarding 'what counts' as 'ill enough'. However, there is no legislation that allows the Council to evict someone under occupying a property if they are the tenant. There is a clear gap between housing services procedures and the fears and knowledges of LGBT tenants. This gap needs to be urgently addressed.

A lack of transitional arrangements, coupled with a lack of understanding of LGBT issues among agencies, can mean civil partnerships place already vulnerable LGBT people into temporary accommodation or housing in areas of the city perceived as unsafe:

No notice, no transitional relief, £400 a month worse off and a Council determined to have us evicted and living in a bed 'n' breakfast in Whitehawk because they don't understand the issues of trans people and the need to live in a safe area. In Kemptown I feel safe but how long can we afford to live here?

(Questionnaire 212).

It is clear from this quote that it is believed that the new civil partnership legislation will force vulnerable LGBT people to live in areas where they do not feel safe due to a loss of benefits and a lack of finances. This is perceived as hugely problematic, and may be life threatening. Not only does this data reflect these fears, it also points to a lack of accurate available information for LGBT people, for example the Council has no bed and breakfast accommodation in Whitehawk. For vulnerable LGBT people, however, fears of: moving away from a settled and safe home; harassment elsewhere, and financial loss can form a considerable disincentive to reporting. The heightened level of fear is unhelpful for all involved and the perceived risks of both temporary accommodation and life in the city's outlying estates, if this is reliant on misconceptions, may not be actualised. As has been discussed above (see chapter 3), particular areas of Brighton & Hove can be perceived as dangerous or even life-threatening for LGBT people. In fact, police data indicates that Kemptown, despite being perceived by this respondent as safe, may be one of the city's hate crime hotspots for LGBT people (see chapter 7). There are, however, also risks of benefits overpayment, and of later recovery, or even of prosecution for 'benefit fraud', if LGBT people who are required by the new legislation to report their relationships and living arrangements to the relevant agencies do not do so.

9.5. Conclusion

65% of respondents who have partners live with their partners, but of these, one third felt they did not have enough information about how the Civil Partnerships Act affects them. This varied by tenure and also by parenting, which may indicate varying degrees of 'successes' in disseminating available information. Focus group and qualitative data showed gaps in knowledge around the effects of the new legislation. Those who had chosen to enter civil partnerships (as opposed to having their existing relationship redefined as a civil partnership for legal or benefits purposes) were more likely to have reported their relationship to all relevant agencies. Of those who had reported, just under a quarter had experienced some level of financial loss, in some cases this loss was considerable. In focus groups, there was a lack of trust in reporting 'new' relationships to relevant bodies and a fear of the loss of benefits and the resulting loss of homes and potentially homelessness. Although this implies a need to publicise the existing legislation and how Brighton & Hove are putting this legislation into practice, it also points to the need for a national debate regarding the problems of civil partnership legislation and the negative impacts this has had on the lives of LGBT people.

10. Domestic violence and abuse

10.1. Introduction

The term *domestic violence and abuse* is used to represent those who answered yes to the question; “have you experienced abuse, violence or harassment from a family member or someone close to you? *Survivors of domestic violence and abuse* are defined as those who have experienced domestic violence and abuse as an adult as well as in childhood. 30% of the sample experienced some form of domestic violence and abuse in their lifetime (see Browne, 2007b for a full report on the Count Me In Too findings in relation to LGBT Domestic Violence and Abuse). This chapter will explore homelessness for those who have experienced domestic violence and abuse and experiences of fleeing partnered domestic violence and abuse, this will highlight the absence of services in this area.

10.2. Homelessness

33% of respondents who have experienced domestic violence and abuse (this % is true of both those abused by family members and those abused by partner or ex-partners) **had been homeless at some point in their lives.** Survivors of domestic violence and abuse were more than twice as likely to experience homelessness compared to those who have never experienced domestic violence and abuse (16%). This is also true of the general population; nationally, domestic violence is recognized as a major cause of homelessness. Relationship breakdown has been recognised as one of the top three causes of homelessness, and there is also increasing recognition from government of the link between domestic violence and repeat homelessness (Pawson et al., 2006).

Table 10.2a: Homelessness by experiences of domestic violence and abuse

		Survivor of domestic violence and abuse	Not reported domestic violence and abuse	Total
In Brighton & Hove	No.	39	50	89
	%	16.4	9.3	11.5
Elsewhere	No.	39	37	76
	%	16.4	6.9	9.8
Never homeless	No.	160	452	612
	%	67.2	83.9	78.8
Total	No.	238	539	777
	%	100.0	100.0	100.0

6% (n.5) of respondents who have experienced domestic violence and abuse and have been homeless at some point in their lives were sleeping rough at the time of survey. This varied by age; 15% (n. 2) of those who are aged between 16-25 and have experienced domestic violence and abuse were sleeping rough at the time of survey (see table 10.2b). Although these numbers are low (n.2), thus may indicate a need for housing, homelessness and young people's services in all sectors to consider experiences of domestic violence and abuse. It should also be noted that 27% of those who have not experienced domestic violence and abuse are now homeless and are aged between 16-25 (n. 4). Thus, these experiences should not be considered universal or the only reason young people are homeless. (Note: these results are only indicative as the counts in 20% of the cells are less than 5 and therefore too small for statistical significant results. It is appreciated that 13 people who are currently homeless engaged with this survey).

Table 10.2b: Experience of domestic violence and abuse by current homelessness and age

		sleeping rough?		16 - 25	26 - 35	36 - 45	46 - 55	56 - 65	Total
Have experienced domestic violence and abuse	Yes	No.	2	1	2	0	0	5	
		%	15.4	5.3	5.9	.0	.0	6.3	
	No	No.	11	18	32	10	4	75	
		%	84.6	94.7	94.1	100.0	100.0	93.8	
	Total	No.	13	19	34	10	4	80	
		%	100.0	100.0	100.0	100.0	100.0	100.0	
Have not experienced domestic violence and abuse	Yes	No.	4	4	0	0	0	8	
		%	26.7	13.3	.0	.0	.0	8.9	
	No	No.	11	26	28	10	7	82	
		%	73.3	86.7	100.0	100.0	100.0	91.1	
	Total	No.	15	30	28	10	7	90	
		%	100.0	100.0	100.0	100.0	100.0	100.0	

10.3. Experiences of homelessness

The figures for homelessness further highlight areas of concern for those who have experienced domestic violence and abuse. As was noted above, family violence and abuse can put LGBT people into difficult and vulnerable situations - including homelessness - because of adverse reactions to sexual and gender identities (see Cull et al, 2006). The questionnaire asked respondents to describe their experiences of homelessness. This qualitative data indicated areas of vulnerability for LGBT people who have experienced domestic violence and abuse. The chapter will illuminate some key areas exploring the interlocking relationships between family and partnered violence.

10.3.1. Family

It is well established that parents and families of origin can have violent and/or disapproving reactions to their children's gender or sexual identities or relationships. This has clear housing implications, perhaps most obviously where young people are dependent on their parents. The combination of dependencies and parental reactions can range from discomfort in the 'family' home to physical violence and abuse:

At the time I didn't identify as homeless, but was living with parents when I came out and didn't want to stay at their house because of their reaction so I stayed with friends in temporary sublets until I sorted somewhere to live

(Questionnaire 610)

I was homeless in the sense I had no permanent address. Parents were unhappy about sexuality so I had to get other housing ASAP – hence why I am in supported housing now.

