

Trans people in Brighton & Hove: A snapshot report

February 2015



**Brighton & Hove
City Council**



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Caution is required throughout the report in comparing findings for trans survey respondents/ service users, with others, given small numbers of trans respondents/service users.

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About this report

Brighton & Hove Trans Scrutiny Committee: *“There is a lack of hard data on the numbers of trans people accessing services in Brighton & Hove, with the result that service providers are not necessarily aware of the needs of trans people.”*

This report aims to provide an accessible snapshot of what we know, and, what we don't know, about trans people living, working, studying or socialising in Brighton & Hove. It has been written to inform the work of the Brighton & Hove Trans Needs Assessment Steering Group and be triangulated with evidence from the literature review and qualitative interviews with key stakeholders that are being conducted alongside this report. It draws on information, mainly collected by statutory agencies, from different sources which are referenced so that readers can investigate topics of interest in more depth if they wish to.

It should be noted that whilst this report focuses on the trans population and may highlight differences in outcomes it may be misleading to think of trans or gender identity as the main or only explanation for any differences. Other factors such as age, socio-economic status, cultural differences and poor service delivery may be more important influences.

This report aims to provide an overview and as such it may form the basis for future, more in depth analytical work on particular issues.

The term transgender, or trans, is used as an umbrella term to describe people whose gender identity differs from their assigned sex at birth. Some transgender people will choose to transition socially and some will also take medical steps to physically transition to live in the gender role of their choice.

The term trans also includes a broader group of people who find their personal experience of their gender differs from the assumptions and expectations of society, such as people who are intersex, androgyne, polygender or genderqueer. They may also experience some of the issues related to being labelled by others as a gender that doesn't match their gender identity.¹

In many cases it's either not possible, or it's not ethical, to conduct analysis as the numbers within datasets can be very small, which might make some individuals identifiable. We have tried to provide as much detail as possible within these constraints.

It should also be noted that where samples are small, small differences can distort proportions more markedly.

¹ Reported in Brighton & Hove JSNA 2013. Section 4.2.5: Gender identity and trans people. Available at www.bhlis.org/jsna2013

The report is organised around key themes. Topics are covered in the section which seems most relevant but there are inevitably some topics which could have been covered in more than one section.

A section outlining key weaknesses in our evidence base is included at the beginning of the report.

Statistics are given in percentages and actual numbers for the local level where possible and appropriate.

This report would not have been possible without the co-operation and contributions of many analysts and support staff working across the city whose assistance is gratefully acknowledged.

The report was compiled by Kate Gilchrist, Head of Public Health Intelligence. If you have any queries please email kate.gilchrist@brighton-hove.gov.uk.

Most of the information within this report, unless otherwise stated, uses the Brighton & Hove City Council equalities monitoring questions.

The two questions covering gender identity asked across the surveys / consultations are:

What gender are you? Male / Female / Other (please state) / Prefer not to say

Do you identify as the gender you were assigned at birth? *For people who are transgender, the gender they were assigned at birth is not the same as their own sense of their gender.* Yes / No / Prefer not to say

Gaps and weaknesses in the evidence base

We have gaps and weaknesses in the information recorded about trans people in Brighton & Hove, although we are not unique in experiencing these.

It is important to recognise that the absence of data doesn't denote absence of need, this data snapshot evidence will be triangulated with the evidence from the literature review, and qualitative information from stakeholders and trans individuals in the city.

In many cases data is not recorded. This is for a number of reasons including that many services routine data is based upon nationally guided recording, for example annual schools census, Adult Social Care data, recording within the NHS, and information about students from UCAS.

In many cases our data is limited or partial. This can be because data isn't collected in the first place, because people are given options not to disclose information if they would prefer not to, or because data recording is poor. With regard to trans, some services may not appreciate the value of obtaining this information, or they may feel it is inappropriate to ask for it, especially if the service is a crisis service, dealing with people in very stressful situations.

In some cases data is collected but not analysed or reported. In some cases information is recorded in hard copy equalities monitoring forms but not collated or reported on. Some services may not have the necessary resources or skills to analyse data effectively. This can result in either no data being presented or the data being misunderstood. For example a representation shift in a group from one to two per cent looks small and might be ignored but actually represents a doubling which could be significant.

In many/the majority of cases the number of trans people may be so low that numbers are suppressed in any data returns of sharing exercises in order to protect the anonymity of the service users. Typically, where there are fewer than five to ten people in a category actual numbers may be suppressed. Small numbers also make it difficult to do statistically robust comparisons between trans and cisgendered people.

Questions used to elicit this information are not consistent across services. Different services collect, manage and analyse data and information in different ways and for different purposes, and it can be difficult to access the data, to make sense of it and to join it with other data sets to draw meaningful conclusions.

In some cases, robust quantitative data simply does not, and may not ever, exist. This is often the case for sensitive issues, such as sexual violence, where there is a tendency towards under-reporting for a variety of reasons such as shame and fear of repercussions. In such cases there may be detailed qualitative information about a limited number of cases but we may never know the true extent of an issue, despite our best efforts.

Trans people may also not report, meaning that even data that does exist may not be robust. Although it needs to be collected in order to make it so. Data needs to be collected for an extended period of time before people become comfortable asking/answering the questions and it becomes an accurate reflection of society.

There may be other needs for trans people not included here, because it is restricted to information recorded by statutory services and local community and voluntary organisation, where this has been shared.

Appendix 1 summarises where information is, and is not, routinely monitored in local services.

Population

There is no reliable information regarding the size of the trans population in the UK.

Recent estimates suggest that between 0.6% and 1% of adults may experience some degree of gender variance.²

Simply applying this to the population of Brighton & Hove aged 16 years or over (323,900 adults according to the Office for National Statistics 2013 Mid Year Estimates) would suggest an estimate of between 1,397 and 2,329 residents in the City with some degree of gender variance.

Given the lack of any population level data nationally, or in Brighton & Hove, other potential sources of evidence were considered. A number of large surveys and consultations conducted between 2012 and 2014 have included equalities monitoring questions defined by Brighton & Hove City Council.

Across both random sample and self-selecting surveys/consultations, there appears to be a broad consensus of respondents completing the relevant questions identifying as trans.

Focussing on the random/defined surveys and consultations the range falls between 0.9% and 1.6% of adults in the City reporting that their gender is not the same as the sex they were assigned at birth. The self-selecting samples are broadly in consensus with this range.

It is important to note that many of these surveys have a high number, and percentage, of people who do not answer the question asking whether they identify with their gender assigned at birth. Excluding the Health Counts survey and City Tracker, for the other City Council surveys/consultations mentioned above between 7% and 24% of respondents did not answer the question.

There is no reliable information regarding the size of the trans population in the UK.

The decennial Census is the main source of robust population data for the country. However, there are no questions asking individuals whether their gender is the same as the sex they were assigned at birth.

Recent estimates suggest that between 0.6% and 1% of adults may experience some degree of gender variance.³

Simply applying this to the population of Brighton & Hove aged 16 years or over (232,900 adults according to the Office for National Statistics 2013 Mid

² GIRES. The Number of Gender Variant People in the UK - Update 2011. GIRES; 2011

³ GIRES. The Number of Gender Variant People in the UK - Update 2011. GIRES; 2011

Year Estimates⁴) would suggest an estimate of between 1,397 and 2,329 residents in the City with some degree of gender variance.

In May 2014, the Equality and Human Rights Commission published a report on measuring gender identity. This was a pilot study looking at questions of gender identity in a large survey of 10,044 respondents. From two questions:

- At birth, were you described as...Male / Female / Intersex / I prefer not to say and
- Which of the following describes how you think of yourself? Male / Female / In another way (in both questions respondents were asked to tick one option)

0.8% of the sample, split approximately equally between those responding 'In another way' to question 2 (gender identity) and those giving combinations of 'male', 'female' and/or 'intersex' responses, were in what the author's referred to as gender identity minority groups.⁵ This falls within the range given above.

Nationally, a small proportion will have presented for, and undergone, medical gender transition (approximately 12,500 and 7,500 respectively).⁶

An NHS Audit, Information & Analysis Unit 2008 report sets out that population estimates for transsexual people are based on published research in The Netherlands⁷ and Scotland⁸ over the last decade, combined with available data from Government agencies that deal with changes of name and gender (e.g. DWP, Passport Agency, DVLA).

They suggest a prevalence ratio of around 1 in 11,500 of the general population provides a crude means of estimating the likely numbers of pre and post-operative transsexual people within the adult population.⁹ This would equate to 20 people in Brighton & Hove (228,500 adult population/11,500).

However these estimates do not provide for, as might be the case in Brighton & Hove, a city attracting more people with gender variance because it is seen as more inclusive.

A 2009 report¹⁰ used data from health services to estimate the prevalence of "people who have presented with gender dysphoria" by police force area level. This suggested that Sussex had the highest prevalence in England (more than twice the national average) and the report concluded that this was

⁴ Office for National Statistics. Population Estimates for UK, England and Wales, Scotland and Northern Ireland, Mid-2013. June 2014. Available at <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-322718>

⁵ Equality and Human Rights Commission. Technical note: measuring gender identity. May 2014. Available at <http://www.equalityhumanrights.com/publication/technical-note-measuring-gender-identity> [Accessed 21/01/2015]

⁶ Reported in Brighton & Hove JSNA 2013. Section 4.2.5: Gender identity and trans people. Available at www.bhlis.org/jsna2013

⁷ Van Kesteren PJ, Gooren LJ, Megans JA, *An epidemiological and demographic study of transsexuals in The Netherlands*, *Arc Sex Behav.* 1996 Dec;25(6):589-600. This research provides the longstanding statistic that gender identity disorder affects 1 in 11,900 of the adult population (rounded in some accounts to 1 in 11,500)

⁸ Wilson P, Sharp C, Carr S, *The prevalence of gender dysphoria in Scotland: a primary care study*, *Br J Gen Pract.* 1999Dec;49(449):991-2. This broadly supports the Dutch figure with a population estimate of 1 in 12,500 of the adult population

⁹ NHS The Audit, Information & Analysis Unit. Survey of Patient Satisfaction with Transgender Services Audit of Patient Satisfaction with Transgender Services. June 2008

¹⁰ Reed et al. Gender Variance in the UK: Prevalence, Incidence Growth and Geographic Distribution. GIRES; 2009

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related to the perception that Brighton & Hove is a favourable environment for trans people.¹¹

Local surveys and consultations

Given the lack of any population level data nationally, or in Brighton & Hove, other potential sources of evidence need to be considered.

A number of large surveys and consultations conducted between 2012 and 2014 have included equalities monitoring questions defined by Brighton & Hove City Council.

Comparing the results from these surveys/consultations may help to provide some indication of the percentage of adults within the City who do not identify as the gender assigned at birth.

Brighton & Hove City Council equalities monitoring questions

The two questions covering gender identity asked across the surveys / consultations are:

What gender are you? Male / Female / Other (please state) / Prefer not to say

Do you identify as the gender you were assigned at birth? *For people who are transgender, the gender they were assigned at birth is not the same as their own sense of their gender.* Yes / No / Prefer not to say

Table 1 shows the numbers, and percentages, of respondents to these surveys/consultations who have stated that they do not identify as the gender assigned at birth.

Table 1: Numbers and percentage of trans respondents to large surveys and consultations of adults in Brighton & Hove				
	Year	%	Number of trans respondents	All respondents
Random / defined samples				
Health Counts	2012	0.9%	18	2,014
City Tracker (Wave 5 and 6)	2013/14	1.6%	31	2,000
Brighton & Hove City Council Budget consultation	2013/14	1.1%	7	631
Brighton & Hove City Council Budget consultation	2015	1.0%	5	502
Leaseholder survey	2013	<1%	<5	345

¹¹ Reported in Brighton & Hove JSNA 2013. Section 4.2.5: Gender identity and trans people. Available at www.bhlis.org/jsna2013

Self-selecting samples				
Big Parenting Debate	2013	1.8%	6	329
Brighton & Hove City Council Budget consultation	2013/14	2.7%	6	225
Seafront Strategy consultation	2013	<1%	<5	656
20 miles per hour consultation	2013	0.7%	99	~15,000
Big Alcohol Debate*	2012	1.4%	12	882
Sexual health consultation	2014	4%	29	650
RadioReverb listeners survey	2013	~2.0%	<5	202
Countability (Fed Centre for Independent Living)	2011	0%	0	75

*The Big Alcohol Debate asked “Do you now or have you ever considered yourself transgender?” – and the question was asked on the longer form survey with 882 people answering this question.

Results are separated into random or defined samples and self-selecting samples.

In random samples, such as Health Counts and the City Tracker, individuals are selected at random to participate. In defined samples, like the leaseholder survey all leaseholders are invited to respond.

In self-selecting samples, such as the Big Parenting Debate, the survey was promoted widely across the City but individuals interested in the topic will be more likely to respond and so the demographics of respondents may not be representative of the wider population of the City in these surveys/consultations.

The budget consultation was in two parts. One was a postal survey with a random sample of 3,000 households evenly distributed by postcode; the other a self selecting sample were by residents were directed through various media and via community networks to go to the Portal or copies of the questionnaire could be pick up from the council’s public buildings including libraries.

Having said this, across both types of survey/consultation, there appears to be a broad consensus of respondents completing the relevant questions identifying as trans.

Focussing on the random/defined surveys and consultations the range falls between 0.9% and 1.6% of adults in the City. The self-selecting samples are broadly in consensus with this range.

Issues of non-completion

It is important to note that many of these surveys have a high number, and percentage, of people who do not answer the question asking whether they identify with their gender assigned at birth. Excluding the Health Counts survey and City Tracker, for the other City Council surveys/consultations

mentioned above between 7% and 24% of respondents did not answer the question.

