

**Brighton & Hove**

# **Trans Needs Assessment 2015**



# Brighton & Hove

# Trans Needs Assessment, 2015

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## ***Incorporating content from:***

### **Trans Community Research Final Project Report**

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### **Trans people in Brighton & Hove: A snapshot report**

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## FOREWORD

### Chairs of the Trans Needs Assessment Steering Group

Three years ago the Brighton & Hove Trans Equality Scrutiny Panel set out to ask: what needs to be done to make things fairer for trans people to live, work and socialise in the city? Panel members listened to trans people's stories of discrimination, disadvantage, transphobia and invisibility. Their final report made a number of recommendations, one of which was to conduct a full needs assessment to understand the extent of the issues.

This report takes a major leap forward in doing that. It highlights the level of discrimination and prejudice that is ongoing in our city, but also the strengths of the local trans community and, importantly, provides practical recommendations on how inequality can be tackled and local and national services can be improved. We believe there is no similar needs assessment in the UK and we already know of change happening as a result.

We would like to thank each and every contributor for their role in a ground breaking piece of work. As the chairs of the steering group we have been mindful of the importance of involving the trans community throughout the needs assessment and we recognise the commitment of trans people in participating in this work.

We think this is just the beginning – the challenge now will be to act on the findings.

*Dr Samuel Hall, Chair, the Clare Project*

*Nicky Cambridge, Chief Executive, Healthwatch Brighton & Hove*

*Co-chairs of the Trans Needs Assessment Steering Group*

## 1. EXECUTIVE SUMMARY

### 1.1 Introduction and methodology

- In 2013, the Brighton & Hove Trans Equality Scrutiny Panel recommended in its report that a needs assessment should be undertaken to determine the size of the trans population in Brighton & Hove and its needs.
- A Trans Needs Assessment Steering Group, including representatives of the statutory and community & voluntary sectors, was set up to oversee the work. Although other issues are covered, the steering group agreed, in consultation with local trans groups, that the principal areas of focus should be health and wellbeing, healthcare, community safety and housing.
- This report draws together information which has been gathered using the following main approaches<sup>a</sup>:
  - A review of relevant published research
  - A local 'data snapshot' exercise
  - Interviews with 'stakeholders'<sup>b</sup>
  - Community research conducted by the University of Brighton and LGBT Switchboard, which gathered information from trans people in the city via a questionnaire survey<sup>c</sup> and focus groups<sup>d</sup>.

### 1.2 Trans people in Brighton & Hove

- It is estimated that at least 2,760 trans adults live in Brighton & Hove. The true figure is probably greater than this because a significant proportion of trans people do not disclose their gender identity in surveys. In addition, as Brighton & Hove is seen as inclusive, many trans people who live elsewhere visit Brighton & Hove to socialise, study and/or work.
- Data suggest that trans people in Brighton & Hove:
  - have a younger population distribution than the overall population, although trans people are represented in all age groups
  - have diverse gender identities, including non-binary identities
  - are more likely to have a limiting long-term illness or disability than the overall population.
  - come from a diverse range of ethnic backgrounds
  - have diverse sexual orientations
  - live throughout the city, with no concentration in any particular area
  - are more likely to live in private sector rented housing than the overall population.
- People who took part in the community research emphasised that characteristics other than gender identity, for example ethnicity and disability, are also important

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<sup>a</sup> The community research, data snapshot and stakeholder interviews are being published separately.

<sup>b</sup> 'Stakeholder interviews' took place with a range of organisations whose work is relevant for trans people. People who took part in these interviews are referred to as 'stakeholders'.

<sup>c</sup> The 'community survey' referred to in this report refers to the data gathered by means of a questionnaire for the community research part of the current project. People who completed the questionnaire are referred to as 'survey respondents'.

<sup>d</sup> Focus groups were also held as part of the community research. Those who took part in the focus groups are referred to in this report as 'focus group participants'.

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parts of their identity, and this should be taken into account in planning and providing services.

### 1.3 Inclusion and support

- Brighton & Hove is seen as a trans-friendly and inclusive city and attracts people who have had negative experiences elsewhere. However, trans people report that they still face abuse, discrimination and social isolation in the city.
- The Trans Equality Scrutiny Panel and subsequent action have helped to raise awareness, provide a catalyst for change and improve services.
- The trans community is becoming more visible and successful at communicating outside of wider LGBT communities; this is illustrated by the developments around Trans\* Pride.
- Social networks and trans community and voluntary groups are highly important to the community, including their health and wellbeing. Sometimes trans people need the support of an advocate to help them access services and social spaces.
- Volunteering is common and has benefits for volunteers and those supported. 63% of the community survey respondents reported having provided unpaid help to a group, club or organisation in the last 12 months.
- However, there were seen to be limitations regarding capacity and skills in small groups that have limited funding and rely on volunteers.
- Trans people play an important part in supporting services to become more accessible to other trans people but some find this can become exhausting.
- The vulnerability of some trans people is illustrated by trans respondents to local surveys reporting that i) they are less able to ask someone for help if they were ill in bed and ii) more likely than non-trans respondents to feel anxious or stressed about their neighbourhood.

### 1.4 Different stages in life

#### ***Children, young people and their families***

- Stakeholders saw a need for more support for young trans people with mental health problems, as well as raising awareness around the particular issues faced by young trans people who also had other vulnerabilities.
- Stakeholders felt there are some good community initiatives for young trans people, but there was scope for improving the skills of frontline workers in generic services.
- The need for more support for families with trans parents and children with trans parents was raised.

#### ***Families of trans people***

- National research found there is a considerable impact from non-acceptance of trans people by their families including relationship breakdown, exclusion from family events and isolation, and a need to move away from their family. Local stakeholders observed that parents are not always supportive of their children and that this may be due to a lack of information and support.



### ***Schools***

- Trans and gender questioning young people are more likely to experience bullying and to feel less safe at school.
- Education is a setting where trans young people are at risk of discrimination and harassment. The council's 2013 Trans Equality Scrutiny Panel saw schools as a key area for achieving an impact. Concerns around gender stereotyping, the curriculum, awareness and training, bullying and lack of support were all issues raised.
- Significant further work has been undertaken with schools, the council and Allsorts including the Trans Inclusion Schools Toolkit and training within specific schools.

### ***Higher education***

- Higher education provides a space for trans students to 'be themselves', come out, and develop an independent adult identity. However, national research identified that nearly one in three had taken time out of because of trans related issues or bullying and harassment.
- Positive work by higher education institutions and student unions was reported around training and awareness-raising, celebratory events and the provision of support to trans people and there was a keenness to share best practice.
- Mixed experiences of higher education establishments were reported by community survey respondents.

### ***Employment***

- Gaining and retaining employment is an important challenge for trans people. Those without stable employment may find they are isolated, both financially and socially, which can in turn affect ability to access housing.
- The Scrutiny Panel found that neither employers nor trans employees were necessarily clear about the legal and employment rights of trans people.
- The community research survey found that, on balance, more people reported positive experiences than negative ones in employment. Some respondents found employers supportive, but others found they were excluded, the subject of gossip, were concerned about their position at work if they were 'outed', or felt the need to delay transition.
- There were some good practice employers in the city with staff forums and mentoring schemes, but stakeholders felt that more could be done.

### ***Caring***

- Trans people are concerned about being accepted as carers of others, including older people.

### ***Later in life***

- Over time the number of trans older people is expected to increase but little is known about the health needs they may have as older people.
- Ensuring that staff and service users of older people's services are more trans aware was considered to be a very high priority by stakeholders.
- Trans people report they are concerned about the quality of care that they could expect in care homes and in other settings such as hospitals when they are older; this is important in ensuring all trans people are treated with dignity.

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### **1.5 Health and wellbeing**

- Trans people are less likely to report that they are in good health and more likely to report that they have a limiting long-term illness or disability.
- There is relatively limited evidence about many health behaviours although local surveys suggest that trans people have higher rates of smoking and lower rates of physical activity than the overall population.
- Stakeholders and trans people report a lack of knowledge regarding health screening.
- There are high levels of mental health need (including stress, depression, self-harm, and suicidal ideation) which participants related to gender dysphoria but more commonly to factors such as discrimination and NHS treatment delays.
- Trans people are less satisfied with NHS health services than the overall population.
- Some community research participants described negative experiences of NHS mental health services. Many found community & voluntary sector services more supportive but were aware of their limitations.
- Some good practice in GP services was reported, although there was more negative feedback, for example concerns about GPs' knowledge and problems with record keeping. Concerns were also raised about knowledge and attitudes in some local community pharmacy services.
- In the community research survey the most frequently suggested action for improving healthcare for trans people was an increase in training.

### **1.6 Specialist gender identity services**

- More than half of survey respondents had been under the care of a Specialist Gender Identity Service (SGIS), most commonly Charing Cross. An increasing number are attending the Laurels, Exeter and there is significant use of private services.
- There is no longer a requirement for referrals to be made via local mental health services, although some trans people and clinicians are not aware of this change.
- 4 in 10 service users were dissatisfied or very dissatisfied with their experience of SGIS, a similar level to nationally. Negative experiences reported by service users included waiting times and delays, administrative errors, travel distance, disempowerment and a lack of clarity about the care pathway. These issues were also reported by some stakeholders, including clinicians.
- Long waiting times are having a detrimental, often serious, impact on service users' mental health. Support, including counselling, for those waiting to attend a service is very limited.
- NHS waiting time standards for SGIS are not being achieved. Standards are not widely publicised and reporting is difficult to obtain.
- Community members and stakeholders have expressed the need for more local services. Specialist clinicians have cited issues that would need to be considered.
- The service pathway for children and families is fragmented and could be more joined up. The roles of different providers are not well understood (including by clinicians). The services have practical proposals for how services could be improved.

### 1.7 Community safety

- Trans people feel less safe outside in their local area and in the city centre than the general population, especially after dark.
- Hate incidents and crimes are widely experienced by trans people. Local survey data in 2007 found that over a quarter of respondents had experienced violence over the last 5 years, and almost four out of five had experienced verbal abuse.
- A high percentage of transphobic incidents or crimes go unreported.
- A majority of hate incidents experienced by trans people occur in public places, and are perpetrated by strangers. However, incidents were also perpetrated in domestic settings by family members, and in shops, work and education settings.
- Domestic violence was reported by 63% of the community research survey sample. A need for a safe place for trans victims of domestic violence to go was identified.
- A high proportion of victims of sexual violence or abuse did not feel comfortable with using generic services as a trans person, especially if they were advertised 'for women' or 'for men'.
- There was felt to be a need for a better understanding of the needs of trans people by domestic and sexual violence services.
- 31% of community survey respondents felt that police services for trans people had improved over the last five years compared with 13% who did not think they had improved.
- Respondents to the community survey who had reported incidents to the police related that they had had more negative than positive experiences. There were more positive reactions to encounters with LGBT specialist support services, than with generic services.
- Stakeholders reported unsuitable custodial arrangements for trans people (young people and adults).
- Suggestions for improving feeling safer included training bus drivers, poster campaigns to familiarise the general population with the presence of trans people in public spaces, improved police presence and gender-neutral toilets.