(Questionnaire 538)

The urgency of second quote suggests that, for some, remaining at home is not possible. The area of vulnerability highlighted in these narratives surround the family home. Family housing is often presumed to be a safe area for children and young people. However, as this and other LGBT studies (Cull et al, 2006) illustrate, LGBT youth can be vulnerable not only to domestic violence and abuse but also to homelessness as a result of parents/guardians reactions to their sexual and gender identities. Family abuse and violence, as well as feelings of discomfort and rejection can mean that LGBT people are pushed into vulnerable or unpleasant situations.

10.3.2. Partner

Similar to results found in heterosexual studies and studies of lesbians and gay men, those LGBT people who live with their partners are vulnerable when these relationships break down. However, this vulnerability may not have a gendered dimension (in the traditional assumption of patriarchal power). This research found that there were clear class-based issues related to home ownership and control of the primary residence.

Breakdown of a relationship with a partner whom I lived with was homeowner and therefore I had to leave the property with nowhere to go.

(Questionnaire 449)

I moved out of my flat and stayed in a hostel in London for awhile, after my partner was getting drunk and starting to push me around. ... (I) ended up in this awful unsafe hostel.

(Questionnaire 262)

Although relationship breakdown can cause one partner to leave the flat, potentially causing homelessness, some respondents reported a pressure to live together due to house prices and rent in Brighton & Hove. This could clearly exasperate a violent situation and these narratives illustrate a specific vulnerability that is potentially worse in areas where house prices and rent are higher and housing options are limited. This has resonances with heterosexual partnered domestic violence and abuse.

However, whilst some (limited) support mechanisms are available for those (particularly women) fleeing domestic violence and abuse, LGBT people can nevertheless find that their needs are not understood or catered for:

An application to the Council for re-housing based on domestic violence was turned down with the statement 'has adequate housing already'. I may be wrong but were I a woman in a straight relationship the response may have been different

(Questionnaire 432)

This ineligibility due to being 'adequately housed' in a violent situation can result in an inability to leave a violent or abusive relationship, or potentially making oneself homeless in order to leave the relationship. This situation can again be exacerbated where individuals do not wish to be 'out', a reason that was cited for not reporting domestic violence and abuse. This highlights the need for housing services to be aware of potential violence and abuse, without forcing sexual orientations or gender identities to be disclosed in order to access support.

Another area of potential risk is where exclusion from family networks and other social support can push LGBT people into unsafe situations:

I was staying with my partner many years ago on his floor then moved in with him. I was quite poor at the time and was just coming out so felt very excluded from my family and support network. As such I felt I had little choice other than to accept his invitation. However, it did not feel like a very safe choice and I was so reliant on my partner I felt very trapped at the time. Luckily for me he was quite a considerate man. However, my concern is that as I was feeling vulnerable / trapped at the time if he had been a more abusive character I may have suffered more acutely with fewer tangible options.

(Questionnaire 280)

The narrative here highlights the *possibilities* for abuse and violence, it ties into the discussion in section 10.3a above where family reactions to sexualities can result in homelessness. It should be noted then that this form of abuse and violence can lead to LGBT people being put into vulnerable relationship situations. The quantitative data illustrates that just over a fifth of those who experienced domestic violence and abuse from a family member also experience violence and abuse from a partner. Consequently, those who experience one form of domestic violence and abuse could potentially be exposed to further violence and abuse when seeking to escape the initial situation. This is a risk factor which should be accounted for (see also Cull et al., 2006, for a more in depth discussion of domestic violence and abuse and vulnerabilities amongst young LGBT people in Brighton & Hove). 23% of those who sold sex said they did so for housing (see chapter 5) The quantitative data illustrates that just over a fifth of those who experienced domestic violence and abuse from a family member also experience violence and abuse from a partner. Consequently, those who experience one form of domestic violence and abuse could potentially be exposed to further violence and abuse when seeking to escape the initial situation.

10.4. Housing and escaping partner domestic violence and abuse

Where domestic violence occurs between intimate partners the home can be a site of violence and there may be a need to escape this space. Despite the potential similarities between heterosexual and LGBT vulnerability to homelessness by those who have escaped partnered domestic violence and abuse, there is a lack of provision that addresses specific LGBT needs. Within the United Kingdom there are limited provisions for women seeking to escape domestic violence in the form of refuges. A refuge is a safe house with where women with or without children who are experiencing domestic violence can receive support and help to remain safe from abuse. There are over 500 refuge and support services in England, Scotland, Wales and Northern Ireland. Good practice dictates that refuges don't generally accept women from the local area as this might not be safe. There are very few services specifically for lesbian and bisexual women, and even fewer for transgender women. Most refuge organisations will, however, offer accommodation to women experiencing abuse from a female partner, and some projects have specialist services for lesbian and bisexual women or lesbian couples. It should be noted that capacity limitations mean that only approximately 15 per cent of those homeless due to domestic violence are accommodated in refuges. All other housing options are available irrespective of gender or sexual identities, however as we have seen to report domestic violence and abuse may necessitate revealing ones sexual/gender identity to the service provider. This can be an obstacle for some LGBT people.

Local Councils also have some responsibilities to re-house those who have experienced domestic violence. As with other agencies, these services can operate under the implicit assumptions that partnered domestic violence only occurs between men and women, in heterosexual relationships. LGBT relationships can contest the implicit heterosexuality and gendered nature of the assumptions of domestic violence and this can have consequences

when applying for re-housing and the availability and use of services including refuges, although most services are not gender or sexuality specific, they may not have the skills or capabilities to deal with the particular issues pertaining to LGBT domestic violence and abuse.

When LGBT survivors of domestic violence and abuse were asked about services for LGBT people who had experienced domestic violence 60% replied that they would like to see LGBT specific safe temporary housing. This is of course problematic where partnered abuse may implicate both partners, however this safe housing should cater for all who are fleeing from domestic violence and abuse and not only those who have experienced partnered violence (see also Cull et al, 2006).

The remainder of this chapter will draw on the domestic violence and abuse interview conducted as part of the research to highlight two key areas of concern for same-sex partners fleeing domestic violence. This data is presented in the narrative tradition of enabling people to speak at length about their experiences and was recorded with trained support workers acting as interviewers.

10.4.1. Refuge experiences

In the domestic violence interview the interviewee highlighted some key areas and problems relating to the use of refuges by in her case lesbian women. These stories are indicative and need further investigation. They are used here to shed light on some of the key issues facing lesbians and bisexual women in refuges.

Coming to a refuge as a survivor of same sex partnered violence can be difficult particularly where other refuge users may assume that survivors have come from heterosexual relationships. This participant identifies the problems of coming out in refuges:

Researcher: What was the refuge experience like for you?

Judith: **They were all shocked that I was gay.**

Researcher: Did they treat you any differently?

Judith: **Well, yeah, because they thought it was just normal... they had got kids and it was normal for men and women, problems with their men and when they found out it was with my girlfriend...**

Researcher 2: It was a surprise.

Judith: **Yeah, it...**

Researcher: Was it quite uncomfortable?

Judith: **Yeah it was, very.**

Researcher: Did you feel isolated?

Judith: **Yeah, I did. I was in my room most of the time. Because they might have thought that I was going to come on to them or they couldn't go to the bathroom with their towels or, do you get what I mean, so...**

Researcher 2: And did you feel like the workers at the refuge understood what it was like particularly...

Judith: **No, they didn't.**

Researcher 2: ... for you being in a gay relation... lesbian relationship.

Judith: **No, they didn't, not at all.**

Researcher 2: Can you give an example?

Judith: **Because there were mostly straight people in there. Well, all straight people. I was the only gay person there. So...**

Researcher: So do you feel that they felt that domestic violence between lesbian wasn't as important...