Unfortunately, the question on whether a person's gender is that assigned at birth was not asked in previous waves of the City Tracker Survey and so is only available for Wave 5 undertaken between 9 September and 25 October 2013 and Wave 6 undertaken in early 2014. This section describes results from Wave 5 and 6 of the City Tracker. As future waves are conducted information will continue to be able to be pooled to enable a more robust look at any differences between trans and all respondents to the tracker.

Diversity

The information within this section is taken from local surveys, consultations and research. With no robust local, or national, estimates of the trans population and their demographic characteristics (e.g. age and ethnicity) it is not possible to establish whether the respondent characteristics of the trans samples given here, are representative. It therefore cannot be presumed that these results are generalisable to the wider trans population of the City but when combined may help build a picture.

They show that the trans population is not homogeneous, showing who is answering the trans question, and how this varies between surveys.

Age

In the 2012 Health Counts survey, five respondents were aged 18-34 years (28%); eight were aged 35-54 years (44%) and five aged 55 years or over (28%). This is a slightly younger age distribution than for all survey respondents where 21% were aged 18-34 years, 40% 35-54 years and 39% aged 55 years or over.¹²

In Wave 5 and Wave 6 of the City Tracker survey, conducted in late 2013 and early 2014, trans respondents tended to be older than all survey respondents with 29% of trans respondents aged 65+ compared with 16% of all respondents, and 35% of trans respondents aged 18-44 years compared with 54% of all respondents.¹³

In 2006, the Count Me In Too survey¹⁴ was conducted of the LGBT population of Brighton & Hove. Of a total of 804 respondents, 5% (43) were trans.¹⁵ In Count Me In Too 26% of trans respondents were aged over 55 years (11/43), 49% were aged 36-55 years (21/43) and 26% were aged 35 or under (11/43) – this was broadly similar to the age breakdown of Health Counts respondents.¹⁶

Gender

The majority of trans respondents to both the Health Counts 2012 survey and the Wave 5 and 6 of the City Tracker are female. In Health Counts 10 out of the 18 trans respondents identified as female (56% versus 59% of all respondents). This was higher in City Tracker at 24 out of the 31 trans respondents (77% vs. 51% of all respondents).¹⁷

¹² NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

¹³ Brighton & Hove City Council. City Tracker Survey Wave 5 2013 and Wave 6 2014.

¹⁴ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

¹⁵ Reported in Brighton & Hove JSNA 2013. Section 4.2.5: Gender identity and trans people. Available at www.bhlis.org/jsna2013

¹⁶ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

¹⁷ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

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Count Me In Too also found that the majority of the trans respondents identified as female (67%).¹⁸

Ethnicity

The Black and Ethnic Minorities snapshot report, published in 2013, stated that as a City we have very little information about transgender residents in the city and no data about their ethnic profile.¹⁹

In the 2012 Health Counts survey, 11 of the 18 trans respondents were White British and seven were from a Black or Minority Ethnic (BME) group. Trans respondents were therefore more ethnically diverse than all respondents, with 39% of trans respondents from a BME group compared with 19% of all respondents.²⁰

This picture was different within Wave 5 and 6 of the City Tracker survey where five out of the 31 trans respondents were from Black or Minority Ethnic (BME) groups (16% vs. 20% of all respondents).²¹

Count Me In Too found that the majority of the trans respondents were White British (93%).²²

Sexual orientation

Fewer than five trans respondents (out of 17 who gave information) to the 2012 Health Counts survey identified as lesbian, gay, bisexual or unsure (LGBU). Whilst small in number, making comparison difficult, in terms of the percentage of respondents it was more than twice the proportion of all survey respondents.²³

Also, within Wave 5 and 6 of the City Tracker survey fewer than five trans respondents (of the 26 giving this information) were lesbian, gay, bisexual or other.²⁴

In the Count Me In Too survey 16% (7/43) trans respondents identified as heterosexual, 26% (11/43) as lesbian, gay, bisexual or queer and 30% (13/43) as other sexual orientation.²⁵

Religion

Trans respondents to the 2012 Health Counts survey were much more likely to state that they had a religion, with fewer than five respondents having no religion, whilst 45% of all respondents said that they had no religion (and 42% of all adults according to the 2011 Census).^{26,27}

¹⁸ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

¹⁹ Black & minority ethnic communities in Brighton & Hove: A snapshot report 2013. Available at: <http://bmecp.org.uk/wp-content/uploads/BME-Communities-Snapshot-report-final.pdf>

²⁰ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

²¹ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

²² Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

²³ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

²⁴ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

²⁵ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

²⁶ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

²⁷ Office for National Statistics. Census 2011

In Wave 5 and Wave 6 of the City Tracker survey, conducted in late 2013 and early 2014, 31% (9 out of 29 trans respondents giving this information) had no religion, which was similar to all respondents at 36%.²⁸

Disability

In the 2012 Health Counts survey 44% of trans respondents (8 out of 18) said that they had a limiting long-term illness or disability compared with 26% of all respondents. However, this difference was not statistically significant.²⁹

For six out of the 31 trans respondents to Wave 5 and Wave 6 of the City Tracker survey, their day-to-day activities were limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (19% vs. 14% of all respondents).³⁰

Over a third of trans people surveyed in Count Me In Too (35%) reported a disability or long-term health impairment.³¹

Countability was a research project which examined the needs and experiences of people with a disability, impairment or long-term physical or mental health condition aged 18-65, who live in Brighton & Hove. The research was led by the Fed Centre for Independent Living and conducted during the summer of 2011. The report was completed in March 2012.

Questions on gender, and whether this was gender assigned at birth were asked within the research but no one identified as trans (out of the 75 individuals included in the research).³²

Gypsies and Travellers: The Equalities Impact Assessment (EIA) of the Traveller Commissioning Strategy 2012 identified that there was no data on trans Gypsies and Travellers in the City.

²⁸ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

²⁹ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

³⁰ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

³¹ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

³² The Fed Centre for Independent Living. Countability Research Project 2012. Information provided for the Brighton & Hove Trans Needs Assessment in December 2013.

Children, young people and families

Data on trans children, young people and their families is limited. More services and agencies are starting to gather this information but most do not record information within electronic systems as part of other routine monitoring. This presents a clear issue in terms of assessing the needs of this group of children and young people.

Key areas where this information is not routinely available include education, child and adolescent mental health services, children in need or looked after, young offenders and across most health services (see health and wellbeing section).

Questions on gender identity were included for the first time in the 2013 Safe and Well at School Survey, and as with any new data collections, time is needed for the data to become reliable.

Results from this first survey along with results from Allsorts show that children and young people who do not/ do not always identify as the sex they were assigned at birth are more likely to face issues of bullying and have lower emotional wellbeing from feeling less happy, more anxious, with self harm being commonplace.

In terms of lifestyles, physical activity levels are similar, as is alcohol consumption, and data is mixed as to the pattern of drugs use and having had sex.

60% of pupils who do not / or do not always identify with the gender they were assigned at birth knew about or had used Allsorts.

The Safe and Well at School Survey is conducted annually within primary and secondary schools in Brighton & Hove.³³ For the first time in the 2013 survey, conducted in November and December 2013, questions around gender identity were included in the survey. These questions were developed with Allsorts and asked of pupils in secondary schools across years 7-11 (pupils aged 11-16 years):

1. Do you identify as a girl or a boy? *Boy / girl / I use another word to describe my gender*
2. Some young people will question their gender identity as they grow up. Some feel uncomfortable with the gender they were given at birth and feel it doesn't match how they feel about themselves. They may identify as transgender. Do you identify with the gender you were given at birth? *Yes/No/Not all the time*

The survey is anonymous, online and conducted annually by primary and secondary schools during lesson time. Results for the secondary school survey related to pupils who do not / do not always identify with the gender

³³ Brighton & Hove City Council. Safe and Well at School Survey.

they were assigned at birth and primarily focuses on pupils aged 14-16 (in years 10 and 11). This question was asked for the first time in 2013; because of this, discussions between various parties with an interest in this topic have been ongoing with the intention of accurately interpreting the results and assessing the value of the information gained and so information given here should be considered in this light.

Research with a focus on the monitoring of this community is sparse, especially among the secondary school age group as compared with adults, and the addition of this question to the SAWSS is a first of its kind. As such, the process of refining the methods used to gain useful, practical information is in its first stages. A positive from this first step is that the numbers of 14-16 year olds pupils reporting that they do not / do not always identify with the gender they were assigned at birth are broadly consistent with the numbers of young people who currently access local services, such as Allsorts, targeted toward supporting these groups.

However, among 5,024 pupils aged 11-14 who took part in the survey, inconsistencies within the responses have made the results questionable. It is possible that the current wording of the survey question was not clearly understood by some pupils, particularly in this younger age group (ages 11-14 years). The survey question will be re-evaluated with pupils and may be altered for future surveys.

Teachers and school staff go through the survey with students to remind them of its purpose, confidentiality and explain where they can go for help and support if the questions lead to them feeling concerned. The school survey for 14-16 year old pupils has additional lifestyle questions not asked in the 11-14 year olds version (pupils in years 7 to 9).

The SAWSS results processing includes the removal of responses that had been spoiled.

In November 2013 a total of 3,330 young people aged 14-16 years took part across 12 different educational establishments in Brighton & Hove. This is 71% of young people in these school years.

Of pupils aged 14-16, 4% (118 / 3,271) of respondents reported that they do not or do not always identify with the gender they were assigned at birth.

And among these pupils:

- 59% reported that they are heterosexual, 18% Lesbian, Gay or Bisexual (LGB) and 23% unsure of their sexual orientation, which compares with 92%, 5% and 3%, respectively, among the rest of the pupils completing the survey

- 8% use a word other than boy or girl to describe their gender compared with less than 0.5% among those who do identify with the gender they were assigned at birth
- 64% reported that they are of White British ethnicity, 28% Black and Minority Ethnic (BME) and 8% either stated that they do not know or prefer not to say. The corresponding figures among the rest of the pupils completing the survey are 79%, 20% and 1.6% respectively.
- 23% receive extra help at school as compared with 11% among pupils who do identify with the gender they were assigned at birth.
- The distribution of responses to the gender identity question, by school year, was as follows:

Survey question: Some young people will question their gender identity as they grow up. Some feel uncomfortable with the gender they were given at birth and feel it doesn't match how they feel about themselves. They may identify as transgender. Do you identify with the gender you were given at birth?				
School year		Yes	No / not all the time	Total
10	Number	1,601	72	1,673
	%	96%	4%	100%
11	Number	1,582	46	1,628
	%	97%	3%	100%
Total	Number	3,183	118	3,301
	%	96%	4%	100%

Emotional health and wellbeing

Bullying: A significantly higher proportion of pupils aged 14-16 who do not / do not always identify with the gender they were assigned at birth reported being bullied this term (23%) than among those who identify with their birth gender (8%).

The responses to other questions related to bullying at school were as follows (ages 14-16) for pupils who do not / do not always identify with the gender they were assigned at birth:

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Caution is required throughout the report in comparing findings for trans survey respondents/ service users, with others, given small numbers of trans respondents/service users.

- 18% reported that they have bullied someone else, significantly higher than among the rest of the pupils completing the survey (9%)
- 48% reported that “there isn’t much bullying at my school,” significantly lower than among those who do identify with the gender they were assigned at birth (62%)
- A significantly lower percentage reported that they have someone to tell if they are being bullied (14% vs. 23%) (SAWSS)

Among pupils aged 14-16 who do not / do not always identify with the gender they were assigned at birth, 61% strongly agreed or agreed with the statement: “I enjoy coming to school”. This is significantly lower than among pupils who identify with the gender they were assigned at birth (73%).

74% of pupils who do not / do not always identify with the gender they were assigned at birth strongly agreed or agreed that they feel safe at school, compared with 90% for those who do identify as they gender were assigned at birth.

Levels of happiness, anxiety, enjoying coming to school and thinking that ‘my school helps me to get on with others including people from different religious and cultural backgrounds’ are all significantly associated with gender identity (SAWSS).

The percentage of pupils who do not / do not always identify with the gender they were assigned at birth who:

- Are often (40%) or sometimes (38%) happy was 78% compared with 92% (55% & 37%, respectively) among the rest of the pupils completing the survey
- Are often (31%) or sometimes (35%) anxious was 66%, significantly higher than do identify with the gender they were assigned at birth (55% combined, 15% often & 40% sometimes)
- Strongly agree or agree that ‘my school helps me to get on with others including people from different religious and cultural backgrounds’ was 66% among pupils who do not / do not always identify with the gender they were assigned at birth compared with 93% among do identify with the gender they were assigned at birth (SAWSS)

In Community Child and adolescent mental health services (CAMHS), Tier 2 do not routinely collect data about trans children and young people. At the Tier 2/3 referrals meeting young people where a gender identity issue is identified would now normally be assessed initially at Tier 3 CAMHS. Within the Sussex Partnership Foundation Trust (Tier 3) data about trans children and young people is not routinely collected.³⁴

³⁴ Tier 2: Community CAMHS: mild to moderate emotional and mental health issues responsive to brief intervention. Tier 3: Clinical CAMHS: moderate to severe and enduring mental health issues and diagnoses.

The Gender Identity Development Service at Tavistock and Portman NHS Trust (the National Tier 4 specialist Child and Adolescent Mental Health Service based in North West London) has fewer than five children or young people referred each year from Brighton & Hove between 2009/10 and 2013/14 – in 2013/14 there was a caseload of nine children and young people from Brighton & Hove (defined as patients seen at least once in the year).

The numbers referred across the South East Coast Area (including Brighton & Hove) has increased from 9 to 62 between 2009/10 and 2013/14 – with total referrals for the UK increasing from 97 to 468. The caseload figures for 2013/14 for the South East Coast was 84 and for the UK 674 patients.³⁵

Allsorts, a project based in Brighton to support and empower young people under 26 years who are lesbian, gay, bisexual, trans* or unsure (LGBTU) of their sexual orientation and/or gender identity, are in contact with 55 young trans* people.^{36,37}

Each quarter Allsorts survey the young people they are in contact with and the latest survey (January-March 2014) was completed by eight trans* young people. All had experienced mental health problems (things like depression and anxiety that had left them feeling unable to cope).