### 1.8 Housing and homelessness

- Trans people have a high risk of homelessness, which is explained by a number of factors including finance, safety and vulnerability. The reputation of Brighton & Hove as a safe haven leads to some people arriving in the city who then find it difficult to find affordable and safe accommodation.
- There are significant gaps in knowledge of trans people and support organisations around their rights and eligibility for housing services.
- Some trans people report poor experience of some homeless services, including safety concerns. Training needs are indicated for housing staff.
- A high proportion of trans people live in the private rented sector and many report poor experiences with letting agents.
- Trans people are under-represented in data collection, and the gender identity of applicants for Council and housing association properties (through Homemove) is not currently collected.

### **1.9 Other services**

#### ***Perceptions and experiences of city services***

- A majority of trans people in the city make use of the city's services but some found they were not always easy to access. However, there was a sense that the situation in Brighton & Hove public services was improving.
- A lack of trans awareness, including, for example, misuse of pronouns, was reported to be a frequent experience of trans people.
- Services are often set up in 'gender binary' ways; many trans people described how this made services difficult to access. There may be scope for working with private companies to support improved trans awareness.
- Trans respondents in the City Tracker survey were less satisfied with council services than all respondents.

#### ***Libraries and museums***

- Feedback on library services and museums was generally positive.

#### ***Sports and fitness***

- Trans swimming sessions were well received and had been beneficial to those who had taken part. There may be a role for sports leaders/role models within the trans community to help engage more trans people in physical activities.
- There were mixed comments made in relation to leisure centres, with some negative experiences reported in relation to staff.
- The gender neutral facilities introduced in refurbishments were appreciated, and future major developments at the King Alfred Leisure Centre are being designed to take account of the needs of trans people, in consultation with the community.
- A high proportion of community survey respondents did not go to a gym or participate in organised sports, stating a range of reasons.
- There were some trans inclusive sports clubs in the city and these were appreciated, but others were seen to be problematic. Stakeholders felt that sports groups needed to be more aware of trans issues.

#### ***Parks and open spaces***

- Trans respondents to the city-wide City Tracker were less likely to use parks or open spaces than all respondents.

#### ***Travel and transport***

- Evidence suggests trans people may be more likely to travel on foot or by cycle, or travel as a car passenger than others, while less likely to make journeys as a car driver or travel by public transport.

## 2. RECOMMENDATIONS

Section 2.1 below provides an overview of key themes covered by the recommendations and Section 2.2 lists the full set of specific recommendations developed by the Trans Needs Assessment Steering Group.

### 2.1 Overview

Table 1 provides an overview of themes covered by the recommendations and highlights some of the partners who can help address them.

**Table 1. Overview of key themes covered by the recommendations**

Key themes	Partners
<b>Information and awareness raising</b>	
A. Ensure visibility and positive representation of trans people in the city and raise public awareness	B&HCC; NHS; universities; transport operators; trans and LGBT organisations
B. Empower trans people by providing accessible information on local support, other services and their rights (to include a central resource of information).	B&HCC (including children's services and housing); CCG; community and voluntary sector; Job Centre Plus; DWP; Visit Brighton
C. Improve inclusion by increasing awareness and knowledge across services through information and training/education.	B&HCC (services and elected members); schools and higher/further education settings (incl. Student Unions and health services); CCG; community and voluntary sector
<b>Service improvement</b>	
D. Improve health services: <ul style="list-style-type: none"> <li>• Ensure services understand and meet the needs of trans people, including general practice, community pharmacy and mental health services (for adults and children &amp; young people)</li> <li>• Quality of specialist gender identity services requires improvement (including waiting times and delays) and progress should be reported locally (options for local services should be explored).</li> </ul>	NHS England; CCG; BSUH NHS Trust; Sussex Partnership NHS Foundation Trust, Healthwatch.
E. Support capacity and capability of trans community & voluntary services.	City leaders; B&HCC; CCG;

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Key themes	Partners
	community & voluntary sector
F. Ensure health improvement initiatives address needs of trans people, incorporating physical activity, smoking, mental health and wellbeing, and sexual health	B&HCC (public health; sports development); NHS
G. Promote inclusive practice across the whole range of city services, with involvement of the trans community. To include: <ul style="list-style-type: none"> <li>• LGBT organisations</li> <li>• social care, social care and carers services</li> <li>• mental health services</li> <li>• criminal justice and victim services</li> <li>• private rented sector and council housing</li> <li>• providers of gender specific services (eg. toilets, changing rooms, sports teams, etc.)</li> <li>• local businesses, incl. clothes shops, licensed premises, etc.</li> </ul>	B&HCC (adult social care; housing); NHS, community & voluntary sector; police; courts; CPS; letting agents and landlords; Brighton & Hove Business Forum; Economic Partnership; local businesses and employers; trans community & voluntary sector
H. Improve the availability of suitable and safe accommodation for trans people who are homeless	B&HCC
I. Support action to prevent transphobic incidents; support victims of hate crime and encourage reporting	B&HCC (community safety; housing; public transport); LGBT Community Safety Forum; Business Crime Reduction Partnership; Brighton Area Buswatch; B&H Buses.
J. Better provision of support for trans people, especially in relation to mental health (eg. counselling, advocacy, peer mentoring, etc.)	GPs; other NHS; higher and further education; B&HCC social care; community & voluntary sector; employers
K. Support children/young people and families to help build and maintain supportive relationships within families	B&HCC (including children's services); community & voluntary sector
L. Improved practice around the recording and management of information and processes relating to trans people	Improved practice required across many partners, including GPs
<b>Monitoring progress</b>	
M. Review, monitor and report progress achieved as a result of taking forward priorities A to L above.	Equality and Inclusion Partnership; B&HCC; Healthwatch

### 2.2 Recommendations

The recommendations below have been developed and agreed by the Needs Assessment Steering Group. They will need to be considered and prioritised. It is worth noting that it should be possible to achieve progress in some areas within a short timescale, while other areas of work will require a longer term approach.

1. The Equality and Inclusion Partnership (EQUIP) and other city partnerships should maintain an overview of action on the basis of the needs assessment.

#### 2.2.1 Inclusion and support

2. City leaders should consider how Trans\* Pride and the trans community & voluntary sector can be supported to increase the resilience of the trans community.
3. Brighton & Hove City Council (B&HCC) and the Brighton & Hove Clinical Commissioning Group (CCG) and community & voluntary sector (CVS) should consider how the capacity and skills of trans community groups can be increased.
4. B&HCC and the CCG should recognise and support trans organisations, as well as LGBT organisations, in engagement and service provision.
5. B&HCC, the CCG and trans community & voluntary sector groups should:
  - identify how a central information resource for trans people and support organisations can be provided (including specialist information on housing, services for older people, employment and health services)
  - consider holding an event for trans people and community groups to provide information and advice on services and their legal rights.
6. Brighton Pride should maintain a focus on promoting trans inclusion.
7. LGBT organisations should demonstrate how they are promoting trans inclusion (eg. in annual reports).
8. LGBT and trans services to take the needs of people with Autism into account (in line with national and local strategies) and services for people with Autism to ensure they are trans aware.
9. Visit Brighton could consider how it recognises and promotes Brighton & Hove as a trans inclusive destination, including practical information for trans visitors.
10. The B&HCC Trans Champion should report annually to community members on progress in improving the trans inclusion of services.
11. Trans community groups to provide briefing sessions as part of inductions of elected members and other city leaders.

#### 2.2.2 Different stages in life

##### ***Children, young people and their families***

12. Children and Young People's Services, including Child & Adolescent Mental Health Services (CAMHS), to promote information to support parents of trans and gender questioning children (eg. Allsorts' toolkit for parents of trans children).
13. B&HCC Communities, Equality and Third Sector Team to review the role of mediation in relation to trans people and their families.

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14. Children and young people's services to engage with trans community groups about the support needs of a) children and young people with a trans parent, and b) trans children and young people and their families.
15. Children and young people's services should continue to provide trans awareness training for their staff.

### ***Schools and higher education***

16. Build on and extend the work carried out in schools, colleges and other education settings across Brighton and Hove by B&HCC, Allsorts and schools.
17. Higher education establishments should consider how further progress can be made to tackle transphobia and promote trans equality including:
  - ensuring clear guidance is made available regarding transphobic bullying.
  - ensuring information about local groups and services for trans people is accessible to trans students (also via Students' Unions).
  - ensuring counselling services are trans inclusive/appropriate.
  - considering the role of peer mentoring for trans students.
  - considering how trans people are represented in the curriculum.
18. Student health and related services to ensure information related to trans health issues is made available online and at relevant sites including university GP practices.

### ***Carers***

19. B&HCC Adult Social Care should take into account the needs of trans carers in services and initiatives to support carers.

### ***Older people***

20. B&HCC Adult Social Care to ensure social care providers receive training in trans awareness.
21. B&HCC Adult Social Care to conduct an equalities audit of residential and other care services.

**Also:** Ensure information about the rights of older trans people in services is available and accessible (Recommendation 5)

### ***Employment***

22. Trans community groups to engage with Job Centre Plus and DWP to ensure awareness and understanding of rights, especially with regard to access and sustaining employment.
  23. Employers (both public and private sector) should:
    - promote and ensure access to apprenticeships for trans people.
    - develop advocacy and mentoring in the workplace, both whilst in employment and to promote access.
- Also:** Ensure guidance about employment rights is available and accessible (Recommendation 5).



### 2.2.3 Health and wellbeing

#### *Health and wellbeing*

24. Brighton & Hove Healthy Weight Programme Board (including Sports Development) to consider how trans people's levels of physical activity can be improved.
25. Public Health to ensure Stop Smoking services are targeted at trans people.
26. Public Health and CCG to ensure trans community groups have access to mental health training.
27. Clinic T should review how the sexual health service is promoted to the trans community and data from the service (and other sexual health services) should be used to inform Public Health of the sexual health needs of the trans community.
28. NHS England or other commissioners should produce a resource for trans people and clinicians describing eligibility for health screening services.