Judith: **No, they didn't. They thought it was more important for man and woman, because it's just a cat fight basically, they see it as. Do you get what I mean?**

(Domestic Violence interview)

A key aspect of this narrative is the presumed abnormality of any other sexuality beyond heterosexuality, or potentially the presumption that domestic violence and abuse occurs only between men and women. Research in Canada and America has shown that LGBT women can have similar issues to Judith when using refuges. In addition, and perhaps because of this, lesbian and bisexual women in refuges can experience isolation from other women and in Judith's case alienation from refuge workers. Other women's fear of them as a potential lesbian 'sexual predator' can play on the minds of lesbian and bisexual women. Although, this fear may not be fairly attributed to the other women in the refuge, fears such as these are not uncommon amongst LGBT people and can influence how they act, feel and use services. One does not have to experience prejudice and rejection in order to fear and react to it (see Browne, 2007c). This can be particularly pertinent for LGBT people who may have experienced homophobia, biphobia and/or transphobia as part of their experiences of domestic violence and abuse (these prejudices can be perpetrated by LGBT and non-LGBT people). In this case, the woman decided to withdraw from others who may be able to provide support, due to her perception of their reactions to her violent and abusive same sex relationship. Where refuge workers are perceived to rate the experience of same sex domestic violence as less than that of male-female violence, this can exasperate the feelings of isolation and a lack of understanding.

10.4.2. Temporary housing

- Researcher: What would you say isn't working out so well at the moment about being in Brighton? I know you mentioned that the actual...
- Judith: **It's just housing basically, housing. ...I've only been here for a little while of time, about six to seven months. So it is... and plus I've moved twice since I've been here.**
- Researcher 2: And you're saying at the moment that you're in a one room.
- Judith: **Yeah and it is really difficult. Even to go out and find friends or... because we can't have people coming round into my little room, basically, there's not enough space. We've only got this space to play and eat and whatever.**
- Researcher 2: And are you... are you out in the... I guess you're in a... is it kind of hotel...
- Judith: **Yeah, it's a hotel. So we stay out quite a lot, until it's bedtime or just after 5, we come in, so then they go to bed at 7. So they have their dinner and their bath and then get into bed and have a little story and then they're in bed and tucked away by 7:30. But by 9 o'clock I'm shattered [LAUGHS] running all the way to Portslade [to take them to school] from here to Portslade is quite a distance and then back four times a day.**
- Researcher: Oh that's a long way.... So apart from the privacy issues about having one room, what are the other problems about living in temporary accommodation?
- Judith: **Not being stable. I need some stability for my children. They need to have a normal life and to go to bed in their own room and like, and have a story and things like that and not be involved with the TV and can't play the computer because it's in the same room. Do you get what I mean, because our front room is our bedroom and our living room and our food, where our kitchen, it's all in one room and that's not very nice.**
- Researcher 2: It's hard to have a normal routine.
- Judith: **Yeah. So yeah, it's always play time and it's like come on boys get into bed I'll read you a story. "I don't want a story, I wanna play football". You know, and my time's my time, then two hours or three hours, when they've gone to bed, is my time. But I don't get that time.**

In this narrative Judith emphasises the lack of suitability of the temporary accommodation that she has been assigned. The accommodation is clearly located quite far from her children's school, it is one bed roomed for 3 people and Judith doesn't feel she can access it during the daytime. Judith feels that her children are suffering from the lack of 'normality and routine, but it is clear that this is taking its toll on her also. The lack of stability is clearly an issue for Judith and contests the ideals of home as stable and a place to relax. These issues are not specific to Judith's sexuality but they highlight areas of concern in placing people into temporary and unsuitable accommodation. The use of temporary accommodation and unsuitable accommodation as a result of domestic violence and abuse may be taken into consideration by those who are experiencing domestic violence and abuse when contemplating leaving a violent situation. These points are important but need exploration beyond this one narrative.

10.5. Conclusion

Housing is clearly a key issue for those who have experienced domestic violence and abuse. This is because family homes may become unsafe for dependants, the problems of removing oneself from partnered houses and the very real possibilities of homelessness following a relationship breakdown, particularly in areas such as Brighton & Hove. This may result in individuals being forced to stay in violent and abusive home places or as this research has illustrated moving into potentially unsafe relationships and other forms of dependencies (including potentially violent relationships). Traditional avenues of support for housing for LGBT people fleeing domestic violence may be unavailable and/or unfriendly to LGBT people and temporary housing can be unsuitable, in part because of issues pertaining to gender and sexual identities. This area requires input and specialist support for all LGBT survivors of domestic violence and abuse, both to consider the implications of family violence and abuse, and the potential vulnerabilities of leaving home and the experiences and support needs of those who are fleeing domestic violence and abuse from partners.

This chapter has not addressed the absence of provision for male survivors of partnered domestic violence and abuse, nor does it explore the full range of experiences for trans people or bi people. Further research is needed into supporting partners in domestic violence and abuse situations where although there may be some imbalance there is evidence of violence from both partners. To establish the 'victim' and the 'perpetrator' in this context may fit the definition of 'domestic violence' but may not be helpful in addressing the situation. However, in highlighting some structural concerns and key points, this chapter highlighted the unique issues faced in refuges for lesbian and bisexual women and the potential common issues people may face in temporary housing following fleeing ones home.

11. Monitoring and consultation

11.1. Introduction

Monitoring is seen as an important tool in ensuring the equity of service provision and enabling services to find where gaps exist in relation to their provision for the diverse communities of Brighton & Hove. Although census data is not available regarding sexual or gender identities to offer what are often seen as 'base level' statistics, monitoring can still be an important tool in emphasising equity issues. Sexual and gender identities are often perceived to be 'too personal' to monitor. This results in an absence of sexuality/gender identity data and thus no understanding of how these communities use or interact with particular services. This chapter will address whether LGBT people are happy to be asked about their gender/sexual identities and the geographical variations in this data collection. The local government duties to consult with the diverse populations of cities are then addressed as the sample responses to the questions around how they feel consultations should occur.

11.2. Monitoring

As reported in Count Me In Too, the majority (85%) of LGBT people are happy to give information about their gender/sexual identities if they believe the service is LGBT friendly and the data is confidential and anonymous (Browne, 2007a).

There is a geographical difference in how people will answer monitoring questions pertaining to their gender and sexual identities ($p = .007$). Almost half of those who live in Kemptown will always give this information and only 1 person said that they would never give this information. The majority of those would give this information if it is anonymous, confidential and the service was seen as LGBT friendly (see table 11.2a).

However, the qualitative data on the questionnaire noted that for some the small networks of LGBT Brighton & Hove are problematic when attempting to ensure anonymity.