With a small sample it is not possible to compare exact percentages from this survey with all young people, however the results indicate some significant emotional health and wellbeing issues within this group.

More than two thirds of respondents, in the last three months had: suffered some form of homophobic/ biphobic/transphobic incidents/ discrimination/ harassment or bullying and in the same survey in the previous year more than two thirds had difficulties with relationships.

More than a third of respondents had done something to injure or harm themselves and more than a third had contemplated suicide.³⁸

Physical activity

Among pupils who do not / do not always identify with the gender they were assigned at birth aged 14-16 who responded to the SAWSS, 21% reported doing at least three hours of physical activity in school and 16% reported five or more hours out of school. This is comparable with the rest of the pupils completing the survey with 23% and 19% reporting at least three hours exercise in school and at least five hours outside school, respectively (SAWSS).

Pupils who do not / do not always identify with the gender they were assigned at birth were no more or less likely to travel to school using active means (walking, cycling, scooting / skateboarding) than the rest of the pupils completing the survey (48% vs. 53%) (SAWSS).

³⁵ Information provided by Tavistock and Portman NHS Trust for the Brighton & Hove Trans Needs Assessment. July 2014

³⁶ Allsorts submission in the 2013 JSNA call for evidence

³⁷ Reported in Brighton & Hove JSNA 2013. Section 4.2.5: Gender identity and trans people. Available at www.bhlis.org/jsna2013

³⁸ Allsorts. Information provided for Trans Needs Assessment 2014

Smoking, alcohol and drugs use

Pupils who do not / do not always identify with the gender they were assigned at birth aged 14-16 are significantly more likely to have ever tried smoking with 43% reporting that they have never smoked compared with 55% among pupils who do identify with the gender they were assigned at birth, although 20% reported that they have only tried smoking once or twice (SAWSS).

Pupils who do not / do not always identify with the gender they were assigned at birth are no more or less likely to live with someone who regularly smokes inside their house (27% vs. 24%) (SAWSS).

Some significant differences were detected between pupils aged 14-16 who do not / do not always identify with the gender they were assigned at birth and those who do. The former were:

- no more or less likely to have ever tried a whole alcoholic drink (25% vs. 26%)
- significantly more likely to have tried non-prescription drugs (30% vs. 20%) and cannabis (30% vs. 17%)
- more likely to have been given drugs by a member of their family (10% vs. 3%), but not alcohol (46% vs. 42%)
- no more likely to have been drunk (67% vs. 66%) but much more likely to have drunk alcohol in the preceding seven days (77% vs. 27%)
- no more likely to drink to get drunk often or every time they drink (46% vs. 35%) (SAWSS).

The Allsorts survey suggests that less than a third of the nine young trans* people they surveyed had taken drugs in the last three months, and over two thirds had never smoked.³⁹ More than two thirds of respondents to the survey in the previous year had been drunk in the last three months.^{40,41}

It is not currently known how many people accessing the young person's substance misuse service in the city, ru-ok?, identify as trans.⁴²

Sexual health

The majority of students aged 14-16 years in Brighton & Hove have not had sex (81%). However, pupils who do not / do not always identify with the gender they were assigned at birth are significantly more likely to report that they have had sex (35%) than do identify with the gender they were assigned at birth (18%) in SAWSS (SAWSS).

Pupils who do not / do not always identify with the gender they were assigned at birth are not significantly more or less likely to know about Chlamydia (29%

³⁹ Allsorts. Information provided for Trans Needs Assessment 2014

⁴⁰ Allsorts submission in the 2013 JSNA call for evidence

⁴¹ Reported in Brighton & Hove JSNA 2013. Section 4.2.5: Gender identity and trans people. Available at www.bhlis.org/jsna2013

⁴² Ru-ok submission for the Trans Needs Assessment Data Snapshot. January 2014.

vs. 22%), know where to get emergency hormonal contraception (31% vs. 31%) or know where to access free condoms (52% vs. 53%) (SAWSS).

Less than a third young trans people surveyed by Allsorts had had unprotected sex in the last three months, and had been tested for an STI in the same period.⁴³

Services

Pupils who do not / do not always identify with the gender they were assigned at birth are not significantly more or less likely to know about any of the services listed in the SAWSS questionnaire:

Service	Pupils who do not / do not always identify with the gender they were assigned at birth	Pupils who do identify with the gender they were assigned at birth
SWISH	57%	61%
SWAG	63%	61%
School health drop-ins	64%	70%
B&H Youth Service	68%	71%
Think Drink Drugs	66%	65%
C-Card	83%	83%
Allsorts	60%	55%
Morley Street (CASH)	60%	61%
BEACH	54%	53%

Education

The Schools Census is a nationally prescribed statutory data collection which takes place during the autumn, spring, and summer terms and is mandated by the Department of for Education. However, trans pupils are not identified within this collection. Additionally, educational attainment data related to trans pupils is not available.⁴⁴

There is also no information available on the number of children in the city who are educated at home who identify as trans.

Information is not collected by City College Brighton & Hove, which offers a wide range of vocational courses and training in Brighton, including Full-time, Part-time, Higher Education and Adult courses for people aged 14 years or more, that identifies trans students.⁴⁵

⁴³ Allsorts. Information provided for Trans Needs Assessment 2014

⁴⁴ Reported in Brighton & Hove JSNA 2013. Section 6.1.4: Education. Available at www.bhlis.org/jsna2013

⁴⁵ City College Brighton & Hove. January 2014.

Not in employment, education or training (NEET)

The City Council do not record the numbers of LGBT young people who are NEET but it is recognised that this group of young people often experience disruption to their education / training if they have to leave their family home and are thereby disadvantaged in their employment opportunities and rates of pay available.⁴⁶

Young offenders

The record system used within the Youth Offending Service is currently very limited on what equalities data can be collected, but the service are currently looking at how to address this.⁴⁷

Children and young people with disabilities

The Compass is the primary data source for children with disabilities, a voluntary database, does not currently contain full information regarding local equalities groups including information on trans children and young people, or their parents or carers.⁴⁸

Young carers

Whilst the 2011 Census asked about providing unpaid care, including for young people, as the Census recorded gender as simply male / female there is no way to identify the number of young trans carers in the City.

Families

Within the 2012 Health Counts survey a similar percentage of trans, and all respondents, had children aged 17 years or under living in their household (36% and 33% respectively). This was 5 out of the 14 trans respondents giving this information.⁴⁹

In Wave 5 and Wave 6 of the City Tracker survey (2013 and 2014) seven out of the 31 trans respondents have children aged 17 years or under living in their household (23% vs. 32% of all respondents).⁵⁰

In the 2013 Big Parenting Debate, six out of 329 respondents completing the question did not identify as the sex they were assigned at birth, making up 1.8% of the sample. This is comparable with other surveys conducted locally. Unfortunately, due to the small number of trans respondents, results cannot be presented for this group of parents.⁵¹

Carefirst, the system used to record information on children in contact with Children's Social Care, including children in care, does not record information on trans children nor parents/carers at present.

⁴⁶ Reported in Brighton & Hove JSNA 2013. Section 6.2.1: Not in education, employment or training (NEET). Available at www.bhllis.org/jsna2013

⁴⁷ Young Offenders Team submission for the Trans Needs Assessment Data Snapshot. January 2014.

⁴⁸ Reported in Brighton & Hove JSNA 2013. Section 7.2.9: Children and young people with disabilities and complex health needs. Available at www.bhllis.org/jsna2013

⁴⁹ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

⁵⁰ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

⁵¹ Brighton & Hove City Council. Big Parenting Debate 2013.

The Common Assessment Framework provides a way for people working with families, or individuals within families, to assess, plan and review support in response to identified difficulties. People working across children's and adults' services use the same approach to support families who are experiencing difficulties and require support but who do not need a social care intervention. Information is not available about families with trans individuals who have been supported through the Common Assessment Framework.

Fostering and adoption: Ofsted Annual Returns ask for this information but locally, information is held within Carefirst, there is no routine record of this information. The Council are actively recruiting foster carers and adopters from LGBT communities with information sessions being held in February 2014 where people can find out more about fostering or adopting.

Neighbourhoods and involvement in civil society

Satisfaction with Brighton & Hove and local area as a place to live were high in the 2012 Health Counts and 2013 and 2014 City Tracker surveys (waves 5 and 6) for trans, and all, respondents.

Likewise, trans respondents to the Health Counts survey were as likely as all respondents to very or fairly strongly feel that they belong to their immediate neighbourhood.

Other measures of social capital were also similar for trans, and all respondents in these two surveys, including that their local area is a place where people from different backgrounds get on well together, treating each other with respect or consideration.

However, trans respondents to these surveys (and in Count Me In Too) fared less well on measures of isolation, and were less likely to see or speak to neighbours or to be able to ask for help if they were ill in bed and needed help.

Anxiety/stress due to the neighbourhood in which you live, was higher amongst trans respondents than all respondents, as were concerns about air quality and litter were more common for trans respondents.

Voluntary organisations are rated highly in the city by trans residents, as is the case for all residents, and use was at a similar level.

Levels of volunteering, and involvement in decision making were similar for trans and all respondents in local surveys.

Equalities monitoring information on local Councillors is not currently collected by Brighton & Hove City Council.

Satisfaction and belonging

The Health Counts and City Tracker surveys both ask questions around how satisfied people are with their local area as a place to live and sense of belonging.

Satisfaction with Brighton & Hove and local area as a place to live were high in Wave 5 and Wave 6 of the City Tracker survey (late 2013 and early 2014) for trans, and all, respondents: 30/31 trans respondents were very or fairly satisfied with Brighton & Hove as a place to live (97% vs. 91% of all respondents) and 29/31 trans respondents were very or fairly satisfied with their local area as a place to live (94% vs. 92% of all respondents).⁵² Results for satisfaction with local area were similar in Health Counts with the majority of trans respondents (more than 13 of the 18) very or fairly satisfied with their local area as a place to live; this was similar to all survey respondents.

⁵² Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

Likewise, trans respondents to the Health Counts survey were as likely as all respondents to very or fairly strongly feel that they belong to their immediate neighbourhood (56% vs. 58%). Figures were higher for the City Tracker (wave 5 only) for all groups: 13/18 trans respondents feel very or fairly strongly that they belong to their immediate neighbourhood (72% vs. 74% of all respondents).⁵³

Satisfaction with local area and belonging – Health Counts 2012 and City Tracker 2013/2014 (Waves 5 and 6)				
	%	Count	Total	Significance
Very or fairly satisfied with Brighton & Hove as a place to live – City Tracker				
Trans	97%	30	31	NS
All respondents	91%	1,814	1,999	
Very or fairly satisfied with local area as a place to live – Health Counts				
Trans		>13	18	-
All respondents	88%	1,765	2,016	
Very or fairly satisfied with local area as a place to live – City Tracker				
Trans	90%	29	31	NS
All respondents	92%	1,846	1,998	
Very or fairly strongly feel you belong to your immediate neighbourhood – Health Counts				
Trans	56%	10	18	NS
All respondents	58%	1,172	2,015	
Very or fairly strongly feel you belong to your immediate neighbourhood – City Tracker (2013 Wave 5 only)				
Trans	72%	13	18	NS
All respondents	74%	697	939	

Neighbours and being able to ask for help

The City Tracker (wave 5 2013 only) showed that when asked about their local area:

- 16/17 trans respondents definitely or tend to agree that their local area is a place where people from different backgrounds get on well together (94% vs. 92% of all respondents)
- 12/17 trans respondents think that people not treating each other with respect or consideration is NOT a very big problem or not a problem at all in their local area (71% vs. 82% of all respondents)⁵⁴

⁵³ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

⁵⁴ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

The majority of trans respondents (10 of 18) to the Health Counts survey see or speak to neighbours at least once a week. At 56% this was lower than for all survey respondents (68%) but not significantly lower.

In the Health Counts survey trans respondents were almost half as likely to feel that if they were ill in bed and needed help, that they had someone they could ask than all survey respondents (39% for trans respondents compared with 76% for all survey respondents), and even given the small number of trans respondents this was significantly lower than for all respondents.⁵⁵ Count Me In Too also found that the majority of the trans respondents (74%, or 32/43 trans respondents) have experienced isolation in Brighton & Hove.⁵⁶

Anxiety/stress due to the neighbourhood in which you live, was significantly higher amongst trans respondents than all respondents (7 out of 17 trans respondents were anxious or stressed by this at least some of the time in the last three months (41% vs. 16% of all respondents). Concerns about air quality and litter were more common for trans respondents.