#### *Health services*

29. NHS England should issue and promote best practice guidance for GPs, including regarding the collection and storage of personal information related to trans people.
30. NHS and community & voluntary sector mental health services should ensure that they are trans inclusive.
31. The CCG should review:
  - access to mental health support in crisis and/or out of hours
  - access to counselling and CVS mental health service provision.
32. School nursing, GPs and the Accident & Emergency department at the Royal Sussex County Hospital (BSUH NHS Trust) should consider implementing the national toolkit for nurses on preventing suicide in young trans people.
33. All General Practices should receive trans awareness training and the CCG should work with the Local Pharmaceutical Committee to improve trans awareness in community pharmacy staff.
34. The CCG and social care commissioners should consider how advocacy to support trans people to access health and social care services can be provided.

**Also:** A central source of information on health services for trans people should be provided (Recommendation 5).

### 2.2.4 Specialist gender identity services

35. NHS England should improve the quality and configuration of Specialist Gender Identity Services (SGIS) for the Brighton & Hove population:
  - Progress should be reported to the Health and Wellbeing Board.
  - Waiting times and achievement against national standards should be reported publically.
  - Services should be required to run service user groups.
  - Services should take into account the needs of people with non-binary gender identities and from BME groups (see Section 8.4.3).

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36. NHS England and the CCG should continue to consider what local action can improve the service pathway, including exploring the development of local specialised gender identity services as well as counselling services following referral.
37. Brighton & Sussex University Hospital and CCG to explore the role of the local transgender endocrinology clinic, including confirming GP referral criteria.
38. CCG to facilitate providing training and guidance for GPs in relation to hormone therapy and other clinical issues.
39. CAMHS providers and commissioners should review the service pathway and ensure it is centred on meeting the needs of children and young people and their families.
40. Healthwatch Brighton & Hove should monitor progress in improving the SGIS pathway and other health services for local trans residents.

### **2.2.5 Community safety**

41. B&HCC Community Safety to determine whether current processes and levels of awareness are sufficient to prevent and manage transphobic incidents in licensed premises. If required, engage with Business Crime Reduction Partnership to explore opportunities for improving safety and awareness in licensed premises and amongst security staff.
42. City organisations such as B&HCC, NHS, universities and transport operators to promote visibility, positive representation and inclusion of trans people in publicity materials.
43. City organisations such as B&HCC, NHS, and universities should promote the introduction of gender neutral facilities (including toilets and changing rooms) in new and refurbished buildings.
44. Sussex Police, B&HCC (Community Safety), and the LGBT Community Safety Forum to encourage increased reporting of transphobic incidents and crime, including raising awareness of the benefits of reporting and exploring innovative online methods.
45. B&HCC Transport team to advise on liaising with Brighton Area Buswatch and Brighton & Hove Buses over improving feelings of safety on buses.
46. Sussex Police, victim services and commissioners to ensure that domestic and sexual violence services are trans inclusive and that specific issues for trans people are understood.
47. B&HCC domestic violence commissioner to evaluate the GBT\* refuge project for trans men and ensure all trans people are housed suitably when fleeing domestic violence.
48. B&HCC Community Safety Team to consider how personal safety for trans people can be promoted.
49. Sussex Police and B&HCC, in partnership with the trans community and criminal justice agencies, to determine how trans awareness can be increased and needs met within the criminal justice system, including custody/bail hostels and the courts, and support relevant organisations to do so.

### 2.2.6 Housing and homelessness

50. Housing commissioners to improve the appropriateness and safety of emergency/hostel accommodation for trans people.
51. B&HCC to consider the recommendations of the Stonewall Housing research into LGBT rough sleepers.
52. B&HCC Housing should ensure trans tenants are provided with information explaining what can be done to address unacceptable behaviour by neighbours.
53. B&HCC Housing should take into account the specific needs and vulnerability of trans people in the 2015/16 review of housing allocation policy.
54. The B&HCC Homemove service should update their equal opportunities policy and monitoring data to include gender identity.
55. B&HCC to promote trans inclusive practice by landlords and letting agents.

**Also:** Ensure guidance about housing and homeless services is available and accessible (including the housing guide for trans people accessing private sector accommodation currently being produced) and consider holding an event to provide information and advice (including regarding local connection policies) (Recommendation 5)

### 2.2.7 Other services

56. B&HCC and other services should ensure continuing provision of trans awareness training for their respective workforces.
57. B&HCC Sports Development to consider how the profile of trans people in sport and physical activity can be increased.
58. B&HCC Sports Development should liaise with trans community and voluntary sector to discuss how trans inclusivity could be promoted to private gyms/sports providers.
59. B&HCC Sports Development should continue to monitor the uptake and accessibility of the trans swimming sessions
60. Museums and libraries to continue to support inclusion of trans people in permanent and other exhibitions and events.
61. The Brighton & Hove Economic Partnership and the Brighton & Hove Business Forum, with the support of Brighton & Hove Connected and the Communities, Equality and Third Sector Team to consider how local businesses can be supported to be trans inclusive and to meet the requirements of the Equality Act.
62. B&HCC should consider the development of a scheme to identify and promote trans friendly businesses and organisations throughout the city, eg. gyms, clothes shops, night clubs, letting agents etc.

### 3. INTRODUCTION

#### 3.1 Trans Equality Scrutiny Panel

The Brighton & Hove Trans Equality Scrutiny Panel presented its final report<sup>1</sup> to the Scrutiny Committee in February 2013. It was established to highlight the challenges and inequalities facing trans people in Brighton & Hove and to make some recommendations for change. The panel set out to find answers to the question:

*What needs to be done to make things fairer for trans people to live, work and socialise in the city?*

The Panel made 37 recommendations, of which one was to carry out a Needs Assessment

*"... The Panel recommend that as a matter of some urgency a needs assessment needs to be undertaken to identify the size of the trans community and its needs. Trans people must be involved at every stage of this process from design, commissioning, implementation, analysis, reporting and influencing in order to inspire the trust of the trans community..."*

Following the publication of the final report an action plan has been taken forward.

#### 3.2 Purpose and scope

The aims of the needs assessment, as agreed by the steering group, are to:

- Identify the unmet needs and the assets of the trans community (trans people who live, work, socialise, study and use services in Brighton & Hove)
- Identify evidence and best practice and the extent to which this has been implemented in Brighton & Hove
- Make recommendations to commissioners, providers and others in order to improve the lives and outcomes of trans people

Although it is intended to be comprehensive, the steering group agreed that, in order to make the best use of available resources, the needs assessment would have a particular focus on aspects that were most important to trans people locally. These were identified through consultation with trans representatives on the steering group and other members of the community and voluntary sector via LGBT HIP (Health Improvement Project) and the Trans Alliance. The topics that were prioritised were health and wellbeing, healthcare, community safety and housing.

The steering group recognise that some important aspects, although reflected in the document, are not included in detail within this needs assessment, for example, financial wellbeing and the needs of children.

#### 3.3 Methodology

The needs assessment was conducted as part of the programme of Joint Strategic Needs Assessments overseen by the Brighton & Hove Health and Wellbeing Board. Progress was reported to a subgroup of the City Inclusion Partnership monitoring the implementation of the Trans Equality Scrutiny Panel Report, chaired by Cllr Bill Randall.

### 3.3.1 Steering group

A steering group was established in late 2013 to oversee the planning and production of the needs assessment. In line with the Scrutiny Panel recommendation, the group included a co-chair and other trans representatives from the trans community. The co-chairs were:

- Dr Samuel Hall, the Clare Project / Trans Alliance
- Nicky Cambridge, Communities and Equalities Team, B&HCC and subsequently Healthwatch

Group members were drawn from the following:

- Brighton & Hove City Council, including representatives from: Housing; Children & Young People's Services; Adult Social Care; Policy; Communities Equalities & Third Sector; Public Health; and Community Safety
- Brighton & Hove NHS Clinical Commissioning Group (including a GP representative)
- Sussex Police
- University of Brighton
- Brighton & Hove Trans Alliance including Trans\* Pride Brighton; FTMB, The Clare Project
- LGBT Health Improvement Project / LGBT Switchboard
- Allsorts

The terms of reference for the Steering Group are provided in the appendices at Section 12.3.

### 3.3.2 Definition of trans

For the purposes of the needs assessment the steering group agreed to use the following definition:

*“Trans is an umbrella term to describe people whose gender identity differs from their assigned sex at birth”.*

### 3.3.3 Data collection and analysis

The methodology was based on the standard methods agreed for the local Joint Strategic Needs Assessment process, gathering and synthesising evidence from national literature, quantitative data (demography and services), and public and stakeholder voice. The research questions (interviews and surveys) were agreed by the steering group. The key methods of data collection were:

1. Literature review	<ul style="list-style-type: none"> <li>• Conducted by Public Health supported by Brighton &amp; Sussex University Hospitals (BSUH) Library, 2014.</li> </ul>
2. Data snapshot <sup>2</sup>	<ul style="list-style-type: none"> <li>• Conducted by Kate Gilchrist, Public Health in March 2014 and updated January 2015</li> </ul>
3. Community research <sup>3</sup>	<ul style="list-style-type: none"> <li>• Conducted by University of Brighton (Dr Kath Browne &amp; Vic Valentine) and Brighton &amp; Hove LGBT Switchboard (E-J Scott and Dr. Maria Antoniou).</li> <li>• Research ethics approval was obtained within the University of Brighton.</li> <li>• Research was conducted using:               <ul style="list-style-type: none"> <li>• an online/paper-based questionnaire completed by a self-selecting</li> </ul> </li> </ul>

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	<p>sample of 114 trans people<sup>e</sup></p> <ul style="list-style-type: none"> <li>• 9 focus groups, including 38 participants (including one for people of colour; two young people's groups, one for over 50)<sup>f</sup>.</li> <li>• A feedback session to members of the trans community was held in February 2015.</li> </ul>
4. Stakeholders interviews <sup>4</sup>	<ul style="list-style-type: none"> <li>• Interviews by Becky Woodiwiss (who conducted the analysis) and Sarah Podmore, Public Health 2014.</li> <li>• Semi-structured interviews<sup>g</sup> were conducted with <ul style="list-style-type: none"> <li>• Public services including NHS, City Council, Job Centre, Police, Fire &amp; Rescue Service, colleges and universities (41 interviews with 53 participants).</li> <li>• General community and voluntary organisations (14 interviews with 15 participants).</li> <li>• Trans specific community and voluntary sector groups or groups with a specific trans service or high use by trans people (9 interviews with 12 participants)</li> </ul> </li> <li>• In addition Dr Katie Stead and Alistair Hill conducted four interviews with representatives from specialist health service providers including: Endocrinology, Royal Sussex County Hospital, BSUH Trust; Charing Cross Gender Identity Clinic; Tavistock Gender Identity Development Service; Sussex Partnership NHS Trust Child and Adolescent Mental Health Services.</li> </ul>

Final reports on 2, 3 and 4 above are published online at <http://www.bhconnected.org.uk/content/needs-assessments> .