Table 11.2a: “Are you willing to give information ... for monitoring purposes?” By area where you live

		St. James St. & Kemptown	All other areas	None of these areas	Total
Yes, always	No.	65	81	165	311
	%	48.9	40.9	37.1	40.1
Yes, if the information was anonymous and confidential	No.	22	38	92	152
	%	16.5	19.2	20.7	19.6
It would depend on how LGBT friendly I thought the service was	No.	27	55	116	198
	%	20.3	27.8	26.1	25.5
Sometimes	No.	13	15	48	76
	%	9.8	7.6	10.8	9.8
Never	No.	1	0	14	15
	%	.8	.0	3.1	1.9
Don't know	No.	4	3	9	16
	%	3.0	1.5	2.0	2.1
Other (please specify)	No.	1	6	1	8
	%	.8	3.0	.2	1.0
Total	No.	133	198	445	776
	%	100.0	100.0	100.0	100.0

p = .007

Table 11.2b: “Are you willing to give information ... for monitoring purposes?” By accommodation type

		social housing	privately owned	privately rented	all others	Total
Yes, always	No.	37	137	112	37	323
	%	50.7	35.6	46.3	35.9	40.2
Yes, if the information was anonymous and confidential	No.	16	82	39	17	154
	%	21.9	21.3	16.1	16.5	19.2
It would depend on how LGBT friendly I thought the service was	No.	12	108	54	33	207
	%	16.4	28.1	22.3	32.0	25.8
Sometimes	No.	6	43	18	10	77
	%	8.2	11.2	7.4	9.7	9.6
Never	No.	1	7	6	2	16
	%	1.4	1.8	2.5	1.9	2.0
Don't know	No.	0	6	8	4	18
	%	.0	1.6	3.3	3.9	2.2
Other (please specify)	No.	1	2	5	0	8
	%	1.4	.5	2.1	.0	1.0
Total	No.	73	385	242	103	803
	%	100.0	100.0	100.0	100.0	100.0

51% of those who live in social housing will always give information regarding their sexual/gender identity. This compares to just 36% of those in privately owned accommodation. The majority however will give this information if it is anonymous and confidential and the service was considered friendly to LGBT people (see table 11.2b).

In 2007 Spectrum produced a paper that addressed trans need and the possibilities of monitoring the trans communities. Recommendations included basing monitoring gender identities on:

- Policy support
- Understanding of the reasons behind monitoring
- Clarity around what will happen as a result of monitoring
- Prior consultation with the communities
- Training for the monitoring organisation; and
- Guaranteed confidentiality of the monitored information

This is clearly relevant here and should be pursued in order to ensure monitoring is accurate and acceptable for LGBT people.

11.3. Modes of consultation

61% of respondents would like to see consultations by the police, Council and NHS undertaken by questionnaire, perhaps unsurprising as this was the tool used to collect this data. A smaller proportion would like to have open public meetings (47%), LGBT community forums (38%), community events (38%) and LGBT focus groups (36% see table 11.3c). The citizen's panel was the least popular option (24%), although a citizens panel may be a means of recruitment rather than a mode of consultation.

Table 11.3a: How would you like service providers to consult with you?

	Frequency	Percent
Questionnaires	500	61.1
Open public meetings	388	47.4
LGBT community forums	312	38.1
Community events	311	38.0
LGBT focus groups	294	35.9
Citizens panel	194	23.7
Don't know	87	10.6
Other	18	2.2

However, the qualitative data on the questionnaire also suggested internet chat rooms, surveys (this, again, may reflect the techniques use for Count Me In Too) and emailed surveys from LGBT groups would be positively viewed. There was a mention of the need for these 'consultations' to be co-operative such that authorities take 'proper notice of LGBT desires and wishes' (questionnaire 168). There was also a desire to consult broadly with

the general LGBT public, beyond the 'usual suspects' and those who are most vocal in open meetings, perhaps through the internet.

11.4. Conclusion

LGBT people are willing to engage with statutory services in their efforts to monitor in order to improve their services. However, these monitoring procedures need to ensure the confidentiality of the information in addition to being LGBT friendly. Trans issues need to be addressed and monitoring gender identities is an area of work that is being developed and needs to be understood in this context. Consultation data suggests that consultations use a variety of different measures in order to explore the views and needs of the LGBT populations in Brighton & Hove.

12. Conclusion

12.1. Introduction

The conclusion will outline the main findings of the report before moving on to explore specific needs and identity groups in the sample. The former draws on the conclusions of each chapter and the latter moves across the chapters, highlighting some cross cutting themes.

12.2. Overview

The majority of the sample was happy with where they lived, this varied by tenure and those who live in social housing are less likely to consider their accommodation satisfactory and far more likely to say that they are not happy in their accommodation than those who live in privately owned and rented accommodation. A quarter of the sample had difficulties in obtaining accommodation and this is attributed in the main to expense, though issues such as perception of community safety, discrimination, local connection and lack of LGBT-friendly options were also significant. The differences between the sample in relation to difficulties finding accommodation highlighted there are issues of multiple marginalisation that need further investigation and research. Specific issues relating to LGBT people's experiences of finding and maintaining accommodation in Brighton & Hove in both the social and private rented sectors included: discrimination on the basis of sexual and/or gender identities; lack of local connections, isolation and the need for the LGBT support networks that Brighton & Hove can provide. The absence of affordable accommodation and social housing was an issue for LGBT people and this chapter has shown that for some this can lead to homelessness as well as unsatisfactory housing.

A significant proportion of the LGBT population within social housing in this sample have chosen to live outside of the main concentrations of social housing in, particularly, east Brighton. This may be linked to perceptions around the safety and LGBT-friendliness of those areas, or to a desire for community engagement within the 'gay village' of St. James' Street and Kemptown. Those who live in social housing are more likely than other LGBT people to be disabled, be living with HIV, be older. LGBT people in social housing experience particular forms of discrimination due to their gender and/or sexual identities. There are some very negative experiences of dealing with statutory services within this section of the sample. These relate both to Council and housing association provisions and also to neighbours and neighbourhoods. LGBT people in social housing are more likely than those not in social housing to face issues around wanting greater control over their drug use, inaccessibility of services, and lack of informal support networks.

8% of the sample has been homeless at some point in their lives. Within the LGBT communities there are differences in those at risk of homelessness, particularly around sexual identity, disability, living with HIV, income level, emotional and physical wellbeing, and mental health. Experiences of homelessness and reasons for homelessness often pertain to sexualities and gender identities. Services dealing with homeless people and those dealing with LGBT people should be aware of the needs of LGBT homeless people. Many people rely on family and friends in periods of homelessness which can have impacts on social networks and mental health. Perhaps because of the support networks that were used, only 16% of those who have been homeless had the council conduct a housing and care assessment. The risks associated with homelessness, for example risks around sex work, sexual health, mental health, and/or the formation of inappropriate relationships, and may mean that LGBT people who have experienced homelessness may have a range of needs that differ from LGBT people who have not experienced homelessness.

8% of LGBT people defined as having specialist housing needs, yet the majority did not live in social housing. This may indicate a lack of provision in this sector for LGBT people or a mistrust of social housing, in addition to the lack of social housing. Those who have specialist housing needs are more likely to have disabilities, have mental health difficulties and be living with HIV. These groupings may experience multiple forms of discrimination from landlords who do not wish to adapt their accommodation or have prejudicial fears regarding the care of their accommodation. There was a desire for specialist housing services for LGBT people. These should be offered amongst a range of provisions and include services to help survivors of hate crime and domestic violence and abuse. Those over 46 are the most likely to have specialist housing needs, yet there is a fear regarding the provision of LGBT friendly housing and housing services for this age group. The provision of LGBT specialist and LGBT friendly services to older people was seen as an important concern as those who are living open LGBT lifestyles age. It was also believed to extend beyond the social provision of services to all sections of the aging LGBT population.

Over a hundred people had experienced hate crime because of their gender / sexuality in their neighbourhoods. The qualitative research indicated that ongoing harassment is experienced and can be detrimental to mental health, as well as exacerbating other health problems. Those who live in social housing are more likely to experience certain forms of LGBT hate crime. Locational analysis suggested that safety initiatives dealing with perpetrators and reporting should not solely concentrate on residents who live in Kemptown or St. James Street. 41% of those who had problems with their neighbours reported the incident. Although there was some praise for the police, there was evidence of slow reactions in dealing with the perpetrators. There was also frustration at some of the requirements made on victims in relation to recording incidents where the official response was read as slow and at times homophobic. Problems of re-housing of victims of hate crime were also mentioned and further explorations of the desire to move or to 'sit tight' are needed. Three-quarters (77%) of respondents stated their places in Brighton and Hove where they did not feel safe. The places where most LGBT people feel unsafe are estates on the outskirts of the city and in the Town centre. Most attributed these feelings to fear of prejudice regarding their sexual/gender

identities. The majority of those in social housing do not feel safe in the outskirts of Brighton & Hove.