Neighbours and people to ask for help– Health Counts 2012 and City Tracker 2013 (Wave 5 only)				
	%	Count	Total	Significance
Local area is a place where people from different backgrounds get on well together				
Trans	94%	16	17	NS
All respondents	92%	835	907	
People not treating each other with respect or consideration is NOT a very big problem or not a problem at all in their local area				
Trans	71%	12	17	NS
All respondents	82%	747	907	
See or speak to neighbours at least once or twice a week				
Trans	56%	10	18	NS
All respondents	68%	1,374	2,035	
If ill in bed and needed help, could ask someone for help				
Trans	39%	7	18	SigLow
All respondents	76%	1,539	2,035	

⁵⁵ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

⁵⁶ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

During the past three months, have you felt anxious or stressed by any of the following? All or most / some of the time, Health Counts 2012				
	%	Number	Total	Significance
Neighbourhood				
Trans	41%	7	17	SigHigh
All respondents	16%	311	1,926	
Air quality				
Trans	44%	7	16	SigHigh
All respondents	12%	239	1,915	
Waste / litter				
Trans	56%	10	18	SigHigh
All respondents	31%	587	1,918	
Noise				
Trans	53%	8	15	NS
All respondents	29%	554	1,915	

The street people live on

When asked about the street where they live in the City Tracker 2013 survey:

- 22/31 trans respondents were very or fairly satisfied with the way it looks (71% vs. 82% of all respondents)
- 24/31 trans respondents were very or fairly satisfied with road safety (77% vs. 75% of all respondents)
- 19/31 trans respondents were very or fairly satisfied with how clean and green it is (61% vs. 76% of all respondents)
- 21/31 trans respondents were very or fairly satisfied with how well Brighton & Hove City Council looks after it (68% vs. 71% of all respondents)
- 22/31 trans respondents were very or fairly satisfied with noise levels (71% vs. 83% of all respondents).⁵⁷

The community and voluntary sector

The results from the Brighton & Hove Taking Account 3 project (a Social and Economic Audit of the Community & Voluntary Sector) 2013 are currently being analysed and are not yet available. Information on equalities groups was requested as part of the audit, and will form part of the final report.⁵⁸

Wave 5 and Wave 6 of the City Tracker survey (late 2013 and early 2014) asked respondents about whether they thought local organisations used money wisely, and their satisfaction and use of these services.

All trans respondents who answered the question (18/18) definitely or tend to agree that local charities and community groups use money wisely (100% vs. 95% of all respondents).

When asked about satisfaction or dissatisfaction with local organisations, for all respondents (giving general perception) 21/24 trans respondents were very

⁵⁷ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

⁵⁸ Community Works. January 2014 provided for Trans needs assessment

or fairly satisfied with local charities and community groups (88% vs. 89% of all respondents).

In terms of use of these services in the last 12 months 11/30 trans respondents had used local charities and community groups (37% vs. 41% of all respondents).⁵⁹ All trans respondents who had used these services were very or fairly satisfied (95% for all respondents).

Participation and involvement in decision making

Questions in the 2013 City Tracker survey (Wave 5 only) about participation and involvement in decision making showed that participation and involvement were similar for trans and all respondents:

- 6/18 trans respondents have, in the last 12 months, given unpaid help to a group, club or organisation (excluding giving money or anything which was a requirement of their job) (33% vs. 35% of all respondents)
- 3/20 trans respondents have, in the last 12 months, been a member of a local group which makes decisions that affect their local area⁶⁰ (15% vs. 15% of all respondents)
- 6/12 trans respondents definitely or tend to agree that they can influence decisions affecting their local area (50% vs. 51% of all respondents).⁶¹

LGBT people are more likely to volunteer than heterosexual people in the city. Over a third of LGBT people volunteer for an LGBT group, and almost half regularly participate in national LGBT groups. There are also high levels of young volunteers across the Allsorts LGBT volunteering Programme.^{62,63,64,65}

Local Councillors: Equalities monitoring information is not currently collected by Brighton & Hove City Council. Gender (male or female) and dates of birth were the only information previously collected for pension purposes.

⁵⁹ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

⁶⁰ Either been a local councillor; or a member of a decision making group about: local health or education services; set up to regenerate the local area; to tackle local crime problems; tenant's group; local services for young people or another group making decisions on services in the local community.

⁶¹ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

⁶² Browne K. *Count Me in Too. LGBT lives in Brighton & Hove, initial findings: Academic report.* University of Brighton and Spectrum LGBT Community Forum: 2007

⁶³ Brighton & Hove City Council. *The Place Survey 2008.*

⁶⁴ Allsorts Youth Project. *Allsorts Annual Report 2009-10.* Brighton & Hove

⁶⁵ Reported in Brighton & Hove JSNA 2013. Section 6.4.1: Volunteering the community & voluntary sector. Available at www.bhlis.org/jsna2013

Transport

There is a lack of reliable local data on equalities groups, including trans, in relation to transport use in the city.⁶⁶

In the 2012 Health Counts survey fewer than five trans respondents (of 18) had cycled on any day in the last week. This was a much lower percentage of trans, than all respondents (the latter was 17%).

The picture in terms of walking is similar for trans, and all, respondents. Of 17 trans respondents more than 12 had walked continuously for ten minutes or more to get from place to place on five or more days in a typical week and the percentage was similar to the 89% of all respondents.⁶⁷

Brighton & Hove City Council equalities monitoring question on whether an individual's gender is that assigned at birth was added to the City Council's Personalised Travel Planning in 2013. There are now three data sets. The following number of participants were recorded as trans in the different datasets:

- PTP8 Before intervention survey – seven trans respondents
- PTP8 – After intervention survey – two trans respondents
- PTP9 – Before intervention survey – ten trans respondents
- Total - 19

Results from this small sample show that trans respondents were less likely to have a car/van available for them to drive most of the time; less likely to not have any cycles, and more likely to possess two cycles in the household but the reasons for this cannot be explored further due to the small sample size.

Trans respondents also had higher rates of journeys made on foot, and on bicycle, lower rates of journeys made by public transport i.e. buses and trains and lower rates of journeys made as the car driver, but higher rates as a passenger in a car.⁶⁸

Anxiety or stress due to traffic, from the 2012 Health Counts survey, was more common for trans respondents, though not significantly so.⁶⁹

During the past three months, have you felt anxious or stressed by any of the following? All or most / some of the time 2012				
	%	Number	Total	Significance (some to all of the time)
Traffic				
Trans	40%	6	15	NS
All respondents	29%	560	1,927	

⁶⁶ Reported in Brighton & Hove JSNA 2013. Section 6.4.5: Transport. Available at www.bhlis.org/jsna2013

⁶⁷ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

⁶⁸ Brighton & Hove City Council. Personalised Travel Planning data 2012 provided for the Trans Needs Assessment.

⁶⁹ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

Homes

Trans residents in the city are more likely to live in social housing.

The number of tenants identified within council housing services is however low, at just 21 (0.2%) and is likely to be under recorded / reported.

The breakdown of how many adults lived within the household from the 2012 Health Counts survey was very similar for trans respondents to all respondents.

Anxiety/stress due to housing conditions was higher amongst trans respondents than all respondents.

In 2012 a Homeless Health Needs Audit of single homeless people was conducted in a range of settings including rough sleeping, emergency accommodation, supported accommodation and hostel accommodation. Five out of 260 people (2%) indicated that they identify themselves as transgender.

Whilst recording is taking place across most housing services, recorded numbers appear low and it likely to indicate an issue of under recording / reporting.

Tenure

Whilst a higher percentage of trans respondents, than all respondents to Wave 5 and Wave 6 of the City Tracker survey (late 2013 and early 2014) own their own home outright (48% vs. 37% of all respondents), 26% of trans respondents (8/31) rent from the council or housing association/trust compared with 14% of all respondents.⁷⁰

Just 39% of trans respondents to the 2012 Health Counts survey (seven respondents) owned their own home, with or without a mortgage, compared with 62% of all respondents, although this difference is not statistically significant. Similar to the City Tracker survey, 28% (5/18 trans respondents) rented from a housing association or local authority compared with 10% of all respondents.⁷¹

Within the 2011 Census 53% of households were owner occupied.⁷²

These results are similar to Count Me In Too, where a third of trans respondents lived in social housing.⁷³

⁷⁰ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

⁷¹ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

⁷² Office for National Statistics. 2011 Census table KS402EW. Available in Brighton & Hove City Council. 2011 Census briefing: Housing. Available at: www.bhllis.org/surveys [Accessed 20/02/2014]

⁷³ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008. Reported in Brighton & Hove JSNA 2013. Section 4.2.5: Gender identity and trans people. Available at www.bhllis.org/jsna2013

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Caution is required throughout the report in comparing findings for trans survey respondents/ service users, with others, given small numbers of trans respondents/service users.

Equalities monitoring information within the City Council Housing Services is input into a database which holds tenants' demographic information. As at December 2014 27 out of 13,418 tenants identified as trans compared with , 21 out of 13,545 tenants as at the end November 2013 – this remains 0.2% of all tenants with recorded data. This information comes from various sources but mostly the most recent tenant census. It is felt by the service that this figure might be an undercount.

Household composition

The breakdown of how many adults lived within the household from the 2012 Health Counts survey was very similar for trans respondents to all respondents.⁷⁴

Fuel poverty

There is no local routine data on levels of fuel poverty by equality groups. With the exception of age, there is also no local data for excess winter deaths.⁷⁵ However a question about keeping warm in winter was asked in the 2012 Health Counts Survey. A third of trans respondents said that most of the time, or quite often, in winter there were times when they could not keep their home warm enough. Whilst this was 33% of trans respondents compared with 17% of all respondents, given the small number of trans respondents, this difference was not statistically significant.⁷⁶

Winter warmth, Health Counts 2012				
	%	Count	Total	Significance
There are times in the winter when you cannot keep your home warm enough (most of the time or quite often)				
Trans	33%	6	18	NS
All respondents	17%	338	2,016	

The Brighton & Hove Warm Homes Healthy People Programme 2012-13, was a partnership between Brighton & Hove City Council, NHS Brighton and Hove and the local Community & Voluntary Sector. The aim of the partnership was to reduce local excess winter deaths, fuel poverty and the impact of cold homes on the health of local people. Funded by the Department of Health 'Warm Homes Healthy People' initiative, the programme ran from December 2012 to April 2013 and involved a range of interventions to help improve warmth within people's homes.

Recipients of the interventions were asked to complete the City Council equalities monitoring and 532 forms were returned where the two gender identity questions were asked.⁷⁷ Fewer than five out of 373 people who

⁷⁴ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

⁷⁵ Reported in Brighton & Hove JSNA 2013. Section 6.4.2: Excess winter deaths and fuel poverty. Available at www.bhlls.org/jsna2013

⁷⁶ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

⁷⁷ 632 forms were completed, however within one service this question was not included in the monitoring form and so there were 532 forms where this information was asked.

completed the question on the form did not identify as the gender assigned at birth, and many respondents (30%) did not complete the question. In 2013/14 fewer than five respondents stated that they did not identify as the gender they were assigned at birth with 82 people answering this question of 83 questionnaires submitted).

Fewer than five trans respondents felt anxious or stressed by the financial fear of losing their home in the last three months according to the Health Counts 2012 survey. Anxiety/stress due to housing conditions was higher amongst trans respondents than all respondents.⁷⁸

During the past three months, have you felt anxious or stressed by any of the following? All or most / some of the time 2012				
	%	Number	Total	Significance (some to all of the time)
YOUR HOUSING CONDITIONS e.g. damp/cold				
Trans	33%	6	18	NS
All respondents	20%	385	1,955	
FINANCE: FEAR OF LOSING HOME				
Trans	-	<5	17	-
All respondents	19%		1,940	

Homelessness and housing related support

In 2013, a Homeless Health Needs Audit of single homeless people was conducted in a range of settings including rough sleeping, emergency accommodation, supported accommodation and hostel accommodation. A question was asked about whether clients identify themselves as transgender. Five out of 260 people (2%) indicated that they did (42 people did not provide a response to the question).⁷⁹

In Count Me In Too over half of trans respondents reported that they had struggled to find housing; and 36% had experienced homelessness.⁸⁰

Of a snapshot of 3,095 people receiving housing related support taken in September 2014, 17 self-identified as trans. Since the start of annual monitoring in 2006, the number of trans clients has steadily increased, to a consistent ratio of 0.5% in 2013 and 2014.

An EIA on the Housing and Support for Young People aged 16-25 Joint Commissioning Strategy showed generally low reported numbers of trans people accessing young people services (fewer than five during 2012/13 out of 166 clients ~1%).

⁷⁸ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

⁷⁹ Brighton & Hove Clinical Commissioning Group and Brighton & Hove City Council. Brighton & Hove Homeless Health Needs Audit 2013. February 2014.

⁸⁰ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008. Reported in Brighton & Hove JSNA 2013. Section 4.2.5: Gender identity and trans people. Available at www.bhllis.org/jsna2013

Monitoring for an Advice Service for young people who present for help with housing, provided through an annual snapshot (September 2014), indicates fewer than five trans service users within a 500+ client base (0.5%).

Housing need

Less than 1% of people approaching the City Council Housing Options team identify as trans.

Private sector housing adaptations

The council equalities monitoring form is used within the service but since introduction no trans individuals have been recorded. The total numbers of people receiving this service are low. These adaptations are delivered through the Disabled Facilities Grant, which was communicated through the LGBT switchboard.

Social housing

Homemove, the choice based system for allocation of social housing, has been reporting gender since 2012. From 2012 to date, around a quarter of applicants have gender recorded but there has not been any trans individual recorded. The system records details for anyone within the household.

Houses in multiple occupation

The council Private Sector Housing Team complete monitoring for Houses of Multiple Occupation (HMOs) licensing on individuals making property applications to the HMO licensing scheme. This information is therefore on the owners or freeholders/landlords of the HMO and not on the tenants/residents in the property as at January 2014. Of the 228 people who had made applications, fewer than five identified as transgender.

In the Leaseholder survey conducted in 2013 fewer than five respondents, out of a base of 345 identified as trans (<1%). This low number means that it is not possible to look at the survey results for this group of people.

Health and wellbeing

Most statutory health and adult social care services use nationally prescribed information systems which do not allow recording of information on trans patients. This proves a large barrier in statutory agencies meeting their equality duty . However, some local organisations, such as Sussex Foundation Partnership Trust, have introduced local recording fields for this information.

These national systems also relate to NHS staff, with the NHS Electronic Staff Record (ESR) having no field to record gender identity other than male / female / unknown.

Commissioned services by Public Health, including sexual health, weight management, stop smoking, and alcohol and drug treatment services do now record this information.

Due to the lack of information through statutory agencies, the 2012 Health Survey of around 2,000 adults in 2012 provides much of the local information for this section.