### 3.3.4 Production of final report, including recommendations

The final report was produced by Alistair Hill and Ruth Condon in 2015. Data from the different sources were compiled and triangulated where possible. Steering group members were engaged with this process and commented on draft versions.

Steering group meetings were held in March 2015 to produce draft recommendations. The final report was agreed in June 2015. A community summary of key findings<sup>5</sup> was produced and distributed at Trans\* Pride 2015.

The report recommendations were developed and agreed by the steering group on the basis of the evidence within the needs assessment.

### 3.4 Strengths and limitations of this needs assessment

The information gleaned from in depth community research, and interviews with other stakeholders, provides a good insight into the lives of trans people in Brighton & Hove. The work in Brighton & Hove around identifying and addressing the needs of the local trans population has come to the attention of other areas of the country. The fact that this work has been conducted was spoken of in the community research as testament to the city's support for trans people.

Most key findings were identified in data collected from more than one source which provides confidence in the validity of the results.

<sup>e</sup> People completing these questionnaires are referred to in this report as 'survey respondents'

<sup>f</sup> People taking part in the focus groups are referred to in this report as 'focus group participants'

<sup>g</sup> People who contributed to the stakeholder interviews are referred to in this report as 'stakeholders'

Some of the potential limitations are:

- The quality of routine data remains relatively poor. Reasons include:
  - Data is often not collected or is incomplete
  - Due to the relative size of the population, sample sizes are often small which means that statistical uncertainty surrounds some of the results
  - The research also revealed that some trans people will not disclose their gender identity in routine monitoring (see Section 4.2 for more information on this).
- The community survey is based on a self-selecting sample of trans people and it is not known to what extent this is representative of the local community.

### 3.5 Outline of this report

Section 4, *Trans people in Brighton & Hove*, produces an estimate of the number of trans people resident in the city and describes what we know about the trans community from routine data sources.

Section 5, *Inclusion and support*, explores the trans community, the role of the community and voluntary sector, and social inclusion.

Section 6, *Different stages in life*, looks at issues across the life course (from childhood to older age), including aspects such as education and care.

Section 7, *Health and wellbeing*, looks at health behaviours and risks, health inequalities, and describes experiences of mainstream health services.

Section 8 focuses on *Specialist Gender Identity Services*, for adults and children.

Section 9, *Community Safety*, provides evidence on transphobic incidents and crime; domestic and sexual violence; and feeling safe.

Section 10 focuses on *Housing and Homelessness*.

Section 11, *Other services*, describes experience of a range of services including libraries and culture, sports and fitness, parks / open spaces and transport.



## 4. TRANS PEOPLE IN BRIGHTON & HOVE

### Key findings

It is estimated that at least 2,760 trans adults live Brighton & Hove. The true figure is probably greater than this because a significant proportion of trans people do not disclose their gender identity in surveys. In addition, as Brighton & Hove is seen as inclusive, many trans people who live elsewhere visit Brighton & Hove to socialise, study and/or work.

Data suggests that trans people in Brighton & Hove:

- have a younger population distribution than the overall population, although trans people are represented in all age groups
- have diverse gender identities, including non-binary identities
- are more likely to have a limiting long-term illness or disability than the overall population
- come from a diverse range of ethnic backgrounds
- have diverse sexual orientations
- live throughout the city, with no concentration in any particular area
- are more likely to live in private sector rented housing than the overall population.

People who took part in the community research emphasised that characteristics other than gender identity, for example ethnicity and disability, are also important parts of their identity, and this should be taken into account in planning and delivering services to meet their needs.

### 4.1 Introduction

As mentioned in Section 3.1, the 2013 Trans Equality Scrutiny Panel report<sup>1</sup> recommended that *"a needs assessment needs to be undertaken to identify the size of the trans community and its needs."*

There are no routine local or national data sources that can be used to provide information on the size or characteristics of the trans community as a whole. Therefore this chapter largely refers to specific surveys and the community research that was conducted to support this needs assessment.

However the insight into the characteristics of the trans population that these surveys provide is limited, because it involves sub-analysis of data relating to a relatively small population group. As a result, numbers are often too small to be statistically significant and there is often variation in the conclusions provided by different surveys.

### 4.2 How many trans people live in Brighton & Hove

#### National estimates

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, the Census does not collect data on gender identity.

Recent estimates based on research funded by the Home Office suggest that between 0.6% and 1% of adults may experience some degree of gender variance.<sup>6</sup>

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



## Trans people in Brighton & Hove

in a large survey of 10,044 respondents. 0.8% of the sample were in what the authors referred to as gender identity minority groups.<sup>7</sup> This falls within the range given above.

Nationally, a small proportion of trans people will have presented for, and undergone, medical gender transition<sup>8</sup>. In 2011 this was estimated nationally to be approximately 12,500 and 7,500 people respectively<sup>6</sup>.

### Local estimates

It would be possible to apply the national estimates above to the local resident population<sup>h</sup>. However, it is known that the city has a significant trans community and therefore it is expected that this method would underestimate the size of the trans population.

A 2009 report<sup>9</sup> 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 related to the perception that Brighton & Hove is a favourable environment for trans people.<sup>10</sup>

In Brighton & Hove, a number of large surveys and consultations conducted between 2012 and 2014 included questions on respondents' gender identity. The results provide some indication of the percentage of adults within the city who do not identify as the gender they were assigned at birth.

The two questions are:

Questions	Response options
What gender are you?	Male / Female / Other (please state) / Prefer not to say
Do you identify as the gender you were assigned at birth?  <i>For people who are transgender, the gender<sup>i</sup> they were assigned at birth is not the same as their own sense of their gender.</i>	Yes / No / Prefer not to say

Four surveys between 2012 and 2014 which used random samples<sup>j</sup>, included a total of 5,147 respondents, of whom 61 reported that they did not identify with the gender which they were assigned at birth. This provides an estimation of 1.2% of Brighton & Hove residents identifying as trans.

Application of this percentage to the ONS 2013 population estimate for the City produces **an estimate of 2,760 trans adult residents (aged 16 and over) in Brighton & Hove.**

However, the community survey found that only 57% of trans respondents said they were happy to answer the gender identity monitoring question in non-trans specific

<sup>h</sup> Simply applying the national estimate of 0.6% to 1% to the population of Brighton & Hove aged 16 years or over (232,900 adults according to the Office for National Statistics 2013 Mid-Year Estimates<sup>h</sup>) would suggest an estimate of between 1,397 and 2,329 adult residents in the city with some degree of gender variance.

<sup>i</sup> In 2015 the council's equality monitoring question changed from ‘the gender they were assigned at birth’ to ‘the sex they were assigned at birth’

<sup>j</sup> These surveys were: Health Counts 2012 and City Tracker 2013/14, and the council budget consultation (random sample) 2013/14 and 2015.

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surveys or monitoring forms. 31% replied that they were not; and 12% replied that they didn't know.

**This suggests that the figure of 2,760 people is likely to underestimate the actual size of the trans population.**

In addition, as Brighton & Hove is seen as inclusive, many trans people who live elsewhere visit Brighton & Hove to socialise, study and/or work. This was illustrated by participants in the community research. This population is also relevant for provision of some services.

### 4.3 Characteristics of the trans population

#### **Age**

There is limited reliable evidence on the age distribution of the local trans population.

The 2012 Health Counts survey, based on a random sample, found that trans respondents had a younger age distribution than all respondents. This was similar to the findings of Count Me In Too (2007) and the needs assessment community research, (although these used non-random samples so it cannot be assumed that they are representative of the trans population). In contrast, the age distribution of trans respondents to the City Tracker Survey were slightly older than all survey respondents.

The small numbers of people identifying as trans may account for the differences in the results of these surveys. However it is clear that trans people are represented across all age groups.

Interviews conducted for this needs assessment suggest that the average age at which gender variant people are presenting to services with gender identity issues is declining.

#### **Gender**

In local surveys that categorise gender as a binary characteristic (male/female), a higher proportion of trans respondents responded they are female than male:

- In Health Counts 10/18 trans respondents were female (56% versus 59% of all respondents).
- In the City Tracker survey, 24/31 trans respondents were female (77% vs. 51% of all respondents).<sup>11</sup>
- In Count Me In Too 67% of trans respondents were female.<sup>12</sup>

However the results of the community research, which included an option for 'other' and a free text box, reveal that there is greater diversity in gender identity than indicated above:

- 35% completed 'other'; of these the most common free text responses were:
  - genderqueer (n.15)
  - trans (n.14)
  - non-binary (n.11)
  - agender (n.3)
- 33% were female
- 28% were male.

### **Disability**

Local data suggests that a higher proportion of trans people have are disabled than the overall population. The proportion of respondents who reported that their day to day activities are limited because of a health problem or disability which has lasted or is expected to last for over 12 months was:

- 44% (8/18) trans respondents in Health Counts compared with 26% of all respondents
- 43% (48/113) in the community research.

In the community research:

- 63% of those with a disability stated this related to mental health (63%, n.30; 26% of the overall community research sample)
- 29% said they have a physical impairment (n.14, 12% of the overall sample).
- Responses reported as 'other' included Asperger's Syndrome (n.3), depression (n.3), anxiety (n.3) and post-traumatic stress disorder (n.2).

A number of stakeholders interviewed for the needs assessment commented that they considered that trans people with Autistic Spectrum Conditions are a particularly vulnerable group, perceiving that they have a greater risk of mental health issues.

### **Sexual orientation**

Local surveys<sup>k</sup> indicate there is greater diversity in sexual orientation in the trans population than the overall population. The sexual orientation of the community survey respondents is shown in Table 2.

**Table 2 Which of the following best describes your sexual orientation:**

Category	Number	Percentage
Other	59	52
Bisexual	27	24
Heterosexual/straight	15	13
Lesbian/gay woman	15	13
Gay man	11	10
Prefer not to say	4	4

Source: 2014 Community Research Survey. Note: data add up to >100%

Over half (n.59) of respondents completed the option for 'other'. Of these who indicated 'other', the most common free text responses were:

- queer (n.22);
- pansexual (n.16);
- bisexual (n.8) and
- asexual (n.6).