Health and housing clearly have important overlaps. This research identified significant relationships between mental health difficulties and poor physical health and tenure circumstances. It cannot identify whether housing experiences and circumstances resulted in mental health difficulties and poor physical health or whether these conditions resulted in particular housing experiences and circumstances. However, services dealing with LGBT people in either of these areas should be aware of the linking of these and the various support needs that LGBT people may have. Although the relationship between tenure and drug use supports efforts across the LGBT spectrum, there is evidence that those in social housing proportionally seek to have more control over their drug use than those in other forms of tenure. Those in social housing are less likely to drink alcohol, but similar proportions of those who do drink alcohol in social housing seek control over their alcohol use. However, those who have had problems getting accommodation in Brighton & Hove and who drink alcohol are more likely to be concerned about their alcohol use. The desire for social space that is not alcohol based was recognised throughout the focus group and this could be an arena in which housing issues are addressed. For some payment was taken for sex in order to support housing needs. The data indicates that there may be housing support needs for LGBT sex workers and services that deal with housing and those who deal with sex workers such be aware of the issues pertaining to both. Further initiatives that prevent the need for LGBT to sell sex for those who do not wish to do so should also be explored.

65% of respondents who have partners live with their partners, but of these, one third felt they did not have enough information about how the Civil Partnerships Act affects them. This varied by tenure and also by parenting, which may indicate varying degrees of 'successes' in disseminating available information. Focus group and qualitative data showed gaps in knowledge around the effects of the new legislation. Those who had chosen to enter civil partnerships (as opposed to having their existing relationship redefined as a civil partnership for legal or benefits purposes) were more likely to have reported their relationship to all relevant agencies. Of those who had reported, just under a quarter had experienced some level of financial loss; in some cases this loss was considerable. In focus groups, there was a lack of trust in reporting 'new' relationships to relevant bodies and a fear of the loss of benefits and the resulting loss of homes and potentially homelessness. Although this implies a need to publicise the existing legislation and how Brighton & Hove are putting this legislation into practice, it also points to the need for a national debate regarding the problems of civil partnership legislation and the negative impacts this has had on the lives of LGBT people.

Housing is clearly a key issue for those who have experienced domestic violence and abuse. This is because family homes may become unsafe for dependants, the problems of removing oneself from partnered houses and the very real possibilities of homelessness following a relationship breakdown, particularly in areas such as Brighton & Hove. This may result in individuals being forced to stay in violent and abusive home places or as this research has illustrated moving into potentially unsafe relationships and other forms of dependencies (including potentially violent relationships). Traditional avenues of support for housing for LGBT people

fleeing domestic violence may be unavailable and/or unfriendly to LGBT people and temporary housing can be unsuitable, in part because of issues pertaining to gender and sexual identities. This area requires input and specialist support for all LGBT survivors of domestic violence and abuse, both to consider the implications of family violence and abuse, and the potential vulnerabilities of leaving home and the experiences and support needs of those who are fleeing domestic violence and abuse from partners. This chapter has not addressed the absence of provision for male survivors of partnered domestic violence and abuse, nor does it explore the full range of experiences for trans people or bi people. Further research is needed into supporting partners in domestic violence and abuse situations where although there may be some imbalance there is evidence of violence from both partners. To establish the 'victim' and the 'perpetrator' in this context may fit the definition of 'domestic violence' but may not be helpful in addressing the situation. However, in highlighting some structural concerns and key points, this chapter highlighted the unique issues faced in refuges for lesbian and bisexual women and the potential common issues people may face in temporary housing following fleeing ones home.

LGBT people are willing to engage with statutory services in their efforts to monitor in order to improve their services. However, these monitoring procedures need to ensure the confidentiality of the information in addition to being LGBT friendly. Trans issues need to be addressed and monitoring gender identities is an area of work that is being developed and needs to be understood in this context. Consultation data suggests that consultations use a variety of different measures in order to explore the views and needs of the LGBT populations in Brighton & Hove.

12.3. Specific needs/identity groupings

12.3.1. Isolation

Isolation is a key factor in understanding the needs of LGBT people who are marginalised and excluded both from heterosexual societies and LGBT communities. In this context isolated people had specific housing needs and experiences. Those who are isolated are more likely to have changed where they live in the past five years and more likely to live alone. Those who said that they felt isolated in Brighton & Hove were also far (11%) more likely to describe the city as worse than other places they have lived in compared to those who were not isolated (2%), $p = .0005$. 34% of those who felt isolated and those who sometimes felt isolated in Brighton & Hove have experienced homelessness (34%) compared to 15% of those who do not feel isolated (15%). Conversely, those who have been homeless are more likely to experience isolation (53%) than those who have not been homeless (28%).

12.3.2. Older people

As the LGBT people age, there can be specific issues pertaining to their experiences of aging and their sexual/gender identities which differentiate

them both from the LGBT communities and from heterosexual older people. 62% of would like to see housing that is specifically caters for LGBT people. In this sample the differences between LGBT people can be addressed, however, these findings should be read in conjunction with 'The Whole of Me Report'. Older LGBT people (over 55) are more likely to live alone than other LGBT people in Brighton and Hove and older age groups are less likely to live with a same sex partner than those in the 26-45 year old age category. Older people (66%) are less likely to be satisfied with their household composition than those who are aged between 26-55. They are also more likely to be in social housing than those in the 26-35 age group, Those who are over 46 are the most likely to have specialist housing needs (13% compared to 4-8% of those aged under 46, p. <.0001). This indicates a certain dependence on the state. Yet, older people in this research, as well as those who felt that they were entering this category, suggested that they were fearful of state provision of housing. They argued that they did not see state housing provision as LGBT friendly and one area of concern had to return to the closet if they were dependant on the state. Respondents emphasised the importance of safety and the need for LGBT friendly and safe options for older LGBT people.

12.3.3. Young people

Young (defined here as under 26) LGBT people have specific housing needs some of which have been addressed in Cull et al (2006) 'Out on My Own' which found that young vulnerable LGBT people may require specialist housing services that understand their sexual and gender identities. 71% of younger people in this study think that housing schemes specifically for young LGBT people are necessary. The findings from this research were supported in this study, which found specific characteristics for housing needs and vulnerabilities for young LGBT people.

Family housing is often presumed to be a safe area for children and young people. However, as this and other LGBT studies (Cull et al, 2006) illustrate, LGBT youth can be vulnerable not only to domestic violence and abuse but also to homelessness as a result of parents/guardians reactions to their sexual and gender identities. 15% (n. 2) of those who are aged between 16-25 and have experienced domestic violence and abuse were sleeping rough at the time of survey.

18% of LGBT young people who moved to Brighton and Hove in the past 5 years have been homeless in Brighton & Hove in the past 5 years (n. 14). 10% of young people (n.12) have had sex or made themselves available to have sex for somewhere to stay.

Perhaps unsurprisingly then younger (74%) are less likely to be satisfied with their household composition than those who are aged between 26-55. They were less likely to live with a same sex partner than those in the 26-45 age group. 9% of young people live in social housing, of these people one person lives with their parents.