From Health Counts, trans respondents are less likely to

- be in good or better health
- be physically active at recommended levels, with Count Me In Too indicating that trans respondents indicated that a lack of trans friendly spaces stops them from being more physically active
- drink at increasing or high risk levels
- to say they were happy

And are more likely to:

- smoke
- have had none or one sexual partner in their lifetime so far
- be a major risk of depression
- have ever self harmed

When asked about satisfaction with local health organisations in the 2013 and 2014 Waves 5 and 6 of the City Tracker survey, for all respondents, that is whether they had used services or not (giving general perception), trans respondents were as satisfied as all respondents. With the exception of their local NHS hospital and mental health services, where satisfaction was lower amongst trans respondents.

In terms of use of these services in the last 12 months, results were similar for trans and all respondents.

The Charing Cross Gender Identity Clinic had a caseload of 124 patients from Brighton & Hove as at March 2014, similar to the previous year when the figure was 126. This is 4% of the clinic's total caseload.

In terms of referrals 2011/12 saw the highest number of new referrals from Brighton & Hove, with 51 new referrals. In 2012/13 it is expected that the total figure for the year was around 34 referrals so lower again than in 2012/13. This was an average of four new referrals per month of patients from Brighton & Hove between May 2009 and March 2014.

Within Count Me In Too, 64% of trans respondents reported having experienced domestic violence and/or abuse.

As much of the information within this section comes from the 2012 Health Counts Survey, information about the survey is given here.⁸¹ Between April and July 2012 a health and lifestyle survey was carried out across Brighton & Hove. A random sample of 2.5% of the population aged 18 years or over drawn from the GP registration database was surveyed (~6,000 people). A response rate of 37% was achieved (n=2,035).

The survey asked questions covering measures of health and wellbeing and of lifestyles and social capital over the last two decades: firstly in 1992 followed by surveys in 2003 and 2012 which contain many of the same questions. Questions covering sexual health, self-harm and drugs use, as well as the Office for National Statistics defined questions for a measure of happiness and wellbeing were included for the first time in the 2012 survey. Questions on gender identity and trans were asked for the first time in the 2012 survey.

Whilst small in number (18 people), 0.9% of the 2012 sample did not identify as the gender they were assigned at birth (referred to as trans within this summary). The results presented here are based upon a comparison of trans respondents with all survey respondents. The final column in the tables show if the result is statistically significantly different for trans respondents to all respondents, based upon 95% confidence levels. Care needs to be taken in interpreting these results as the trans sample is small. Any figures which would show fewer than five respondents, or would disclose by differencing, are suppressed from tables.

General health

According to the 2012 Health Counts Survey, 11 of the 18 trans respondents were in good or better health. At 61%, even with this small sample, trans respondents were significantly less likely to be in good or better health than all respondents.⁸²

⁸¹ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

⁸² NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

Within the Count Me In Too survey 44% trans respondents were in good or better health (19 out of 43 respondents).⁸³

Limiting long-term illness or disability

There was not a statistically significant difference between trans and all respondents within the 2012 Health Counts survey for limiting long-term illness or disability but rates were higher for trans respondents with 44% of trans respondents saying they had a limiting long-term illness or disability compared with 26% of all respondents.⁸⁴

Over a third of trans people surveyed in Count Me In Too (35%) reported a disability or long-term health impairment.⁸⁵

General health, limiting long-term illness or disability, Health Counts 2012				
	%	Count	Total	Significance
In good or better health				
Trans	61%	11	18	SigLow
All respondents	84%	1,693	2,028	
Limiting long-term illness or disability				
Trans	44%	8	18	NS
All respondents	26%	670	2,536	

There is insufficient data available, for those with Autistic Spectrum Conditions, about gender reassignment or other protected characteristics groups.⁸⁶

We do not have data on diabetes,⁸⁷ coronary heart disease⁸⁸ or stroke⁸⁹ patients in relation to some equalities groups – including trans. This is also the case for patients with respiratory disease,⁹⁰ cancer⁹¹ or dementia⁹² or those with musculoskeletal conditions.⁹³ Whilst GP practices have registers for patients with these conditions, and submit information about patients on these registers to the Health and Social Care Information Centre, only total numbers of patients on each register are submitted. Also see page 30/31 for further information on recording within primary care.

⁸³ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

⁸⁴ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

⁸⁵ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

⁸⁶ Reported in Brighton & Hove JSNA 2013. Section 7.5.3: Adults with Autistic Spectrum Conditions. Available at www.bhlis.org/jsna2013

⁸⁷ Reported in Brighton & Hove JSNA 2013. Section 7.5.4: Diabetes. Available at www.bhlis.org/jsna2013

⁸⁸ Reported in Brighton & Hove JSNA 2013. Section 7.5.5: Coronary Heart Disease. Available at www.bhlis.org/jsna2013

⁸⁹ Reported in Brighton & Hove JSNA 2013. Section 7.5.6: Stroke. Available at www.bhlis.org/jsna2013

⁹⁰ Reported in Brighton & Hove JSNA 2013. Section 7.5.7: Respiratory disease. Available at www.bhlis.org/jsna2013

⁹¹ Reported in Brighton & Hove JSNA 2013. Section 7.5.8: Cancer. Available at www.bhlis.org/jsna2013

⁹² Reported in Brighton & Hove JSNA 2013. Section 7.5.11: Dementia. Available at www.bhlis.org/jsna2013

⁹³ Reported in Brighton & Hove JSNA 2013. Section 7.5.13: Musculoskeletal conditions. Available at www.bhlis.org/jsna2013

Carers

Whilst the 2011 Census asked about providing unpaid care, as the Census recorded gender as simply male / female there is no way to identify the number of trans carers in the City.

Of the 18 trans respondents to the 2012 Health Counts survey fewer than five were carers and whilst the percentage cannot be given because of the small number of carers in terms of the percentage respondents who were a carer, this was lower for trans respondents than all respondents to the survey.⁹⁴

The 2013 carers survey did not include transgender questions – it is recommended for any future survey that this is included.

Physical activity, diet and exercise

Very few trans respondents to the 2012 Health Counts survey, fewer than five, meet the recommendation around physical activity levels, a much lower proportion than of all survey respondents.

In the Count Me In Too survey 43% (15/35) of trans respondents indicated that a lack of trans friendly spaces stops them from being more physically active.⁹⁵

In terms of consumption of five portions of fruit or vegetables per day and being a healthy weight (based upon self-reported heights and weights), there was little difference between trans respondents and all survey respondents.

Physical activity, diet and healthy weight, Health Counts 2012				
	%	Count	Total	Significance
Physical activity at recommended levels				
Trans		<5	18	-
All respondents	25%	627	2,517	
At least five portions of fruit and vegetables				
Trans	44%	8	18	NS
All respondents	52%	1,051	2,011	
Healthy weight (based on BMI classification from self-reported height and weight)				
Trans	56%	9	16	NS
All respondents	53%	1,023	1,934	

Weight management services across the city do now record information on trans individuals as part of their monitoring in the new contract from April 2014, as such this information is not currently available.

We do not have any data on the differential impact of food poverty on specific groups.⁹⁶ In 2013 FareShare Brighton and Hove, which redistributes quality

⁹⁴ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

⁹⁵ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

surplus food from the food industry to organisations working with homeless and vulnerable people in the community, reported that 1% of the clients across the projects they support serve are trans.⁹⁷

Smoking

Being a current smoker (daily or occasional smoker) is more common amongst trans respondents (39%) than all survey respondents (23%), though the difference is not statistically significantly different.⁹⁸

Smoking, Health Counts 2012				
	%	Count	Total	Significance
Current smoker (daily or occasional)				
Trans	39%	7	18	NS
All respondents	23%	578	2,505	

The specialist Stop Smoking service in the city has been asking the following question within their equalities monitoring since 2013. Do you now, or have you ever considered yourself transgender? Yes / No / I do not wish to disclose this information. This information is currently only held on paper equalities monitoring forms and analysis of these has not, to date, been conducted by the service.

Alcohol and drugs use

No trans respondents to the 2012 Health Counts survey, based upon their weekly alcohol unit consumption, were drinking at increasing or higher risk drinking levels, compared with 17% of all survey respondents. Increasing risk drinking is defined as usual consumption of between 22 and 50 units of alcohol per week for men and between 15 and 35 units of alcohol per week for women. Higher risk drinking is defined as usual consumption of over 50 units of alcohol per week for men, and over 35 units of alcohol per week for women.

Alcohol consumption and drugs use, Health Counts 2012				
	%	Count	Total	Significance
Increasing or higher risk drinking				
Trans	0%	0	17	NS
All respondents	17%	346	2,035	
Ever taken drugs				
Trans	39%	7	18	NS
All respondents	40%	800	1,982	

⁹⁶ Reported in Brighton & Hove JSNA 2013. Section 6.4.6: Good nutrition and food poverty. Available at www.bhlis.org/jsna2013

⁹⁷ FareShare Brighton and Hove. End of Year FareShare Project Report For period 1st January 2013 to 31st December 2013. 2014

⁹⁸ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

In addition, 35% (6/17) of trans respondents said that they never drink alcohol.⁹⁹ This is very similar to the findings from Count Me In Too, with 37.5% of respondents (15/40) who do not consume alcohol.¹⁰⁰

Having ever taken drugs not prescribed, or available at a chemist, was similar amongst trans and all survey respondents.¹⁰¹ Again this finding was echoed in Count Me In Too.¹⁰²

As part of the Comprehensive Assessment Process completed by all people entering treatment for alcohol and drugs use, clients are asked their gender and if they also identify as transgender. A review of all clients in drug and alcohol treatment as at 31st October 2013 found that fewer than five clients had indicated that they were transgender.¹⁰³

Sexual health

In the 2012 Health Counts survey, trans respondents were more likely to have had none or one sexual partner in their lifetime so far than all survey respondents. In their lifetime so far, six of 15 trans respondents giving this information had had none or one partner (40% vs. 21% of all respondents) and the majority had had none or one partner in the last year (numbers are too small to show (compared with 86% of all respondents).

Fewer than five of the 18 trans respondents reported ever having had one of the following common Sexually Transmitted Infections (STIs): Genital warts/HPV, Syphilis, Herpes, Chlamydia, Urethritis, and Gonorrhoea – a much lower proportion than for all survey respondents.¹⁰⁴

Sexual health, Health Counts 2012				
	%	Count	Total	Significance
Ever had a common STI (Genital warts/HPV, Syphilis, Herpes, Chlamydia, Urethritis, Gonorrhoea)				
Trans		<5	18	-
All respondents	17%	328	1,975	

Within Count Me In Too, 38% of trans respondents (16/43) had never had a sexual health check up.¹⁰⁵

In the 2014 Sexual Health Consultation undertaken by the Public Health team 4% of respondents identified as trans (either gender other than male or female, or that their gender was not the same as that assigned at birth) – 29 out of 650 respondents. Of these 29 people, 15 identified as male, seven as

⁹⁹ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

¹⁰⁰ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

¹⁰¹ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

¹⁰² Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

¹⁰³ Brighton & Hove Drug and Alcohol Action Team. Equality Impact Assessment 2013

¹⁰⁴ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

¹⁰⁵ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

female and six as other. The consultation responses are currently being analysed and should be available in July 2014.

Emotional health and wellbeing

The majority of trans respondents to the 2012 Health Counts survey had medium to high levels of satisfaction with life (11 of 18 respondents) and felt that the things they do in life are worthwhile (10 of 17 respondents), the majority also had very low or low feelings of anxiety on the previous day (11 of 18 respondents). These measures were similar for trans respondents and all survey respondents.

However, when asked about how happy they were yesterday, only eight of the 18 trans respondents had medium to high levels of happiness. At 44% this was statistically significantly lower than for all survey respondents.¹⁰⁶

Happiness, Health Counts 2012				
	%	Count	Total	Significance
Medium to high satisfaction with life				
Trans	61%	11	18	NS
All respondents	71%	1,437	2,013	
Medium to high feeling that the things you do in life are worthwhile				
Trans	75%	10	17	NS
All respondents	74%	1,498	2,013	
Medium to high levels of happiness yesterday				
Trans	44%	8	18	SigLow
All respondents	71%	1,441	2,013	
Very low to low levels of anxiety yesterday				
Trans	61%	11	18	NS
All respondents	60%	1,224	2,008	

Also in Health Counts 2012, 56% of trans respondents were identified as at major risk of depression compared with 38% of all respondents. Despite that large difference in percentages this was not a statistically significant difference between trans and all respondents.¹⁰⁷

¹⁰⁶ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

¹⁰⁷ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

At risk of major depression, Health Counts 2012				
	%	Count	Total	Significance
At risk of major depression				
Trans	56%	10	18	NS
All respondents	38%	766	1,991	

Count Me in Too found that 84% of transgender respondents (36/43) reported some form of mental health difficulties with 42% saying they had poor or very poor emotional and mental wellbeing over the past twelve months. Difficulties included significant emotional distress (60%, or 25/43 trans respondents), depression (76%, or 32/43 trans respondents) and anxiety (71% or 30/43 trans respondents). Respondents were at pains to point out that mental health difficulties did not necessarily arise from their gender identity.¹⁰⁸

MindOut, a mental health service based in Brighton & Hove, run by and for lesbians, gay men, bisexual and transgender people provides providing advice, information, advocacy, and a peer support group programme, wellbeing activities and events and a food & allotment project have 380 service users per year. In 2012/13, of the 380 service users, around 200 gave information on their gender identity (53% of service users). Of these 200, 11% identified as trans.¹⁰⁹

Self-harm

According to the 2012 Health Counts survey trans respondents were almost three times more likely to have ever self-harmed than all survey respondents (28% vs. 10%) and this difference was statistically significantly different.¹¹⁰

Ever self-harmed , Health Counts 2012				
	%	Count	Total	Significance
Ever self-harmed				
Trans	28%	5	18	SigHigh
All respondents	10%	205	1,984	

Use of mental health services

When asked about satisfaction with local health organisations within the 2013 and 2014 City Tracker survey (Waves 5 and 6), for all respondents, that is whether they had used services or not (giving general perception) trans respondents were as satisfied as all respondents with mental health service: 7/13 trans respondents were very or fairly satisfied mental health services (54% vs. 68% of all respondents).