A number of people identified with more than one type of sexual orientation.

<sup>k</sup> The Health Counts survey reported that a higher proportion of trans people identified as lesbian, gay, bisexual or unsure (LGBU) and Count Me In Too reported that a higher proportion identified as LGBTQ.

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### ***Ethnicity***

There is limited reliable evidence on the ethnicity of the local trans population, although the data indicate that trans people come from different ethnic backgrounds.

City Tracker and Count Me In Too found that the proportion of trans respondents who were from Black and Minority Ethnic (BME) groups was lower than the overall population. In contrast, in the 2012 Health Counts survey, trans respondents were more ethnically diverse than all respondents. The community research survey also had a higher proportion of BME respondents compared to the overall population.

### ***Religion and belief***

There is limited reliable evidence on the religion and belief of the local trans population.

Trans respondents to the 2012 Health Counts survey were more likely to state that they had a religion than the overall population.

In Wave 5 and Wave 6 of the City Tracker survey (2013-14) 31% of trans respondents giving this information reported that they had no religion, which was similar to all respondents<sup>11</sup>. In the community research 50% (n.56) either identified as atheist, had no particular religion or preferred not to say. This compares to 42% of the city's population according to Census data.

#### **4.3.1 Intersectionality**

Community research participants described how their different identities and characteristics interacted and influenced their needs. This relates to the concept of intersectionality, which can be defined as the interplay of factors such as ethnicity, class, gender, sexual orientation and disability which can "result in multiple dimensions of disadvantage".<sup>13</sup>

Participants commented on the importance of support groups and services recognising the complexity of their experience and identities.

*"I think meeting other trans people of colour.... has made me eventually feel comfortable enough to start coming out. .... that was kind of integral to me having somewhere where I felt accepted as a trans person of colour"* (focus group participant, referring to support group)

*"Sometimes if you are presenting with what seems to be quite a lot of different things, you're trans, you're a person of colour, you know, all these different things. .... You're not always a simple one issue person"* (focus group participant)

Some community research participants with disabilities described attending separate support groups and services for their gender identity and disability related needs. They felt there was both a lack of awareness of trans issues in their disability support groups, and a lack of awareness of disability within the trans community:

*"I find it difficult in Brighton, to go to [name] club, because they weren't accepting of LGBT people as much. When I first went there it was a concern because one bloke said, 'Are you a man or a woman?'"* (focus group participant)

#### **4.3.2 Area of residence and housing tenure**

Community survey respondents resident in Brighton & Hove were asked which ward they lived in. Eighteen out of the 21 wards in the city were represented in responses, with no one geographical area showing a particular concentration.

With regard to housing tenure, survey respondents were:

- more likely to live in private rented accommodation compared to the city's residents as a whole (47% compared with 28% in the 2011 Census).
- less likely to own their own home (27% compared with 53%)
- as likely to live in social housing (12%).
- more likely to live in other types of housing (eg. living with parents or homeless) (12% compared with 4%).

### 4.4 Recording gender identity

#### 4.4.1 Collection and completion of data on gender identity by services

The 2013 Trans Equality Scrutiny Panel report<sup>1</sup> highlighted that collecting monitoring data on the gender identity of service users can be complex and sensitive. Service users can be reluctant to complete monitoring forms and there are sometimes inadequate systems for collecting and holding information.

The community research survey asked whether people were happy to answer the question “do you identify with the gender you were assigned at birth?” on non-trans specific surveys or service monitoring forms. Results indicated that:

- 57% of respondents said they were happy to do so
- 31% said they weren't happy
- the remainder said they didn't know.

This finding indicates that trans service users may be under-represented in equality monitoring data.

#### 4.4.2 Alternative forms of address

Another issue raised during the Trans Scrutiny process was around the use of 'honorifics' (the title prefixing a person's name). Reference to local use of the honorific Mx (as an alternative to Ms, Mrs, Mr, etc.) in Brighton & Hove received media coverage at the time. Since then the use of Mx has become more widespread nationally, for example by personal banking and government agencies.

The Scrutiny Panel update in 2015<sup>14</sup> reported that the use of this option had been extended over a number of council services. It was reported that informal feedback from staff and community members had indicated that this had been a positive step which had helped services to sensitively consider the needs of service users.

#### 4.4.3 Gender Recognition Certificates

Under the Gender Recognition Act 2004, adults who have lived in their chosen gender for more than 2 years can apply to the Gender Recognition Panel for a gender recognition certificate. This provides trans people with legal recognition as members of the sex appropriate to their gender.

In the UK, up to Sept 2014, 3,662 full gender recognition certificates had been granted<sup>15</sup>. Data broken down by local authority is not available.

Of the community research survey sample, ten percent had a Gender Recognition Certificate (GRC), 15% were in the process of obtaining one, and 74% did not have one.

## 5. INCLUSION AND SUPPORT

### Key findings

- Brighton & Hove is seen as a trans-friendly and inclusive city and attracts people who have had negative experiences elsewhere. However, trans people report that they still face abuse, discrimination and social isolation in the city.
- The Trans Equality Scrutiny Panel and subsequent action have helped to raise awareness, provide a catalyst for change and improve services.
- The trans community is becoming more visible and successful at communicating outside of wider LGBT communities; this is illustrated by the developments around Trans\* Pride.
- Social networks and trans community and voluntary groups are highly important to the community, including their health and wellbeing. Sometimes trans people need the support of an advocate to help them access services and social spaces.
- Volunteering is common and has benefits for volunteers and those supported. 63% of the community survey respondents reported having provided unpaid help to a group, club or organisation in the last 12 months.
- However, there were seen to be limitations regarding capacity and skills in small groups that have limited funding and rely on volunteers.
- Trans people play an important part in supporting services to become more accessible to other trans people but some find this can become exhausting.
- The vulnerability of some trans people is illustrated by trans respondents to local surveys reporting that i) they are less able to ask someone for help if they were ill in bed and ii) more likely than non-trans respondents to feel anxious or stressed about their neighbourhood.

*“Trans people should be able to live open lives, go anywhere without fear of hassle and to be able to participate in activities that both take account of and are also separate from their trans identity.” (stakeholder)*

### 5.1 The appeal of Brighton & Hove

Brighton & Hove is often reported as being perceived as a 'safe haven'. The community research found that, as well as practical reasons for being in the city, such as for work or study, other reasons included its reputation as a trans-friendly city.

*“... I found the trans community really welcoming and there was a very warm atmosphere, and since moving here, I found that even amongst people in Brighton who are not trans, I can walk the streets in Brighton and not worry about getting crap for being trans because people are chilled out about it here.” (focus group participant)*

*“In the past year I've been strangled. I've been stalked for three months. I've been beaten up two or three times ... I come to Brighton because it's like a sort of sanctuary you know. There's still instances where you feel frightened here but on the whole I feel a big weight come off me when I get off the train.” (focus group participant)*

## 5.2 Inclusiveness and awareness in the city

National research<sup>36</sup> has found that 20% of trans people had been informally excluded from their local community as result of their gender identity. One study<sup>25</sup> found that 81% of participants avoided some situations due to fear of being harassed or being outed. Over 50% avoided public toilets and gyms, suggesting that these were the most problematic areas. Other difficult areas which more than 25% of participants avoided were clothing shops, other leisure facilities, clubs or social groups, public transport, travelling abroad, and restaurants and bars.

The community research and stakeholder interviews highlighted that Brighton & Hove is seen by many trans people as a more inclusive environment than other places.

*"You don't stand out too much"*

*"...you don't have to hide; [you] can be accepted in Brighton for non-conformity"*

*"You don't have to fight for your right for your identity here nearly as much."*

In relation to the inclusive nature of the city, one survey respondent commented,

*"This is of considerable benefit to my wellbeing and mental health and is an extremely valuable asset."*

However, stakeholders and community research participants were clear that trans people still face abuse, discrimination and social isolation (see also Section 9 on community safety).

*"I find it still really difficult changing my records and name with the doctor or bank or everything. It's still been an absolute nightmare."*

*People haven't understood. They still use the wrong pronouns. In the street I get stared at all the time. ... I've got loads of difficult situations I've been in in public in Brighton, from the kind of less severe just being looked at or the wrong pronouns, to people shouting really abusive comments. People aggressively asking what gender I am. People physically threatening me and sexually threatening me."*

*I don't think Brighton is a total haven at all".* (focus group participant)

The council's Trans Equality Scrutiny Panel, and subsequent action, were cited as helping to improve awareness and services. Stakeholders reported that they perceived that there is a better understanding around issues faced by trans people in Brighton & Hove than elsewhere but they also considered that more should be done.

*"It isn't perfect [here] and being aware of that I think is a good thing. We should be continually self-critical so that we're continually improving, realising who isn't accessing things... Yes, Brighton isn't perfect. It's pretty good in comparison to a lot of places, but we can keep hopefully improving it."*

One participant in the community research described a vision that Brighton & Hove could be a model of good practice to which other places could aspire:



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*“Hopefully we can be a role model to the rest of the country. This is the central hub ... from there it can work out to the major cities and then radiate out from that.”* (focus group participant)

### 5.3 Visibility of the trans community in Brighton & Hove

Stakeholders cited the value of events that celebrate the trans community, for example, Trans\* Pride, IDAHOBIT<sup>1</sup> and LGBT History Month, and of visible trans speakers and performers.

Community research participants commented on the positive impacts that Trans\* Pride had made in raising the profile and improving the resilience of their community:

*“It was just brilliant and it felt like a very inclusive space. ... It didn’t matter who you were or how you identify. Trans\* Pride feels like an actual Pride. It’s a community event. ...”*

*“Trans\* Pride is really important I think for our own wellbeing as a community that we have that space... we can showcase who we are as a community. ...”*

*And you can see that organisations are falling over themselves now to take part in Trans\* Pride and show that they’re trans friendly. I think it’s a really positive thing for the city and something that’s really powerful.”*

Stakeholders perceived that there was a small, but increasingly visible, number of trans role models and that the trans community were becoming better at voicing their needs, but lagged behind LGB community members in achieving this and had been slow in gaining political support.

Focus group participants pointed out that Brighton Pride also played an important role in addition to Trans\* Pride by enabling them to also express other aspects of their identity.

### 5.4 Trans community as a part of the LGBT community

Stakeholders felt that there were both advantages and disadvantages to action to support trans equality sitting under the LGBT ‘umbrella’.

While it was recognised that there had been good progress for LGBT communities as a whole, there was a sense that this had sometimes led to the marginalisation of the trans community voice.