12.3.4. Income

Although it is often presumed that gay men in particular have a large amount of disposable income, it is clear that this myth does not apply to all LGBT people. Income can have a significant affect on many aspects of life; however, here it had an influence on LGBT people's experience of housing. Those on a low income (>£10,000) were less likely to live with a same sex partner. Income was also a factor in experience of homelessness. Overall, 1/3rd of those earning under £10,000 had been homeless compared to 12% of those earning above £40,000. The proportion who have been homeless decreases relative to the income grouping, with 25% of those earning between £10,001 and £20,000 and 16% of those earning between £20,001-40,001 having been homeless. Income was also a factor in civil partnerships, where those on a lower income were less likely to engage in civil partnerships than those on higher incomes (and this may be related to a loss of benefits and state support due to the new legislation).

12.3.5. Mental health difficulties

Throughout this research mental health has been a key aspect of difference between LGBT people. Although it cannot be ascertained if mental health difficulties give rise to other issues, experiences and/needs or whether these experiences, needs and issues give rise to mental health difficulties, housing experiences and needs were clearly differentiated along this axis.

People who had experienced difficulties with their mental health (6%) were more likely to describe their experiences of living in the city as worse than other places they have lived than those who have not experienced mental health difficulties (2%). Those who live in areas of potential deprivation are the most likely to have mental health difficulties (25%). 16% of those who lived in Kemptown and St. James Street have mental health difficulties and 17% of those who do not live in any of these areas. 39% of those in social housing have had difficulties with their mental health, compared to 12% of those who own their own homes and 22% of those who rent privately. 80% of those with mental health difficulties do not live in social housing and therefore mental health services, whilst aware of the challenges of social housing should not be limited to this tenure. Particularly as 87% of those who feel that they need support for their mental health needs do not live in social housing.

Those who have mental health difficulties are more likely to struggle to get accommodation (31%), than those who do not have mental health difficulties (13%) which may be attributed to discrimination and prejudice. A significantly ($p < .0001$) higher proportion of LGBT people with mental health difficulties (17% compared to 5% of those who had not had mental health difficulties in the past 5 years) have specialist housing needs.

Those who have experienced homelessness are more likely to have had difficulties in the past five years with their mental health. 26% of those who have experienced mental health difficulties have also experienced homelessness, compared to 9% of those who have not experienced mental health difficulties (statistically significant $p < .0005$). Experiences of

homelessness can result from or lead to life threatening behaviours and thoughts. 59% of those who have been homeless in Brighton & Hove in the past 5 years have had serious thoughts of suicide (n. 33). In addition to experiences of discrimination and prejudice from landlords and other housing services, ongoing harassment can have serious implications for mental health and wellbeing amongst LGBT people and can be exacerbated by neighbourhood based hate crime.

12.3.6. Bisexual and queer¹

Although this research has grouped together LGBT people, it is important to differentiate between these categories recognising that bisexual, queer and trans people may have difficulties that lesbians and gay men do not experience. Moreover, bisexual, queer and trans people can experience discrimination, abuse and prejudice from other LGBT people. This section will focus on bisexual people's differences in terms of housing needs.

Bisexual and queer (78%) and other sexualities (66%) are less likely to be happy in their accommodation than lesbians (81%) and gay men (87%, $p=.02$). 33% (n. 24) of bisexual and queer people had problems getting accommodation. This is higher than lesbians (25%) and gay men (22%). 15% of bisexual people and 32% of those who are otherwise coded live in social housing, compared to 8% of lesbians and gay men. Bisexual people are more likely to experience homelessness than lesbians and gay men. 1/3rd of those who defined as bisexual, queer and otherwise coded were have experienced homelessness, compared to 22% of lesbians / gay women and 19% for gay men.

12.3.7. Trans

As has been sketched out above, the LGBT grouping may be differentiated in terms of its needs. Trans people may have different needs to other LGB people and may experience discrimination from non trans LGB individuals, groups and services. In terms of housing those who are trans (63%) are less likely to say that they are happy with their accommodation than those who are not trans (84%, $p=.001$). 56% of trans people had problems with accommodation, compared to 24% of non trans people ($p<.0001$). Trans people were almost twice as likely to struggle getting accommodation, compared to other LGB people. There was evidence that transphobia was a factor in these difficulties. Almost a third of the trans respondents of this sample lived in social housing, indicating that this is an important area of provision for housing services

36% of trans people experienced homelessness compared to 21% of non trans individuals.

¹ These groups are put together due to engagements with the bisexual communities of Brighton & Hove who suggested that these groups may have overlapping needs and experiences. They also indicated a struggle in defining themselves when presented with the categories of both Bisexual and queer.

12.3.8. Disability

LGBT people who identify as disabled or long term health impaired can have specific housing needs and experiences that differ from the rest of the LGBT population, but are still related to their LGBT identities. LGBT people in the sample who are disabled or have a long term health impairment are more likely to struggle obtaining accommodation, have experienced homelessness, report having specialist housing needs and live in social housing.

Those who are disabled or have a long term health impairment (48%) are over twice as likely to struggle getting accommodation as those who do not (21%, $p < .0001$). The lack of suitable properties can affect moving from areas of hate crime as well as obtaining suitable properties in the first instance. 21% (n. 6) of those who identify as disabled or have a long term health impairment live in social housing compared to 9% (n.67) of those who did not identify as disabled or has having a long term health impairment. 36% privately own their own homes compared to 48% of those who are not disabled. 1/3rd of those who defined as disabled have been homeless compared to 20% of those who are not disabled. Those who identify as disabled or long term health impaired are more likely to report having specialist housing needs (37% compared to 2%) than those who are not disabled. This is perhaps to be expected yet it should still be noted that the majority of LGBT disabled people do not live in social housing (79%), indicating a reliance on other sources of financial and social support and potentially a lack of engagement with services.

12.3.9. Living with HIV

Numerous studies of those living with HIV have addressed the needs of this grouping. This section will outline some of the differences between LGBT people living with HIV and those who have tested negative or have not been tested. 37% of those who are living with HIV experienced discrimination on the basis of their gender and/or sexual identities in the areas where they lived. Those who have tested positive for HIV are more likely (29%, $p < .05$) to have experienced homelessness than those who have received a negative test result or who have not been tested (22%). Those who are living with HIV (14%) are more likely to have been homeless in Brighton & Hove in the past five years compared to those who are negative and/or have not been tested (11% $p = .01$). Those living with HIV (18%) are more likely than those who have not been tested for HIV or have tested negatively in their most recent test (6%) to have specialist housing needs ($p = .002$). 30% of those who are living with HIV live in social housing compared to 8% of those who are negative or who have not taken a HIV test.

12.3.10. Sex workers

In this sample 13 people had regularly taken payment for sex or have done so occasionally as necessary and are defined as 'sex workers'. 68 people were defined as 'temporary or former sex workers', they are those who

exchanged sex once or 'don't do it anymore'. Sex workers and temporary sex workers are more likely to have been homeless in Brighton & Hove in the past five years. Three people (5% of those who have been homeless in Brighton and Hove, 23% of sex workers) who have been homeless in Brighton & Hove in the past five years are sex workers. These were all male sex workers. 13 temporary sex workers (19%) have been homeless in Brighton & Hove in the past five years. Those who have been homeless are more than 3 times as likely to have exchanged sex for payment (22%) than those who have never experienced homelessness (7%). Sex workers (46%, n. 6) are more likely ($p < .0001$) have had sex or made themselves available to have sex in order to have somewhere to stay. (These sex workers were all male). Temporary sex workers (25%) are also more likely to have had sex or made themselves available to have sex in order to have somewhere compared to 5% of LGBT people who have never accepted payment for sex. Although these figures are small they are indicative of housing support needs for those who may be vulnerable. Particularly services catering for sex workers should be aware of housing needs and issues and those in housing should be suitably trained to cater for LGBT sex workers.