In terms of use of these services in the last 12 months, results were similar for trans and all respondents: fewer than five trans respondents had used mental

¹⁰⁸ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

¹⁰⁹ MindOut Brighton and Hove. Information provided for Trans Needs Assessment. February 2014.

¹¹⁰ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

health services with the proportion similar to all respondents.¹¹¹ Satisfaction, by those who had used the service, cannot be presented as the numbers of people are too low.

Following consultation with service users, Sussex Partnership NHS Foundation Trust introduced a field to their patient details asking “Do you or have you ever considered yourself as transgender?” (tick if yes).

In 2013, across all of the specialist mental health services at Sussex Partnership NHS Foundation Trust 29 patients declared that they had or do consider themselves to be transgendered, a slight decrease on 2012 (-6%). However this was only 0.02% of all service users (122,004 service users). For the Brighton & Hove core service only four out of 15,178 patients was recorded as ever having considered themselves as transgender (0.03%).¹¹² These figures are recognised to be low and work is underway across departments to improve completeness of this information. This information is taken from the patient administration system, so whilst it may be recorded within clinical systems across the trust it is not within the patient system.

Suicide and suicidal thought

Count Me In Too reported that more than half of trans respondents (56%) had serious thoughts of suicide and 26% had attempted suicide in the past five years, 16% had attempted suicide in the past 12 months.¹¹³

An audit of Brighton & Hove suicides which occurred between 2007 and 2011, based upon information contained within Coroner’s records found that in the five year period, fewer than five cases with any mention of trans* issues were been found in the Coroner’s records (out of a total of 127).

The Coroner has allowed access to her records since 2003, to inform the work of the Suicide Prevention Strategy group. There is some delay in carrying out the audit, due to the time taken to reach a verdict and access the records – the audit is currently complete only until December 2011. Since 2007, the data collection sheet for the audit has included transgender as an option alongside gender (male/female).

The audit involves review of the records kept by the Coroner and these are mainly focussed on determining the intent of the individual who has died, to inform the verdict. If trans* issues are relevant – as a cause of distress for example – they are more likely to be included. There is no systematic recording of previous history for an individual, so if no post-mortem was carried out and the trans* issues were not relevant to the death, they may not be recorded.

Satisfaction with, and use of, NHS services in Brighton & Hove

The 2013 City Tracker survey asked whether organisations use money wisely. There were no detectable significant differences between trans and all

¹¹¹ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

¹¹² Sussex Partnership NHS Foundation Trust. Equality Performance Hub. Available at: <http://www.sussexpartnership.nhs.uk/about/equality/equality-report> [Accessed 27/04/2014]

¹¹³ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

respondents with 20 of the 23 trans respondents definitely or tending to agree that NHS services in Brighton & Hove use money wisely (87% vs. 84% of all respondents)

When asked about satisfaction with local health organisations in the 2013 City Tracker survey, for all respondents, that is whether they had used services or not (giving general perception), trans respondents were as satisfied as all respondents. With the exception of their local NHS hospital, where satisfaction was lower amongst trans respondents:

- 23/28 trans respondents were very or fairly satisfied with their GP/family doctor (82% vs. 89% of all respondents), this was 88% for those who had used their GP in the last 12 months (89% for all respondents)
- 20/28 trans respondents were very or fairly satisfied with their local NHS hospital (71% vs. 85% of all respondents). This was 79% for those who had used their local NHS hospital in the last 12 months (87% for all respondents)
- 22/25 trans respondents were very or fairly satisfied with their NHS dentist (88% vs. 77% of all respondents). Satisfaction was higher for those who had used their NHS dentist in the last 12 months and similar to all respondents (93% and 87% respectively)
- 29/31 trans respondents were very or fairly satisfied with their local chemist (95% vs. 96% of all respondents). This was 100% vs. 97% for those who had used their chemist in the last 12 months.

In terms of use of these services in the last 12 months, results were similar for trans and all respondents:

- 18/19 trans respondents had used their GP/family doctor (95% vs. 85% of all respondents)
- 15/19 trans respondents had used their local NHS hospital (79% vs. 65% of all respondents)
- 11/20 trans respondents had used their NHS dentist (55% vs. 52% of all respondents)
- 19/20 trans respondents had used their local chemist (95% vs. 87% of all respondents)¹¹⁴

Routine hospital activity data across England is available to Public Health through the Secondary Users Service. This give basic demographic information, such as age, gender and ethnicity, to enable analysis however there is no field within the record which identifies trans patients. The information available is based upon nationally mandated classifications of gender: Not Known / Male / Female / Not Specified, where 'Not Known' means

¹¹⁴ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

that the sex of a person has not been recorded and 'Not Specified' means indeterminate, i.e. unable to be classified as either male or female.¹¹⁵

Changes to NHS recording require an Information Standards Notice, which is a notice of an Information Standard approved by the Information Standards Board for Health and Social Care. These were previously known as a Data Set Change Notice. When a health and social care organisation in England receives an Information Standards Notice, they must ensure that they and their contractors comply with the standard in a reasonable time.¹¹⁶

Sussex Ambulance Service only record gender as Male or Female, within a single field on the patient clinical record. Any recording of 'transgender / gender identity / gender different to that assigned at birth', if appropriate, would be recorded in free text.¹¹⁷

Likewise, basic demographic information is available across all patients registered with general practice across the city but the only demographic fields available are age, gender (recorded solely as male or female) and whether the patient is resident in a nursing home. Information on trans patients is not available within this routine data.

There is not a clear picture of what is recorded by GP practices across equalities groups: GP practices across the City run on a number of different information systems, and will likely vary in whether they record information on trans patients electronically.

Sussex Community Trust annual equality and diversity report 2013/14 does not contain information on either trans patients or staff.¹¹⁸ In a recent query the trust checked with its services if trans information was being recorded but the following information was received: No service that responded was collecting Trans person data. The following narratives were provided:

- Special Care Dental Service does not ask questions about gender identity, although if patients disclose, it is recorded on their clinical records
- Oral health promotion projects looking at substance misuse and homelessness previously anecdotally found many service users report wishing to express 'other' in relation to gender identity.

As part of the Trust's draft equality strategy, work is planned to improve the collection, coding and reporting of diversity data across all of the characteristics protected by the Equality Act 2010. This requires projects to

¹¹⁵ Health and Social Care Information Centre (HSCIC). NHS Data Dictionary. Available at: http://www.datadictionary.nhs.uk/data_dictionary/attributes/p/person/person_gender_code_de.asp?shownav=1 [Accessed 17/02/2014]

¹¹⁶ Health and Social Care Information Centre (HSCIC). NHS Data Dictionary. Available at http://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/i/information_standards_notice_de.asp?shownav=1 [Accessed 17/02/2014]

¹¹⁷ Sussex Ambulance Service. Information provided for the Trans Needs Assessment. February 2014.

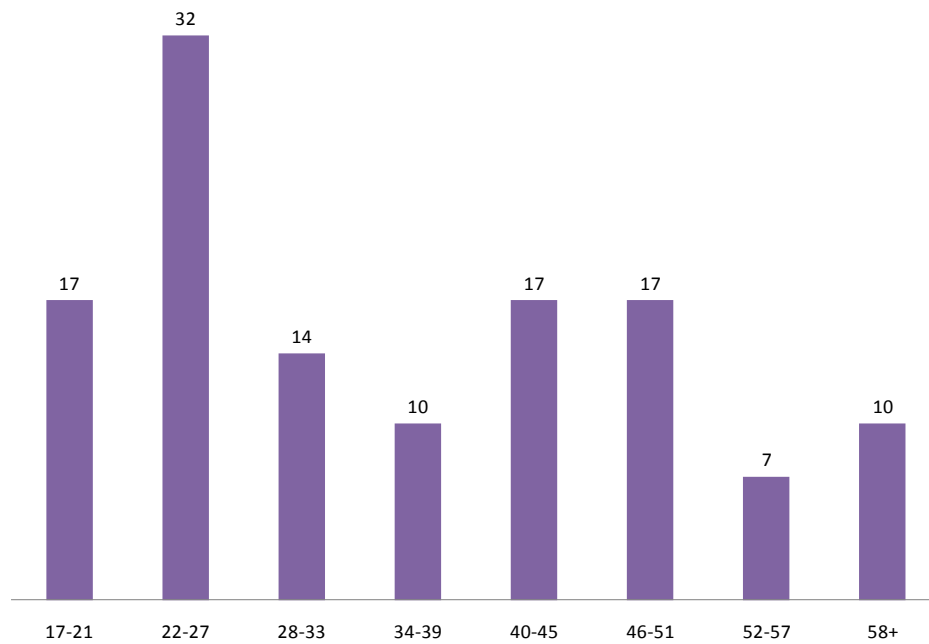
¹¹⁸ Sussex Community Trust. Equality & Diversity Annual Report 2013/14. http://www.sussexcommunity.nhs.uk/about-us/equality_diversity.htm

develop patient documentation, information systems and staff practice. The Trust will be engaging on this strategy shortly.¹¹⁹

Gender Identity Clinic

The Charing Cross Gender Identity Clinic had a caseload of 124 patients from Brighton & Hove as at March 2014, similar to the previous year when the figure was 126.¹²⁰ This is 4% of the Clinic's caseload of around 3,150 patients at this point.¹²¹

Brighton & Hove caseload by age, as at March 2014 at Charing Cross Gender Identity Clinic

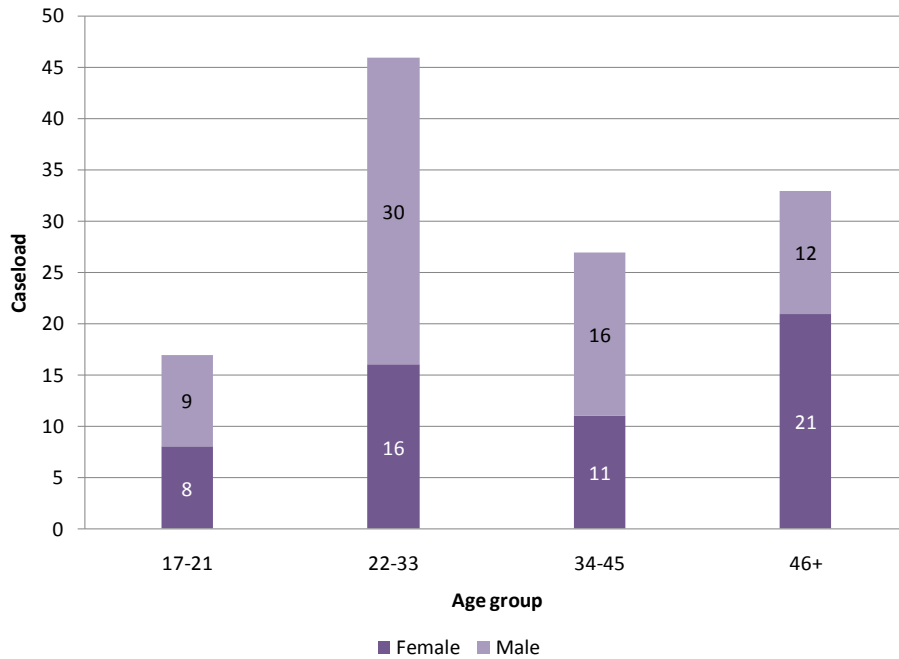


Brighton & Hove caseload by age and gender, as at March 2014 at Charing Cross Gender Identity Clinic

¹¹⁹ Information provided by Sussex Community Trust Equality and Diversity Lead, January 2015

¹²⁰ Brighton & Hove patient caseload and referral figures provided by NHS West London for the Trans Needs Assessment in April 2014.

¹²¹ Information from West London Mental Healthcare NHS Trust Gender Identity Clinic (WLGIC), also known as 'Charing Cross GIC' for the Brighton & Hove Trans Needs Assessment. 2014



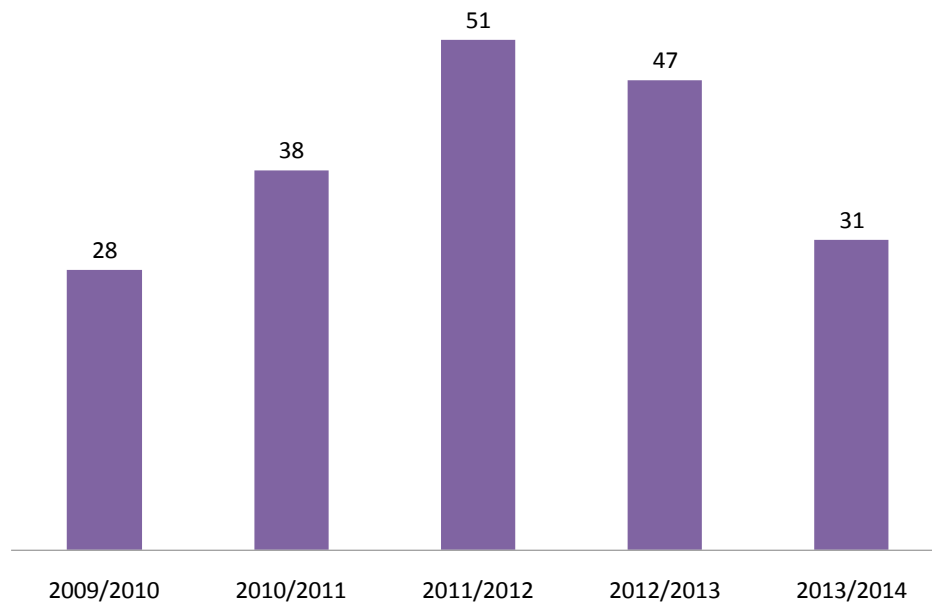
In terms of referrals, 2011/12 saw the highest number of new referrals from Brighton & Hove, with 51 new referrals. In 2012/13 this fell to 47 referrals. In the 11 months to end February 2014 (data for March 2014 is not yet available) there were 31 referrals to the service - with an average of three new referrals per month in 2013/14 it would be expected that the total figure for the year was around 34 referrals so lower again than in 2012/13.