This echoed one aspect of the Trans Equality Scrutiny Report which found that trans awareness training was often delivered within LGBT awareness training and called for dedicated trans awareness training to adequately address the specific issues faced by trans people.

### 5.5 Social networks

National research<sup>16</sup> has highlighted the important role of peer support within trans communities. A number of our survey respondents spoke of the benefits of strong social networks and belonging to a sizable local community:

*“You’re not so isolated because there is a larger number of people to meet up with.”*

The value of connecting with others through peer support was highlighted:

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<sup>1</sup> International Day Against Homophobia, Biphobia and Transphobia



*"I ask for ears to hear me sometimes that's all... depression is big."*

*"What I found truly invaluable was the steady sense of not being alone."*

*"My friends and the wider LGBT+ community look after ourselves a lot because of the discrimination we face from others."*

*"If trans people relied solely on statutory services for help and support, many more of us would be homeless, mentally ill, impoverished or dead."*

Many people rely on the internet, but the limitations of online information and support were noted, with one focus group participant saying how peer support was much more effective in their case, stating:

*"I wouldn't have learned anything from the internet. I wouldn't have known anything from researching. I think it's really hard to access information online about being trans, especially being trans masculine, for some reason. Definitely other trans people rather than organised kind of things [is where I get my information]."*

### 5.6 Support provided by trans community groups

Stakeholders and community research participants described the benefits of trans community groups and projects in terms of

- supporting people;
- providing volunteering opportunities;
- in advocating for, and raising the visibility of, the community.

One focus group participant explained,

*"[At first] I had no idea that any of these things even existed, but really particularly Allsorts, I got to volunteer to help other people... since I've decided to transition it's become really important for me because it really is a space where people are incredibly respectful of your identity. ... I think it's a really, really good project."*

Some focus group participants suggested there was a need for advocacy to support people to access events, social spaces and services. A community centre would be seen as an asset.

*"There's lots of really good interesting community groups [in Brighton] such as the choirs. ... there's the sports society [and] things like that, but there's still a sort of coming to terms with yourself and your own identity in order to even take part in these things and you have to have a certain amount of confidence. ... actually sometimes you need someone to just hold your hand for that first time and then you can fly yourself.... It just needs to be a brief intervention ... A community centre would be really great that you could walk into and you could meet ... and you could chat with people."*

Support for trans people with Autistic Spectrum Conditions was highlighted as a need by stakeholders and community members:

*"I initially found when I went into the [name of trans project] that a lot of people there were autistic or sub-clinically autistic and I found a lot of kindred spirits. Unfortunately it later turned out that the people who actually ran the [trans project] didn't have a clue" (focus group participant)*

### 5.7 Volunteering

Surveys suggest levels of volunteering in the trans community are similar to or higher than the overall population:

- The 2013 City Tracker survey found that self-reported levels of volunteering<sup>m</sup> in the last 12 months by trans survey respondents were similar to those for other respondents (33% (6/18) trans respondents compared with 35% of all respondents).
- The community research found that 63% (72/114) of the survey respondents reported providing unpaid help to a group, club or organisation in the last 12 months.

Community research participants described the benefits that volunteering had provided to them and others:

*“The best experience of me coming to Brighton has been [the] mutual aid and support that I’ve experienced. I mean people that [have often] experienced like similar situations. For example, like being willing to ... support and help each other get through difficult situations.”*

*“I receive free, non-judgmental advice from other trans people. ... The exchange of support ... feels very empowering.”*

Another benefit of volunteering was the opportunity to meet other trans people in safe (and alcohol free) settings.

*“It’s a safe way of meeting other trans people, you know, particularly if you’re volunteering. ... you know that people aren’t going to be drunk, ... a lot of LGBT spaces are club nights and places where people are drinking. I’m not a big drinker and I can feel quite uncomfortable in those spaces, but [through volunteering] I’ve met a lot of sort of like-minded people in a safe place and I’ve really enjoyed the training that I’ve got from it. I mean it’s been life-changing for me ... [and] it’s such a boost to my confidence.”*

(focus group participant)

However, stakeholders and focus group participants considered that there were limitations to the reliance on volunteers, including capacity and skills:

*“The community is run by dedicated peer support. It’s voluntary-based. No one gets paid for it. ... What’s really difficult is that people go to, say, the council or any other service in the city for help and they’ll get referred back to the support groups because they’re seen as the only expert place to provide support, but the support groups can’t actually provide that.*

*They’re there to help and look after each other but without funding, without actual capacity. ... We’re even lacking in skills. I mean like most people can’t give decent advice about benefits or about housing or about a whole myriad of different things that we need support in. All we can really do is give cups of tea and sympathy, and even then there’s a limit to how much we can do with that because we’re all struggling with our own issues as it is.*

*So I think there’s too much reliance on the voluntary sector ... and it needs to be supported better. I think there needs to be some sort of scheme*

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<sup>m</sup> Volunteering defined as giving unpaid help to a group, club or organisation (excluding giving money or anything which was a requirement of their job)

*where people actually get paid ... to deliver these services because I think it's the only way you're going to effectively get what you need out of people."* (focus group participant)

The potential impact on individuals becoming overstretched was highlighted. One focus group participant described this pressure on trans people as follows:

*"Relying on voluntary service is great except [people] burn out really easily because they put in too much because they're so passionate about it."* (focus group participant)

Another commented:

*"I'm very proud of the volunteer work I do. Actually I'm starting to get burnt-out. ... I want to get employed but can't leave this, because if I [do], then [this voluntary work] isn't going to happen."* (focus group participant)

### 5.8 Contributing to improving mainstream services

Some community research participants described how, in their working lives as trans people, they are often asked to advise on making services more appropriate for trans service users, and that this can be challenging for them personally, for example:

*"As a service provider there's so much more we could be doing and it's utterly frustrating. I try and work really hard in the [service] to try and provide as much information as possible to my colleagues about trans issues. Unfortunately though I'm the only out trans person I know in the [service] and it feels like pushing a very big rock up a very steep hill. ..."*

*"... not only do I have to advise my colleagues, I'm having to advocate for something that's very personal to me on a very regular basis and that's extremely exhausting and I struggle generally to do that."*

(focus group participant)

Some commented that as 'trans representatives' they can only contribute within the realms of their own experience, or from what they have learned from others, and cannot be expected to provide advice relating to issues that they don't have experience of (for example BME or disability issues).

### 5.9 Neighbourhood and community life

The Health Counts survey in 2012 and the City Tracker (Waves 5 and 6 in 2013-14) found that on a number of issues related to perceptions of their local neighbourhood, trans respondents' answers were roughly in line with the overall sample. For example, trans survey respondents were similar to other respondents in:

- their level of satisfaction with their local area as a place to live
- the extent to which they felt that people from different backgrounds get on well together and treat one another with respect
- their feeling of belonging to their neighbourhood.

However, trans respondents in the Health Counts survey fared less well on some measures related to their neighbourhood and on levels of isolation. Trans people were:

- more likely to feel anxious or stressed about their neighbourhood, 42% feeling this way at some point in the last three months compared with 16% of all respondents (significant difference).

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- less likely to report interacting with their neighbours at least once a week (56% compared with 68% of all respondents, although this finding was not statistically significant).
- less likely to be able to ask someone for help if they were ill in bed (39% for trans respondents compared with 76% for all respondents; significant difference).

### 5.10 Inclusion in city services

Some community research focus group participants described difficulties they experienced when accessing services, leading to a sense that the services had not considered their trans customers:

*“If you identify as genderqueer, it’s more difficult accessing services because the system is set up in gender binary ways.”*

*“... it says ‘Gender’ and there’s a tick-box for male and a tick-box for female and trying to sort of second-guess the question, like ‘Okay, are they talking about the gender role that I’m living in or the gender role that I legally am?’ and I always have great difficulty with knowing what to put down”*

(focus group participants)

A number of people said that services had displayed a lack of understanding of non-binary genders and highlighted the impact this had on them:

*“... they just cut you off because it’s not something they’ve experienced, it doesn’t exist. Yeah, it makes you feel like a nonentity. You have no identity and yeah it’s hideous. It makes you feel absolutely worthless and not even real.”* (focus group participant)

Further information related to services is provided in Section 11.

### 5.11 Accessing information and the role of the internet

National research has highlighted the importance of the internet to the trans community<sup>16</sup>.

The community research survey found that 90% of respondents (102/114) used the internet to access information or find support.

Community survey respondents commented that they found information provided by statutory services to be inadequate:

*“In my pre-transition days, the internet was utterly crucial to finding out about being trans and about transition. It is a scandal that Brighton & Hove, which attracts so many trans people, doesn’t have one central information hub where people can find out about services to help and support trans people. ... The council, local NHS and voluntary sector should work together to provide this as a matter of urgency.”*

*“Generally, I find the information provided by the NHS ... is relatively difficult to access, so trans groups have been my main sources of support.”*

(community survey respondents)

### 5.12 Involvement in decision making

The 2013 City Tracker survey found that 3 out of 20 trans respondents reported that they had been involved in a local group which made decisions that affected their local area. This is a similar proportion to all respondents.

The community research survey found that 85% of trans respondents felt it was important to influence decisions in their local area, however only 41% of respondents agreed that they could do this. The 2013 City Tracker survey found that half of trans respondents felt they could influence decisions in their local area, a similar proportion to all respondents.

#### Recommendations: Inclusion and support

2. City leaders should consider how Trans\* Pride and the trans community & voluntary sector can be supported to increase the resilience of the trans community.
3. Brighton & Hove City Council (B&HCC) and the Brighton & Hove Clinical Commissioning Group (CCG) and community & voluntary sector (CVS) should consider how the capacity and skills of trans community groups can be increased.
4. B&HCC and the CCG should recognise and support trans organisations, as well as LGBT organisations, in engagement and service provision.
5. B&HCC, the CCG and trans community & voluntary sector groups should:
  - identify how a central information resource for trans people and support organisations can be provided (including specialist information on housing, services for older people, employment and health services)
  - consider holding an event for trans people and community groups to provide information and advice on services and their legal rights.
6. Brighton Pride should maintain a focus on promoting trans inclusion.
7. LGBT organisations should demonstrate how they are promoting trans inclusion (eg. in annual reports).
8. LGBT and trans services to take the needs of people with Autism into account (in line with national and local strategies) and services for people with Autism to ensure they are trans aware.
9. Visit Brighton could consider how it recognises and promotes Brighton & Hove as a trans inclusive destination, including practical information for trans visitors.
10. The B&HCC Trans Champion should report annually to community members on progress in improving the trans inclusion of services.
11. Trans community groups to provide briefing sessions as part of inductions of elected members and other city leaders.