This research found that LGBT people had to exchange sex in a number of ways specifically related to housing. 23% of those who exchanged sex for payment said that they did so because they needed the money for housing. Of these 18 people, 5 were under 26, 7 were aged between 26 and 35 and 6 were in the 36-45 age group. 4% of LGBT people (n. 31) have had sex or made themselves available to have sex in order to have somewhere to stay in the past 5 years. A further 4% (n. 28) have done so outside the last five years. Recognising that LGBT people may need to exchange sex for housing/shelter, the vulnerability of LGBT people to being forced to engage in sex work, is an area that needs further exploration and engagement.

13. Recommendations

13.1. Housing services and providers

(See also the Domestic Violence and Abuse report)

It is recommended that:

- ▶ The full breadth of housing services are promoted to LGBT people, particularly those who are vulnerable or new to Brighton & Hove emphasising that these services are not just for council housing applicants. This could include:
 - A specialist LGBT Housing Options Officer within the Council.
 - Producing a local service guide to be given to any LGBT people in housing need, primarily to be issued at City Direct, Bartholomew Square. This guide will include information about drug / alcohol services; mental health services (including Mind Out); youth services (including Allsorts & Hove YMCA); sexual health services (including THT); True Vision details, Switchboard and Morley Street GP surgery (for people new to Brighton without a fixed address and don't have a GP). The same information could be on the council's website and Switchboard's and Allsorts'.
- ▶ Safety needs for LGBT people are accounted for in housing decisions, including accounting for vulnerabilities in a competitive bidding system and points for LGBT survivors of hate crime.
- ▶ All housing services and providers ensure in their systems and processes that frontline staff have the correct information to help LGBT people with the respect they deserve, including recognition of trans identities and preferred use of names and pronouns.
- ▶ An audit takes place that locates where difficulties may occur for example, check forms, databases, policies for the inclusion of LGBT pronouns etc. This should be undertaken in conjunction with staff training.
- ▶ Awareness of rights and what actions can be taken by the council or other bodies (including landlords associations) where incidents of abuse or discrimination are experienced by LGBT people in social and private rented accommodation is improved. This should include measures that encourage LGBT service users (from all housing providers including private) to make formal complaints about

services if they feel they are being treated differently or disrespectfully because of their sexuality / gender identity. A complaints or advocacy mechanism to support and protect tenants making a complaint against their landlord may be appropriate and should be investigated further.

- ▶ All housing services and housing providers in the city become aware of trans and bi issues and these providers and services recognise LGBT issues/needs even when the person doesn't feel comfortable about being explicit/open about their LGBT identities. This should occur alongside a concerted effort to create LGBT friendly services which make people feel more comfortable about talking about LGBT issues.
- ▶ An assessment of the suitability of current older peoples' housing provision, for older LGBT people (in the absence of specialist housing options) is undertaken. This should take into account of what can we learn and how can we affect positive change and include further partnership working to investigate a specialist housing project for older LGBT people.
- ▶ To help prevent LGBT youth homeless further work is undertaken with youth/family services / Connexions to provide advice and support to under 18 LGBT who find themselves at risk of being made homeless by their families and may be ineligible or unable to access social or private housing. This would include developing a specialist housing project for homeless LGBT young people that could include preventing young people finding inappropriate and abusive housing solutions or engaging in sex work.

13.2. Brighton & Hove City Council

- ▶ Partnership working with LGBT communities is continued, including (but not limited to) the LGBT Housing & Support Working Group. Use these processes to continue to develop an LGBT housing strategy that takes into account the findings of the report and other open consultations
- ▶ The understanding and implementation of what it means to be 'LGBT friendly' is consistently is ensured and evenly applied across all services, partners and contractors recognising that Brighton & Hove City Council is a large organisation providing a wide variety of services to people with varying needs. Brighton & Hove City Council should also seek to build upon its role as a community leader to encourage other local organisations and companies to adopt a common standard of LGBT friendliness.
- ▶ Strategies to deal with the impacts of migration to the city are developed, in particular, the specific LGBT issues such as access to housing, support networks and services. This should include

welcoming vulnerable LGBT people to the city and not attempting to 're-connect' them to potentially violent and unsafe situations.

- ▶ The LGBT Housing and Support Working Group and LGBT community groups become partners in carrying out the statutory Equality Impact Assessments of both the Local Connection Policy and the Reconnection Policy.
- ▶ Civil Partnership Act. Permanent partnership working is used to address the clear gap between housing services procedures and the fears and knowledges of LGBT service users. This gap needs to be urgently addressed with all the relevant partners including the Department of Work and Pensions, Housing Services and Providers and LGBT groups. A working group should be set in place to facilitate this.

13.3. Community safety

(See further recommendations in the safety report)

It is recommended that:

- ▶ The Police, council and other safety services and initiatives prioritise preventing hate crime where people live and not just where they socialise.
- ▶ Safety services focus on measures they can offer to reduce or minimise factors that cause dissatisfaction i.e. deal with the problem rather than find a property elsewhere.
- ▶ Safety services provide information to LGBT people about anti-harassment policy and what support is available to them, they offer clearer signposting for reporting, improved services and support after reporting. The monitoring of long-term outcomes for victims is carried out and reported in line with other monitoring (see below).
- ▶ Better co-ordination between agencies is used to intervene early to support LGBT victims of hate crime where they live, and to prioritise the prevention of repeat victimisation.
- ▶ LGBT victims of hate crime get improved support to stay in their homes by earlier and more effective action against perpetrators (including eviction). However, the views and needs of victims should be respected when considering priority moves and alternatives to permanent moves explored.
- ▶ Housing providers need to take better account of the safety needs of LGBT people in making appropriate offers of housing and the priority transfer paperwork is improved to facilitate the support of LGBT survivors of hate crime. Where hate crime has been experienced and reported to police, this process is not duplicated

and leads to simple council processes for addressing hate crime perpetrators and helping survivors.

- ▶ Action is taken (including preventative action - tenant outreach, publicity and work in schools and community centres - as well as enforcement action) to make outlying housing estates safer for LGBT people and to improve LGBT perceptions of these areas.
- ▶ Greater recognition is given to the role and responsibilities of all council staff in helping to deter and report incidents of harassment, and in supporting victims of harassment.

13.4. Support services

(See also related reports, including Mental Health, Health)

It is recommended that:

- ▶ All frontline housing staff who work directly with vulnerable service users including those who work with those with alcohol or drug problems, mental health difficulties are trained to be LGBT friendly and ensure the services are accessible to LGBT service users. This should include inter-agency working between housing support and drug and alcohol services.
- ▶ Services funded through the City Council's Supporting People funding, should be performance managed through the Quality Assessment Framework to ensure that they providing an acceptable level of service to their LGBT clients. Those who consistently under-perform should have their contracts revoked.
- ▶ If LGBT people do not access mainstream drug / alcohol services, consider locating specialist LGBT aware drugs workers in LGBT settings (including those specifically targeted at LGBT people and those used by LGBT people), to ease accessibility and encourage engagement
- ▶ Support for trans people and those with mental health difficulties should be aware of the needs of those in social housing but services should not be limited to this tenure. Those who deal with social housing need to be aware of trans issues and those with mental health difficulties
- ▶ A specialist project for male sex workers is initiated. This could include an advocacy role in engaging with the council around making housing applications and attending homelessness assessments, as they may be unlikely to self-disclose that they are sex working and therefore their vulnerabilities and support needs may not be fully captured, understood or met.
- ▶ Engage with local communities to support and promote preventive measures for homelessness and supportive systems for isolation,

this could include promoting LGBT friendly support networks and groups and relevant council services.