In August 2014 there were 116 total new referrals to Charing Cross Gender Identity Clinic and in September 2014 there were 113 new referrals so Brighton & Hove referrals make up approximately 3% of total new referrals to the clinic each month.¹²²

¹²² UK Trans Info. Current Waiting Times & Patient Population For NHS England Gender Identity Services. December 2014. Available at <http://uktrans.info/waitingtimes> [Accessed 21/01/2015]

Brighton & Hove referrals by financial year, 2009/10 to 2013/14 at Charing Cross Gender Identity Clinic

Note: referrals for April 2009 and March 2013/14 are not available so figures for 2009/10 and 2013/14 are for 11 months.



This was an average of four new referrals per month of patients from Brighton & Hove between May 2009 and March 2014.¹²³

Average waiting times for first appointments held in September 2014 were 56 weeks at Charing Cross Gender Identity Clinic (this is for all patients not specifically for patients from Brighton & Hove). This provides information on patients currently reaching the end of the waiting list, and is therefore not necessarily and accurate prediction for those who are just being referred. As at the end of September 2014 there were 1,541 patients on a waiting list for a first appointment at Charing Cross Gender Identity Clinic.¹²⁴

Adult Social Care (ASC)

Recording within Adult Social Care is set out by a national framework; the gender categories defined within the framework are Male / Females. The following sets out further information on the framework.

National data collections for Adult Social Care have traditionally focused upon counting activities and processes and give very little detail about the outcomes of care delivered by local authority services. Current government policy, as set out in the White Paper Caring for our Future: Reforming Care

¹²³ Caseload and referral figures provided by NHS West London for the Trans Needs Assessment in April 2014.

¹²⁴ UK Trans Info. Current Waiting Times & Patient Population For NHS England Gender Identity Services. December 2014. Available at <http://uktrans.info/waitingtimes> [Accessed 21/01/2015]

and Support,¹²⁵ seeks to shift this emphasis to delivering best outcomes to people and their carers.

Adult Social Care did not have uniform standards and definitions for all data collected and captured in information systems. During 2011-12 a stakeholder group, drawn from local authorities, Department of Health and the Health and Social Care Information Centre, developed a set of categories and classifications to address this issue. It was proposed that these form a framework of standards that could be applied locally to facilitate benchmarking and, where relevant, apply to national collections. These form the basis for the Equalities and Classifications (EQ-CL) and underpin standardisation across Adult Social Care data returns to help ensure the consistency and comparability of adult social care data collected through national returns.

The EQ-CL Framework is not entirely prescriptive as each local authority will still be able to collect much locally specified data in local formats. It will however be required to standardise those items required for national collections. The gender categories defined within the framework for 2014 onward is as follows: Male / Female. Defined as the gender the individual considers themselves to be. This is either male or female, and in the case of transgender, it should be recorded as the preference of the individual concerned.¹²⁶

The original version of the EQ-CL proposals 2010-12 stated that Local Authorities may wish to identify transgender individuals as part of their equality duties. Stating that being transgender is not, in itself, an identification of gender, and therefore separate markers should be held, with the individuals concerned being asked what their gender identity may be, using this primary set of categories. However, this was removed from the final guidance.

Domestic and sexual violence

Within Count Me In Too, 64% of trans respondents reported having experienced domestic violence and/or abuse.¹²⁷

End of life care

There is no data available on trans patients for end of life care.¹²⁸

NHS staff

It is not currently possible to record whether staff members are transgender on the NHS electronic staff record (ESR). The electronic staff records system has fields for all protected characteristics except gender re-assignment. This is a national system and in 2011 it was anticipated that improvements will be made to ensure it is possible to record this data in ESR in future.¹²⁹

¹²⁵ Department of Health. Caring For Our Future: reforming care and support. 2012. Available at <https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>

¹²⁶ Data Collections 2013-15. Current guidance regarding changes to ASC data.

¹²⁷ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008.

¹²⁸ Reported in Brighton & Hove JSNA 2013. Section 9: End of life care. Available at www.bhlis.org/jsna2013

¹²⁹ NHS Electronic Staff Record Programme. ESR Executive Briefing.

http://www.electronicstaffrecord.nhs.uk/fileadmin/documents/executive_bulletins/ESR_Executive_Briefing_January_2011.pdf
[Accessed 12/12/2013]

Sussex Community Trust is publishing a new equality report in March 2014 to update the public, and gender is one aspect covered. However HR records only denote male or female for staff because the standard NHS application form only has: Male, Female and I do not wish to disclose this information.¹³⁰

¹³⁰ Sussex Community NHS Trust. Information provided for Brighton & Hove Trans Needs Assessment. February 2014.

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Caution is required throughout the report in comparing findings for trans survey respondents/service users, with others, given small numbers of trans respondents/service users.

Leisure

There is little information available on use of local leisure and recreation amenities by trans individuals. A question is being added to the 2014/15 museums and libraries surveys.

Trans respondents to the Health Counts 2012 survey were significantly less likely to use parks and open spaces in the city than all respondents, although satisfaction with these spaces was lower, it was not significantly lower.

Museums, libraries and cultural events

Equalities information, including gender identity, is not routinely collected by the City's Royal Pavilion & Museums or City Libraries visitor services on feedback forms. The last time a large visitor survey was conducted that did include equalities monitoring questions was in 2009 but trans was not included. However this is being added to surveys in 2014/15 so information should be available in the future.

According to the 2013 City Tracker survey (Wave 5 only) 9/20 trans respondents had attended any creative, artistic, theatrical or musical events in the past 12 months (45% vs. 53% of all respondents) and 9/20 trans respondents had visited a museum (45% vs. 49% of all respondents).¹³¹

Parks and open spaces

Trans respondents were significantly less likely to use parks and open spaces in the city at least once a week, with only five of the 18 trans respondents to the 2012 Health Counts survey doing so (28% compared to 54% of all survey respondents).¹³²

Use of parks and open spaces				
	%	Count	Total	Significance
Used parks and open spaces in or around Brighton and Hove at least once a week				
Trans	28%	5	18	SigLow
All respondents	54%	1,096	2,035	

In the 2013 City Tracker survey (Wave 5 only) 14/17 trans respondents were very or fairly satisfied with Brighton & Hove's parks and open spaces (including access to the South Downs) (82% vs. 91% of all respondents).¹³³

In the consultation on the Seafront Strategy 2013 fewer than five respondents, out of a base of 656, identified as trans (0.5%) and so the results cannot be compared.¹³⁴

¹³¹ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

¹³² NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

¹³³ Brighton & Hove City Council. City Tracker Survey Wave 5 2013.

¹³⁴ Brighton & Hove City Council. Seafront Strategy Consultation 2013.

Community safety

There have only been a small number of police recorded gender motivated crimes in the past three years in Brighton & Hove. There are, however, issues around both under-reporting of gender motivated incidents and crimes, and police recording. The Crime Survey for England and Wales shows that just 40% of all hate crime is reported to the police. Locally, barriers to reporting include the frequency of incidents, fear of not being believed and the belief nothing will be done.

Count Me in Too showed that trans people were more likely to experience hate crime in the street and in LGBT venues – 26% reported experiences of physical violence, 47% reported experienced discrimination, and 64% had experienced domestic violence and abuse (compared with 18% of men and 28% of women nationally).

Local research by Survivors Network into the experience of trans survivors of sexual abuse showed that only 22% of trans survivors accessed statutory or specialist support services. Almost all respondents worried that their gender identity would affect their experiences of using the service.

Only half (9/18) of trans respondents to the 2013 (Wave 5) City Tracker survey felt very or fairly safe when outside in their local area after dark. This was significantly lower for trans respondents than all respondents.

Satisfaction with Sussex Police was similar for trans and all respondents in the latest wave of the City Tracker survey.

Hate crime and discrimination

Across England and Wales, trans motivated hate crimes increased from 361 offences in 2012/13, to 555 in 2013/14, a 54% increase and the largest increase seen in police recorded offences across all hate crime. This in part reflects an increase nationally in police recorded violent crime, which accounts of a large proportion of hate crime, as well as an improvement of the identification of motivating factors behind an offence. However, it is unclear if there has also been a genuine increase in the number of offences either experienced or reported.¹³⁵ Data from the Crime Survey for England and Wales for 2011/12 and 2012/13 showed that 40% of all hate crimes were reported to the police.¹³⁶ The number of transphobic crimes and incidents recorded by the police in Brighton and Hove increased from fewer than 5 in 2012/13, to 13 (including 9 crimes) in 2013/14. This has continued to increase in 2014/15 to date, with 10 crimes and incidents recorded up to Q2.

In 2013/14, as well as in 2014/15 to date (up to Q2), there were fewer than 5 transphobic incidents reported to the Community Safety Casework Team via

¹³⁵ Home Office Statistical Bulletin, 'Hate Crimes, England and Wales, 2013/14', 2014

¹³⁶ Home Office, ONS, MoJ 'An Overview of Hate Crime in England and Wales', 2013

the hate crime duty desk. From the beginning of November 2013, information on the protected characteristics of all those reporting to the Community Safety Casework Team duty line (not just in relation to transphobic incidents) has been collected.

The following information is taken from the Brighton & Hove Community Safety LGBT Strategic Assessment 2013:

Of those surveyed in the 2012/13 LGBT Trust and Confidence Survey, 23% reported they had experienced a hate crime or incident in the last 12 months related to their sexual or gender identity. Verbal abuse and negative comments were the most common form of incident, many of which go unreported.^{137,138} The survey was conducted between December 2012 and January 2013 with 638 respondents, 3% of respondents who gave information about gender were trans (11 out of 338 respondents). The survey was a self-selecting sample and was promoted with around 20,000 flyers in local venues, hotels and distributed across the City by Trust for Developing Communities workers with additional radio and newspaper publicity.¹³⁹

Locally, 67% of respondents to the LGBT Trust and Confidence Survey who had experienced hate incidents due to their sexual orientation or gender identity did not report them to anyone.¹⁴⁰

The most commonly cited reason for not reporting was that respondents did not believe the incidents to be serious enough. 44% cited either a lack of confidence in the police, the Partnership Community Safety Team (PCST), or in council processes generally as a reason for not reporting.¹⁴¹

The apparent under-reporting of hate crime, including trans related incidents, was noted by the Trans Equality Scrutiny Panel. There is a need to improve the processes and systems for the recording of transphobic crimes and incidents.^{142,143}

The following is information obtained from trans victims by the Police LGBT Caseworker in relation to reporting barriers, recording issues and support issues:

- Incidents for some trans people were so frequent that there is reluctance to report. Other barriers to reporting include fear of not being believed and of an inappropriate police response, the belief nothing will be done, feeling that incidents were not important enough to report,

¹³⁷ LGBT Community Safety Forum, Brighton & Hove LGBT Trust and Confidence Survey Report 2012/13

¹³⁸ Reported in Brighton & Hove JSNA 2013. Section 4.2.5: Crime, anti-social behaviour and safety. Available at www.bhlis.org/jsna2013

¹³⁹ SITC Partnership analysis of data from the LGBT Community Safety Forum/Trust for Developing Communities Brighton and Hove LGBT Trust and Confidence Survey, 2013

¹⁴⁰ SITC Partnership analysis of data from the LGBT Community Safety Forum/Trust for Developing Communities Brighton and Hove LGBT Trust and Confidence Survey, 2013

¹⁴¹ SITC Partnership analysis of data from the LGBT Community Safety Forum/Trust for Developing Communities Brighton and Hove LGBT Trust and Confidence Survey, 2013

¹⁴² Brighton & Hove City Council. Brighton & Hove Trans Equality Scrutiny Panel. 2013

¹⁴³ Reported in Brighton & Hove JSNA 2013. Section 4.2.5: Gender identity and trans people. Available at www.bhlis.org/jsna2013

fear of having to be 'outed' to strangers, and the emotional distress caused by having to recount experiences.

- There are also a wide range of incidents which may not be deemed to be 'police matters' and are therefore not picked up in statistics – civil issues such as employment, discrimination and access to goods and services
- Recording issues include incorrect tagging of incidents as transphobic when the victim is transgender but the incident was not hate motivated; incidents being wrongly tagged as homophobic rather than transphobic, or tagged just as homophobic when having both transphobic and homophobic elements. True Vision third party reporting system requires gender to be declared, but does not give a transgender option.

Count Me In Too identified that trans people are more likely to experience hate crime both in the street and at LGBT venues, with 26% reporting experiences of physical violence. 47% reported direct or indirect discrimination from providers of goods, services or facilities in the city, and 64% had experienced domestic violence, compared with 18% of men and 28% of women nationally.¹⁴⁴

Between June and October 2013 Survivors' Network conducted research into potential barriers to service access by trans survivors. They collected information through an online questionnaire and through interviews with survivors and professionals who work with them. This research represents the largest study of its kind in the South-East (42 participants), providing ground-breaking data on trans people's needs and experiences when accessing services, as well as what, in their opinion, would make for a helpful and appropriate service.

Of the participants, 16 were aged 18-24 years, 15 were aged 24-44 years and six were aged 45 years or over. A quarter of participants were male to female, a quarter female to male, a further quarter gender queer and the remaining quarter other gender variant.