## 6. DIFFERENT STAGES IN LIFE

### Key findings

#### ***Children, young people and their families***

- Stakeholders saw a need for more support for young trans people with mental health problems, as well as for raising awareness around the particular issues faced by young trans people who also had other vulnerabilities.
- Stakeholders felt there are some good community initiatives for young trans people, but there was scope for improving the skills of frontline workers in generic services.
- The need for more support for families with trans parents and children with trans parents was raised.

#### ***Families of trans people***

- National research found there is a considerable impact from non-acceptance of trans people by their families including relationship breakdown, exclusion from family events and isolation, and a need to move away from their family. Local stakeholders observed that parents are not always supportive of their children and that this may be due to a lack of information and support.

#### ***Schools***

- Trans and gender questioning young people are more likely to experience bullying and to feel less safe at school.
- Education is a setting where trans young people are at risk of discrimination and harassment. The council's 2013 Trans Equality Scrutiny Panel saw schools as a key area for achieving an impact. Concerns around gender stereotyping, the curriculum, awareness and training, bullying and lack of support were all issues raised.
- Significant further work has been undertaken with schools, the council and Allsorts including the Trans Inclusion Schools Toolkit and training within specific schools.

#### ***Higher education***

- Higher education provides a space for trans students to 'be themselves', come out, and develop an independent adult identity. However, national research identified that nearly one in three had taken time out of because of trans related issues or bullying and harassment.
- Positive work by higher education institutions and student unions was reported around training and awareness-raising, celebratory events and the provision of support to trans people and there was a keenness to share best practice.
- Mixed experiences of higher education establishments were reported by community survey respondents.

#### ***Employment***

- Gaining and retaining employment is an important challenge for trans people. Those without stable employment may find they are isolated both financially and socially, which can in turn affect ability to access housing.
- The Scrutiny Panel found that neither employers nor trans employees were necessarily clear about the legal and employment rights of trans people. The community research survey found that, on balance, more people reported positive



experiences than negative ones in employment. Some respondents found employers supportive, but others found they were excluded, the subject of gossip, were concerned about their position at work if they were 'outed', or felt the need to delay transition.

- There were some good practice employers in the city with staff forums and mentoring schemes, but stakeholders felt that more could be done.

### **Caring**

- Trans people are concerned about being accepted as carers of others, including older people.

### **Later in life**

- Over time the number of trans older people is expected to increase but little is known about the health needs they may have as older people.
- Ensuring that staff and service users of older people's services are more trans aware was considered to be a very high priority by stakeholders.
- Trans people report they are concerned about the quality of care that they could expect in care homes and in other settings such as hospitals when they are older; this is important in ensuring all trans people are treated with dignity.

This section looks at the experiences of trans people at different stages of life, whether as a child or young person in schools and other educational settings, as a parent, or in family settings. It also covers issues around employment, and goes on to look at the particular issues for trans people as they get older or are in need of care.

## **6.1 Trans children and young people**

*"Trans or gender-questioning children and young people can be hugely affected by what happens to them in their early life."*

Brighton & Hove Trans Equality Scrutiny Panel, 2013

The Safe & Well at School Survey 2013 asked a question on gender identity for the first time in the questionnaire for 14-16 year olds. This found that 4% (118/3,271) of respondents did not, or did not always, identify with the gender they were assigned at birth, although it may take time before this new data can be considered to be reliable<sup>n</sup>.

Local stakeholders recognised the importance of community groups for young trans people and their families, such as Transformers at Allsorts<sup>o</sup> for 16-25 year old trans young people, and suggested that additional capacity and resource would enhance this service. They felt that there was scope for improving the skills and ways of working for frontline workers in mainstream services so they were aware and confident about providing a safe space where children and young people can explore their gender identity, noting that some young trans people want to use the same general services as everyone else.

Stakeholders felt there was a gap in services for children under the age of eleven.

<sup>n</sup> Preliminary findings for the same age group in the 2014 SAWSS are slightly below this level at about 3%.

<sup>o</sup> Allsorts is the specialist service for LGBTU young people in Brighton & Hove

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Allsorts reported getting more demand for support as a result of young people identifying as trans or gender questioning at an earlier age (other stakeholders also perceived this was the case).

Since these interviews have been conducted Allsorts have set up a scheme for a Trans Kids group to run once a month<sup>p</sup>. The group caters for primary school age children who are trans or questioning their gender identity. The service reports that the group is proving to be invaluable for the children who access it, in addition to giving parents of young trans/gender questioning children a space to meet. In addition to the group, Allsorts provides individual support for children if they would like to talk more in depth about their gender.

Stakeholders also reported a need for more support for young trans people with mental health problems and greater awareness of the compounding impacts of being trans plus other vulnerabilities. They believed there was a need to reach out to those who were not engaged with services and for specialist counselling and advocacy support.

Specialist gender identity services for children and young people are considered later in the report at 8.6.

### 6.2 Parents and families of trans children and young people

The positive value of family acceptance for the health and wellbeing of trans people is highlighted by research<sup>36</sup>, but non-acceptance is common, and the impacts of this include relationship breakdown, exclusion from family events and isolation. One study<sup>25</sup> found that a quarter of trans respondents reported needing to move away from family or friends for being trans, and another 26% worried that this would happen in the future.

The Allsorts Youth Project provides support to the parents and carers of trans children and young people, particularly in infant and primary school settings. Local stakeholders commented that families are not always supportive of their trans children. They suggested that this might be because they don't find it easy to provide support, or that they may not know what to do.

Sara's Group<sup>q</sup> was founded locally as recognition of the fact that parents and carers need support, information, and friendship when a child/young person is questioning their gender. The group has recently published a resource<sup>r</sup> providing information and sources of assistance for parents.

### 6.3 Trans parents

A national study<sup>25</sup> of trans people found that, of those who were parents, one in five had lost contact with their children for reasons related to their transitioning. Fewer than one in five found telling their children to be a positive experience.

Both local stakeholders and community research participants saw a need for more support for families with trans parents.

*“... it could be as simple as a network of trans families that are willing to talk to each other or meet, or even just provide advice or a website. The LGB*

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<sup>p</sup> See <http://www.allsortsyouth.org.uk/groups/tag/>

<sup>q</sup> Sara's Group <http://www.allsortsyouth.org.uk/parent-carers/group/>

<sup>r</sup> A journey without a map <http://www.allsortsyouth.org.uk/resources/toolkits/>



*families I've met, they've certainly had support amongst themselves and I'd like to bring the T into that group."* (focus group participant)

*"There's nothing for children of trans parents or children of LGBT parents because my son .... he specifically wanted to go to meet other children of trans or LGBT parents.... There isn't anything. There's a group for parents of trans children but not children of trans parents and I think that would be a really great thing..... He just wants people to talk to that aren't at his school, but other people's children might stop talking to them and all kinds of difficult situations. It would be really great if there was more help.* (focus group participant).

### 6.4 Schools

A national study in 2007 demonstrated how education is a setting where young trans people are at risk of discrimination and harassment and that puberty is a key onset point<sup>36</sup>. It found that 64% of trans men and 44% of trans women had experienced bullying at school, mostly perpetrated by other pupils, but also by staff, impacting on school attendance.

44% of respondents in a national government online survey in 2011<sup>41</sup> believed that the behaviour of other children presents the most challenges for gender variant children. 45% thought that teachers did not have the tools to tackle bullying in schools.

While remaining cautious about the reliability of information on gender questioning pupils in the local Safe & Well at School Survey 2013 (see Section 6.1), the data suggest that these young people were more likely to face issues of bullying, and are less likely to feel safe at school (74%) compared with other children (90%). 60% of these young people knew about or had used Allsorts<sup>o</sup>.

The council's 2013 Trans Equality Scrutiny Panel report<sup>1</sup> concluded that a key area for achieving an impact was around schools and the provision of education. It noted that trans or gender-questioning children and young people can be hugely affected by what happens to them in their early life. Concerns around gender stereotyping, the curriculum, awareness and training, bullying and lack of support were raised in the evidence provided to them. The Scrutiny Panel recommended that guidance and support to trans children and young people must continue to be supported by the council, and that specific trans-awareness training should be provided in schools.

The council provides support and challenge to all schools in Brighton & Hove to improve whole school approaches to equality in the context of the Equality Act 2010 and the Ofsted School Inspection Framework. This support to schools includes consultancy and training to improve trans inclusion practice.

A Scrutiny Panel progress update in January 2015 described the subsequent work that has been led by schools, Allsorts and the council, including new resources to support to primary and secondary schools in delivering Personal, Social & Health Education around gender identity as well as sexuality. A toolkit for schools has been developed which provides advice on issues such as toilets and uniforms. The toolkit, which is being used as a basis for the development of a national resource, was regarded as a key asset in our stakeholders research who noted that,

*"All the ingredients are in place for really working well with children and young people – just need staff time."*

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The community research conducted as part of the needs assessment did not include children and did not seek views on current practice in schools. However, the subject was raised by participants in the research focus groups, including negative views that there was a reluctance of teachers do more work on trans issues and a call for greater recognition of non-binary gender in school settings. It was argued that this 'invisibility' precluded other students from learning about the existence and experiences of trans people.

Three respondents to the community research survey were parents of school children and they all reported that the school had been welcoming.

### 6.5 Further and higher education

Research has highlighted the value of higher education settings in providing a space for trans students to 'be themselves', come out, and develop an independent adult identity<sup>17</sup>.

Local stakeholders interviewed included representatives from five sixth form and higher education/university establishments. They concurred with these national findings, with one member of the stakeholder group saying that:

*"Some [trans] learners 'do it here first' before taking their preferred identity home and out into the community."*

However, the national research also identified that nearly one in three had taken time out of because of trans related issues or bullying and harassment. A National Union of Students study of UK students in 2014<sup>18</sup> found that just 2 in 10 students felt completely safe on campus and one in three had experienced at least one form of bullying and harassment on campus. One in two had considered dropping out, and of these, two in three cited feeling 'not fitting in' and health problems as factors.

#### 6.5.1 Experiences of trans students in Brighton & Hove

Forty-three respondents to the community survey had been a university or college student in Brighton & Hove in the last five years. Some respondents had chosen to study in Brighton & Hove because it was seen as trans friendly. Both good and bad experiences were reported by these respondents. Positive experiences included: being supported by staff, including overt efforts to respect privacy and confidentiality; other students pro-actively correcting misgendering; and being granted time off needed for medical procedures.