- ▶ LGBT service users and those new to the city are helped with developing social networks that are not limited to the LGBT scene with the objective of reducing isolation and putting them in touch with the rest of the local LGBT community.
- ▶ Develop community networks and groups to support LGBT people who migrate to Brighton i.e. find flat shares, find housing, sign post to LGBT services, facilitate housesharing, financial management, tenancy sustainment and peer support. This could have an online presence as well as a physical base., it should be supported by statutory agencies.
- ▶ LGBT advocacy services are promoted and developed to help victims of harassment 'navigate' their way through services and to provide support and reassurance. This should also include working with tenant associations to ensure that they are LGBT friendly and aware of the specific needs of LGBT people.
- ▶ The availability of LGBT support services during the allocations and lettings process is promoted to inform new tenants about what support is available if they choose to live in an outlying estate or somewhere they may feel isolated from the LGBT community. This should help LGBT people to make informed choices through provision of timely and relevant information about the property and area they are thinking about moving to. It should also include friendly tenant associations who can support moves into communities.

13.5. Consultation and monitoring

It is recommended that:

- ▶ All housing service and providers to continue to engage with their LGBT service users and to use their views and experiences to guide service development and improvements specific to their services.
- ▶ Monitoring LGBT identities is consistent across all services. All services should use the same categories, reporting forms and a shared system that means that data can be (confidentially) compared and collated
- ▶ All housing services and providers publish the results of monitoring and demonstrate how they are using this information to improve services to LGBT people. This information should be fed back to outside agencies, partnership working groups and wider LGBT communities through multiple means, including meetings, LGBT media and LGBT websites.

- ▶ Monitoring LGBT communities includes a knowledge of trans issues and address the issues raised by Spectrum (2007). This process should work with the trans community to establish a suitable and robust question. Consultations with trans people should occur in line with Spectrums paper on gender variance and trans consultations.

13.6. Further research needs to explore:

- ▶ Experiences of multiple marginalisation relating to housing including LGBT friendliness and racism, ablism and other forms of social difference. This should include an investigation of LGBT asylum seekers that includes assessing their housing needs but is not limited to this area.
- ▶ Homelessness in relation to gender and sexual identities and issue of multiple marginalisation including disability, HIV, isolation, low income sex work, and/or mental health difficulties.
- ▶ Sex work and the needs and experiences of LGBT people who exchange sex for payment, including the needs of male sex workers in Brighton & Hove, with a primary focus on young male sex workers. This research will target GBT and heterosexual male sex workers
- ▶ The provision of LGBT specialist housing services including:
 - Older people's LGBT housing
 - Services for young people
 - Targeted homelessness services
- ▶ Local housing and support needs of people living with HIV and a mapping of existing provision

14. References

Brighton & Hove (2007a). Community Safety

<http://www.brighton-hove.gov.uk/index.cfm?request=c1106681>

Accessed 14/11/07

Brighton & Hove (2007b) Dealing with Crime

<http://www.brighton-hove.gov.uk/index.cfm?request=c1114111>

Accessed 14/11/07

Brighton & Hove (2005) Housing Needs Survey 2005

http://www.brighton-hove.gov.uk/downloads/bhcc/Final_Report.pdf

Accessed 14/11/07

Browne, K. (2007a). 'Count Me in Too: Academic Findings Report'. *Kath Browne and Spectrum, Brighton*.

<http://www.countmeintoo.co.uk/downloads>

Accessed 10/8/07

Browne, K. (2007b) Domestic Violence and Abuse: Count Me In Too Report

<http://www.countmeintoo.co.uk/downloads>

Accessed 10/3/08

Browne, K. (2007c). '(Re)making the other: Heterosexualising everyday space', *Environment and Planning A*, Vol. 39. 996-1014.

Butler, R. and Rainbow Ripples. (2006). The Rainbow Ripples Report: Lesbian, Gay and Bisexual Disabled People's Experiences of Service Provision in Leeds.

<http://www.rainbowripples.org.uk/>

Accessed 27/10/07

Count Me In Too Action Group (2007). 'Count Me In Too. Initial Findings: LGBT Community Report.' University of Brighton and Spectrum

www.countmeintoo.co.uk/downloads/

Accessed 10/8/07

Cull, M. Platzer, H. and Balloch, S. (2006). 'Out On My Own: Understanding the Experiences and Needs of Homeless Lesbian, Gay, Bisexual and Transgender Youth'

<http://www.spectrum-lgbt.org/outonmyown/>

Accessed 10/8/07

Draft LGBT community safety strategy (2007).

http://www.spectrum-lgbt.org/downloads/safety/LGBT_Safety_Strategy_2008-11_draft_outcomesNov07.pdf

Accessed 14/11/07

Harris, J. and Robinson, B. (2007). Tipping the Iceberg: a pan sexual study of young people at risk of sexual exploitation and trafficking.

http://www.barnardos.org.uk/tipping_the_iceberg_report_barnardos_pain_sussex_study_of_sexual_exploitation_sept07.pdf

Accessed 13/11/07

Johnson, K. Faulkner, P. Jones, H. and Welsh, E. (2007). 'Understanding Suicidal Distress and Promoting Survival in Lesbian, Gay, Bisexual and Transgender (LGBT) Communities'

www.lgbtmind.com/index2.htm

Accessed 10/8/07

Knocker, S. (2006) Whole of Me... Meeting the needs of older lesbians, gay men and bisexuals in care homes and extra care housing. Age Concern England.

Pain, R. (1997). 'Social geographies of women's fear of crime', *Transactions of the Institute of British Geographers*, Vol. 22, pp. 231-244.

Scott, P. (1998). Zorro Report: An Assessment of the HIV prevention needs of gay men in Brighton and the adequacy of local HIV prevention services in meeting those needs.

<http://www.racoon.dircon.co.uk/zorro/zorro.html>

Accessed 27/10/07

Spectrum (2007) *Spectrum Gender identity Position Paper*

<http://www.spectrum-lgbt.org/>

Accessed 16/10/07

Webb, D. and Wright, D. (2001). Count Me In: Findings from the lesbian, gay, bisexual and transgender community needs assessment 2000. University of Southampton, Southampton.

West, P. (2004). 'Report into the Medical and Related Needs of Transgender People in Brighton and Hove'

www.spectrum-lgbt.org/trans

Accessed 10/8/07

Whittle, S. Turner, L. and Al-Alami, M. (2007). 'Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination'

www.pfc.org.uk/files/EngenderedPenalties.pdf

Accessed 10/8/07

Wilcox, P. and Pemberton, S. (2006). 'Hear Our Voices: Domestic Violence Survivors Making a Difference, Report on the process and findings of research with survivors and service agencies in Brighton & Hove' Brighton: Health and Social Policy Research Centre.

Your feedback

We welcome any comments and suggestions.

Please email your feedback to us at:

comments@countmeintoo.co.uk

or by post to:

Kath Browne, School of the Environment, Cockcroft Building, University of Brighton, Lewes Road, Brighton BN2 4GJ. or Count Me In Too, c/o Spectrum, 6 Bartholomews, Brighton BN1 1HG

www.countmeintoo.co.uk

Downloadable copies of this and other resources are available from the Count Me In Too website including a directory of local LGBT support organisations and groups.