The research found that only 22% of trans survivors access statutory or specialist support services following an unwanted sexual experience. Feeling isolated, guilty or ashamed often prevent survivors who identify as trans, like many other survivors, from seeking help.

Almost all respondents (91%) were worried that their gender identity would affect their experiences of using the service. Specifically:

- 40% did not access services for fear of discrimination by workers or other service users
- 20% were not aware of services available to them

¹⁴⁴ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008. Reported in Brighton & Hove JSNA 2013. Section 4.2.5: Gender identity and trans people. Available at www.bhlis.org/jsna2013

- 78% were worried they would face repercussions from coming out as trans* while using a service
- 83% would not feel comfortable accessing a service that advertises itself as 'for men' or 'for women'
- the vast majority of survivors said they would find counselling (96%), a drop-in (92%) or a helpline (94%) for trans survivors useful.¹⁴⁵

Young people

Of eight service users surveyed by Allsorts¹⁴⁶ in March 2014, five had suffered some form of homophobic / biphobic / transphobic incidents / discrimination, harassment or bullying in the past three months.¹⁴⁷ Of those surveyed in 2012/13 who had experienced any of these, 60% had experienced a verbal assault, 36% had experienced discrimination, 28% a written/online attack, and 9% a physical attack.¹⁴⁸

In addition, Allsorts recorded 19 instances of transphobia which were reported to them through their drop-in service in 2012/13. There were 38 occurrences of transphobia, raised in 1-2-1 sessions outside of the drop-in service.¹⁴⁹

Feelings of safety

Respondents to the 2013 City Tracker survey (Wave 5 only) were asked about how safe they feel, after dark and during the day in their local area, the city centre and in their own home. Results show that:

- Only half of (9/18) trans respondents feel very or fairly safe when outside in their local area after dark (50% vs. 81% of all respondents). **Even with the small sample, this was significantly lower for trans respondents than all respondents.**
- However, all (19/19) trans respondents feel very or fairly safe when outside in their local area during the day (100% vs. 98% of all respondents)
- Half of (8/16) trans respondents feel very or fairly safe in the city centre after dark (50% vs. 64% of all respondents)
- Though almost all (17/19) trans respondents feel very or fairly safe in the city centre during the day (90% vs. 96% of all respondents)

Most trans respondents feel safe in their own home both during the day and after dark:

¹⁴⁵ Survivors Network. Supporting trans* survivors of sexual violence: learning from users' experiences and perspectives Executive Summary. 2014.

¹⁴⁶ Allsorts is a project based in Brighton to support and empower young people under 26 who are lesbian, gay, bisexual, trans or unsure (LGBTU) of their sexual orientation and/or gender identity.

¹⁴⁷ Information provided by Allsorts for the Trans Needs Assessment, April 2014

¹⁴⁸ Allsorts Youth Project, 'Annual Survey Report 2012/13'. Please note: Surveys are taken of both existing and new service users every 3 months, and individuals may be likely to have answered more than one survey in the year reported – data does not therefore refer to the number of individuals.

¹⁴⁹ Allsorts Youth Project, 'One-to-One's and interventions data', 2012/13

- 19/20 trans respondents feel very or fairly safe in their own home after dark (95% vs. 98% of all respondents)
- 20/20 trans respondents feel very or fairly safe in their own home during the day (100% vs. 99% of all respondents)

The 2012 Health Counts survey asked about anxiety and stress caused by a number of issues, included crime in the area you live, and fear of violence. For both fear of crime (burglary and theft) and fear of violence, against you or your friends or family, fewer than five trans respondents felt anxious or stressed by these issues some to all of the time in the previous three months.¹⁵⁰

During the past three months, have you felt anxious or stressed by any of the following? All or most / some of the time 2012				
	%	Number	Total	Significance (some to all of the time)
CRIME IN YOUR AREA: BURGLARY				
Trans	-	<5	18	-
All respondents	19%	369	1,960	
CRIME IN YOUR AREA: THEFT FROM, OR OF, CARS				
Trans	-	<5	16	-
All respondents	15%	301	1,926	
FEAR OF VIOLENCE: AGAINST YOU				
Trans	-	<5	17	-
All respondents	14%		1,971	
FEAR OF VIOLENCE: AGAINST YOUR FAMILY OR FRIENDS				
Trans	-	<5	16	-
All respondents	14%		1,940	

Satisfaction with, and use of, services

On whether organisations use money wisely, in the City Tracker survey 2013, there were no detectable significant differences between trans and all respondents:

- 18/19 trans respondents definitely or tend to agree that Sussex Police use money wisely (95% vs. 88% of all respondents)
- 17/17 trans respondents definitely or tend to agree that East Sussex Fire and Rescue use money wisely (100% vs. 97% of all respondents)

When asked about satisfaction or dissatisfaction with local organisations, for all respondents (giving general perception):

- 21/25 trans respondents were very or fairly satisfied with Sussex Police (84% vs. 87% of all respondents)

¹⁵⁰ NHS Brighton and Hove and Brighton & Hove City Council. Health Counts Survey 2012.

- 18/22 trans respondents were very or fairly satisfied with East Sussex Fire and Rescue (82% vs. 93% of all respondents)

In terms of use of these services in the last 12 months:

- Five (of 30) trans respondents had used Sussex Police (17% vs. 28% of all respondents), all were very or fairly satisfied
- Fewer than five (of 29) trans respondents had used East Sussex Fire and Rescue (vs. 6% of all respondents), all were very or fairly satisfied.

Studying

Both universities use the national UCAS application information for data on their students and this does not include questions on gender identity, other than male / female.

The University of Brighton has begun collecting this information for staff and the University of Sussex will be reviewing this for staff in their institution in 2014

Students

Demographic information on students by university is from the information completed by students within their UCAS application form. This information does not include whether students gender is different to the sex they were assigned at birth.

Although the University of Brighton has operational systems whereby students can change their recorded gender on the student records system, such changes are not recorded separately as gender reassignment. Rather, references to previous gender identities are deleted in order to ensure student confidentiality, and in accordance with national good practice guidance. A separate analysis of trans students is therefore not possible.¹⁵¹

At the University of Brighton, whilst there is no official data on trans students enrolled at the university, the last few years have seen an increase in the number of informal enquiries with the Student Development Officer (Student Experience and Equalities) relating to students who identify as trans. These enquiries related to administrative processes for changing names as well as enquiries relating to pastoral support needs. In 2014, the Student Development Officer worked with a Community Psychology MA student on a small research project looking at the experiences of trans students at the university. A summary report with recommendations for how the university could improve the student experience for trans students will be published in 2015. Trans awareness training is also planned for Student Services staff in 2015. The university will be looking at how this training could potentially be rolled out to other departments.¹⁵²

The University of Sussex also does not collect data on trans students.¹⁵³

Staff

The University of Brighton began collecting data on sexual orientation, religion and belief and gender reassignment for new staff on in September 2012. For existing staff collection of these data began with the introduction of a new self-service HR system in July 2013.. Whilst equalities data are analysed and

¹⁵¹ University of Brighton. Student Equalities Report 2013. 28th January 2014. Available at: <http://www.brighton.ac.uk/equality/latest-news.php#Student-equalites-report> [Accessed 13/02/2014]

¹⁵² University of Brighton. Student Equalities Report 2013. 28th January 2014. Available at: <http://www.brighton.ac.uk/equality/latest-news.php#Student-equalites-report> [Accessed 13/02/2014]

¹⁵³ University of Sussex. Information provided for the Trans needs assessment. February 2014

published in the university's Annual Staffing Review, numbers of staff who had disclosed gender reassignment were too low for data on this to be included in the 2013/14 Annual Staffing Review (the first such review that included analysis of gender reassignment data). Further work to promote the use and awareness of the self-service system is planned for the 2014/15 academic year, with a view to encourage staff to update their equality information on the system.¹⁵⁴

The University of Sussex do not collect data on trans staff. This is something that will be reviewed for staff once their new HR system is fully operational later in 2014. The current HR system has a very limited self-service portal, and there is no provision to collect such data.¹⁵⁵

¹⁵⁴ University of Brighton. Annual Staffing Review – 2012-13. January 2014. Available at: http://www.brighton.ac.uk/equality/latest-news.php#Annual_staffing_review [Accessed 13/02/2014]

¹⁵⁵ University of Sussex. Information provided for the Trans needs assessment. February 2014

Employment and skills

There is a lot of equalities data not routinely available both locally and nationally on employment and unemployment including trans.¹⁵⁶

There is also no local data on sickness absence.¹⁵⁷

Information on transgender status is recorded on individual customer records by the Department for Work and Pensions (DWP), however, this data is unavailable for release. This is because transgender status is classified as secure by DWP; claims are marked by a secure marker which limits access. There is no way of separating transgender secure claims from any other form of secure claims such as domestic violence.¹⁵⁸

Count Me In Too highlighted inequalities in employment, with only 26% of trans respondents in full-time employment.¹⁵⁹

Council employees: Each employee is requested to complete the Equal Opportunities fields on their employee record though completion is not compulsory. Candidates are also asked the same questions at time of application.

The Equal Opportunities fields and questions have just been reviewed and revised as part of the City Council's Workforce Equalities Action Plan and will be re-launched with completion promoted across the council in the coming weeks. One of the revised/new questions is: 'Do you identify as the gender you were assigned at birth?'. If the employee chooses to answer the choices are 'Yes', 'No' and 'Prefer not to say'.

There is no data available yet because the question is new and completion is yet to be promoted. It is hoped to have more meaningful data at the end of June or September 2014.

¹⁵⁶ Reported in Brighton & Hove JSNA 2013. Section 6.2.2: Employment and unemployment. Available at www.bhlis.org/jsna2013

¹⁵⁷ Reported in Brighton & Hove JSNA 2013. Section 6.2.3: Health in the workplace. Available at www.bhlis.org/jsna2013

¹⁵⁸ Department of Work and Pensions. Information provided for needs assessment. February 2014.

¹⁵⁹ Browne K, Lim J. Count Me In Too. Trans People. Additional Findings Report. University of Brighton and Spectrum; 2008. Reported in Brighton & Hove JSNA 2013. Section 4.2.5: Gender identity and trans people. Available at www.bhlis.org/jsna2013

Other information

Information from the Brighton and Hove Citizen's Advice Bureau shows that local trans people are engaging with the service. A client survey on gender identity found that 5.7% of respondents reported their gender identity to be different from that assigned at birth.

Satisfaction with Brighton & Hove City Council in the 2013 Autumn and early 2014 City Tracker waves was significantly lower for trans respondents than all respondent. Satisfaction with services was similar for those who had used them in the last 12 months.

Citizen's Advice Bureau: Information from the Brighton and Hove Citizen's Advice Bureau for the period April-September 2013 showed that local trans people are engaging with the service. A client survey on gender identity found 5% - 13 of 254 respondents reported their gender identity to be different from that assigned at birth.

The latest data, at February 2014, shows 5.7% of respondents (62 of 1,094 clients) reported their gender identity to be different from that assigned at birth. This information is currently monitored using equality questionnaires which are given to clients who present at the Bureau offices.

The service are currently looking to do some training to give phone advisers and gateway assessors the skills to capture this information in phone contacts. The service does not routinely record this information in client records in their database – it is collected separately and anonymously.¹⁶⁰

Satisfaction with, and use of, City Council services

Wave 5 and Wave 6 of the City Tracker survey (late 2013 and early 2014) asked whether organisations use money wisely with 11/24 trans respondents definitely or tending to agree that Brighton & Hove City Council use money wisely (46% vs. 51% of all respondents).

When asked about satisfaction or dissatisfaction with Brighton & Hove City Council 11/28 trans respondents were very or fairly satisfied with Brighton & Hove City Council (39% vs. 60% of all respondents). **Even with the small sample, satisfaction was significantly lower for trans respondents than all respondents.**

In terms of use of these services in the last 12 months 19/30 trans respondents had used Brighton & Hove City Council (63% vs. 75% of all respondents). Satisfaction with services was similar for those who had used them in the last 12 months (35% vs. 60% of all respondents).

¹⁶⁰ Brighton and Hove Citizen's Advice Bureau. Information provided February 2014.

Appendix 1

Routine Trans monitoring within services across Brighton & Hove					
	Recorded	BHCC classification	Nationally prescribed fields	Date introduced	Data included in needs assessment
Children and young people					
CAMHS (community)	X				
CAMHS (Tier 3)	X				
Schools Census	X				
Educational attainment	X				
Not in education, employment or training	X				
Youth offending	X				
Compass (children and young people with disabilities)	X				
Children's Social Care	X				
Housing					
Council tenants	✓	✓		?	✓
Housing Related Support	✓	✓		2006	✓
Young People's Housing Advice Service	✓	✓		2012	✓
Housing Options Team	✓	✓		?	✓
Private Sector Housing Adaptations	✓	✓		?	✓
Social Housing (Homemove)	✓	✓		2012	✓
Health and Wellbeing					
General practice	AWAITING				
NHS hospitals	X				

	Recorded	BHCC classification	Nationally prescribed fields	Date introduced	Data included in needs assessment
Sussex Foundation Partnership Trust	✓	X		?	✓
Sussex Community Trust	X				
South East Coast Ambulance Service	X				
Adult Social Care	X				
Stop smoking services	✓	✓		?	X
Alcohol and drug treatment services	✓	✓		?	✓
Sexual health services	REQUESTED				
Weight management services	✓				
Leisure and recreation					
Royal Pavilion and museums or city libraries	X			To be added 2014/15	
Community safety and hate crime					
Sussex Police	Transphobic incidents recorded (see section)			2011	
Community safety casework team	✓	✓	✓	2013	✓
Studying					
University of Brighton - Students	X				
University of Sussex – Students	X				
Employment and skills					
Job seekers claimants (Department of Work and Pensions)	✓	X		?	X secure field so limited access