On the other hand, negative experiences ranged from being questioned inappropriately about their genitalia to being misgendered by staff, intimidated and excluded.

The omission of non-binary genders in a range of contexts was also raised. This included texts and lectures, and was linked to a sense of exclusion. As pointed out by one survey respondent,

*"Applications forms are binary. "Young men and women" is binary. The toilets are binary. The sports teams are binary."*

#### 6.5.2 Provision and awareness locally

Both universities in the city use the national UCAS (Universities and Colleges Admissions Service) application information for data on their students and don't routinely collect it independently. UCAS forms did not include questions on gender identity before 2015 and it was commented that this had made it difficult to be trans

inclusive from the start of studying. However from 2015 UCAS will be collecting this information<sup>19</sup>.

Stakeholders reported positive work by both the further/higher education institutions themselves and also student unions around training and awareness-raising, celebratory events and the provision of support to trans people and there was a keenness to share best practice. Progress had been achieved around gender neutral toilets and changing facilities in some settings although it was suggested further work is needed.

Allsorts, the dedicated organisation for LGBTU young people, provides support in these further/higher education settings, including support for individual students, trans awareness training to student support teams and other staff, and talks to teacher training students.

While good practice was reported to exist and there had been some progress around policy development, it was suggested this wasn't mainstreamed throughout the institutions and more work was felt to be needed. Good management direction and organisational commitment was identified as important. Stakeholders thought that the routes for reporting bullying and harassment needed to be clearer and more widely publicised.

Participants in focus groups reported there was a need for more trans-specific services and improved and embedded trans policies at both an institutional and student union level.

Peer mentoring for trans students was regarded as very helpful in supporting the student both in their health and wellbeing and in their studies.

### 6.6 Working life

Government research<sup>41</sup> found that difficulty in gaining and retaining employment was the most important challenge that trans people face, with 66% of respondents considering employment as their most important challenge. 50% reported that they had been harassed or discriminated against at work. The report drew attention to the combined effect of financial and social isolation for those without work. Unstable employment status and hence financial stability also compounds the difficulties faced in accessing housing, including council housing and private sector accommodation.

In a 2007 national study<sup>36</sup> 42% of survey respondents reported that they were not living in their preferred gender role because their job or workplace prevented them from doing so. This study found that the main trigger point for inequality or discrimination is the point of transition in the workplace.

Evidence provided to the Trans Equality Scrutiny Panel<sup>1</sup> included the observation that:

*"Employment gives people a place in the world, financial value and a sense of identity."*

In the community research survey sample 18% said that they were unable to look for work due to a disability or ill health and 4% were unemployed and looking for work. The 2007 Count Me In Too survey<sup>12</sup> found that trans respondents were three times more likely to have low incomes than non-trans respondents and more likely to be unemployed.

#### 6.6.1 Seeking employment

The community research focus groups pointed to significant hurdles faced locally in both seeking and keeping employment and this being a cause of anxiety. The potential

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for being misgendered or outed in a job interview was a cause for concern and was reported to have an impact on people's confidence:

*"I don't feel comfortable applying for jobs because I don't know what I would do. I wouldn't feel comfortable being called by my birth name and incorrect pronouns. So I've been putting off applying for jobs ..."*

(focus group participant)

Difficulties in finding work were expressed by 12 community survey respondents with health issues, particularly mental health, being an obstacle for nine people, supporting national findings.

### 6.6.2 Rights and responsibilities in employment

The Equality Act (2010) introduced key changes for employers, both in terms of the services they offered and also in terms of their employees.

Locally, the Trans Equality Scrutiny Panel in 2013<sup>1</sup> heard evidence that neither employers nor trans people themselves were necessarily clear about the legal and employment rights of trans people. Although it noted that there were protocols and policies in place aimed at protecting the rights of trans people at work, there was some question over their value from the perspective of not being as informative as they could be, as well as underused. A need for specialist advice was mentioned.

The community research drew out particular issues including trans people's fear of losing their jobs should they be outed at work, and reports of there being a lack of clarity around the rights of trans people in the workplace. For example:

*"I just had to kind of work that out for myself and couldn't go to my HR department and just ask because that would have involved coming out to them before I know whether or not it was going to be safe."*

(community research respondent)

Stakeholders felt that although there is often a stated commitment to equality and diversity, in practice this was variably implemented. The practice of monitoring protected characteristics of staff was reported to be mixed.

Leadership and commitment from the top of organisations was seen as important. Stakeholders were concerned that training around equality and diversity will reduce if budgets become tighter.

### 6.6.3 Applying for, finding and retaining work

Our local community research survey found that, on balance, more people reported positive experiences rather than negative ones in employment. Positive experiences included finding employers supportive, or simply being lucky. The support provided by employers during transition was spoken highly of in some cases:

*"I've had a relatively easy time in obtaining and keeping work in Brighton"*

*"I feel very accepted in the workplace"*

*"They are happy to give me the same chance of promotion and development and focus on my skills rather than my gender and mental health issues"*

*"I transitioned/started using male pronouns when I was working and it was a positive experience"*

*"I don't think this could happen anywhere else"*

However negative experiences included people feeling unable to be out at work. Other comments included:

*"I still feel totally isolated and excluded"*

*"[I] lost my professional career as a result of transitioning"*

*"Information about myself ... filtered down the whole team as gossip"*

There were also concerns about needing to wear a uniform at work.

### 6.6.4 Transitioning at work

There were examples of people responding to the community research survey reporting delaying their transitions, needing to leave their job due to concerns about their position at work, or feeling that being trans was affecting their career path:

*"It's like a fairly secure-ish job and it was a decent salary, but I had to leave because it was absolutely doing my head in for various reasons and I just didn't want to transition in that environment."*

*"I've always been hard-working. I've always had goals [in a particular career field]. That's all had to go a back-burner because I was transgender. I've done all the training I possibly could... I've put my all into it, but I feel it's such a professional environment that I don't think I'd be accepted in that field of work."*

However, with a diversity-aware employer who is willing to develop strategies and provide support, there was evidence that a safe path for transition can be navigated.

*"I've spoken to human resources and the plan is that I'm going to come back as [name] and [they've] been great. The people that I've told privately at [work] have been great."*

Local stakeholders indicated that there was some good practice by employers in the city, particularly within larger organisations, several having LGBT staff forums with representation of trans staff, and mentoring schemes. However, they thought that more could be done in this area.

## 6.7 Trans people as carers

14% of survey respondents (16/114) said they were a carer<sup>s</sup>, (including for friends, partners and parents).

Some reported that when delivering this role they were not able to be out as trans. Others spoke of negative impacts financially and on their health.

A concern raised in focus groups was around trans people not being accepted as carers of the general ageing population and this was felt to be an issue where better understanding needed to be promoted.

## 6.8 Later in life

A national study in 2012<sup>25</sup> found that 65% of survey respondents reported being worried about growing old because they were trans.

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<sup>s</sup> A carer was defined as someone who provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problem.



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The age profile of respondents to the community survey was younger than the general population. Only two respondents were aged over 65. This young age distribution could be explained by inward migration of younger trans people to Brighton & Hove and/or an increased likelihood of younger people identifying as trans. It is also possible that older people were under-represented in the sample.

Stakeholders cited positive initiatives, such as the community activities for older LGBT people provided through the 'Older and Out' project. However, they also considered that ensuring that staff and service users of older people's services are more trans aware to be a very high priority. Focus group participants highlighted how trans people are being proactive in advising services supporting older people on trans issues.

### 6.8.1 Adult social care

Over time the population of trans people who have undergone medical transition is increasing in size. Little is currently known about what specific health needs they have as older people<sup>20</sup> and understanding the experience of trans people in social care settings has been identified as a significant national research gap<sup>16</sup>.

The Trans Equality Scrutiny Panel<sup>1</sup> observed that

*"it seems likely that trans people may find themselves more likely to ... not have family who can look after them as they age. Without people they know to take care of them, there is a concern that carers may not understand trans bodies or trans needs."*

Community survey respondents were asked about their experience of adult social care<sup>t</sup>. Eighteen respondents expressed a view, of whom

- ten people (63%) were satisfied/very satisfied and
- four people (25%) were very dissatisfied.

Several focus group participants were concerned about the quality of care that they could expect in care homes and in other settings such as hospitals. There was a level of apprehension about consistency in the quality of care being provided:

*"They may be quite transphobic or they may not understand. On the other hand [... there] are brilliant staff out there I know. So you may get wonderful treatment but it will be a lottery in who looks after you and who provides for your care if you're not able to make those decisions yourself. ..."* (focus group participant)

Some focus group participants feared that care workers may be transphobic or may lack awareness around the needs of trans people and there was felt to be a lack of awareness training. They pointed out the importance of preserving the personal dignity of trans people, including needs around dressing, gender and relevant medical issues such as hormones.

One focus group participant felt that establishing a support network to help people through stays in hospital, and to help them manage when returning home would be valuable.

The use of personalised budgets to enable people to purchase care tailored to their individual needs was highlighted as one way in which services could be made more

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<sup>t</sup> Examples were provided of Access Point, home care providers, carer's support services, day services, advocacy services, social work/care management teams

responsive. It was reported that NHS and social care commissioners were considering how they can ensure this initiative is taken up by trans people.

The Trans Equality Scrutiny update early in 2015<sup>14</sup> reported that action had been conducted to help improve understanding of the needs of older trans people and that briefings had been undertaken or were planned with senior managers, Access staff, social workers, care managers and the Home Care Provider Forum.

### **Recommendations: Different stages in life**

#### ***Children, young people and their families***

12. Children and Young People's Services, including Child & Adolescent Mental Health Services (CAMHS), to promote information to support parents of trans and gender questioning children (eg. Allsorts' toolkit for parents of trans children).
13. B&HCC Communities, Equality and Third Sector Team to review the role of mediation in relation to trans people and their families.
14. Children and young people's services to engage with trans community groups about the support needs of a) children and young people with a trans parent, and b) trans children and young people and their families.
15. Children and young people's services should continue to provide trans awareness training for their staff.

#### ***Schools and higher education***

16. Build on and extend the work carried out in schools, colleges and other education settings across Brighton and Hove by B&HCC, Allsorts and schools.
17. Higher education establishments should consider how further progress can be made to tackle transphobia and promote trans equality including:
  - ensuring clear guidance is made available regarding transphobic bullying.
  - ensuring information about local groups and services for trans people is accessible to trans students (also via Students' Unions).
  - ensuring counselling services are trans inclusive/appropriate.
  - considering the role of peer mentoring for trans students.
  - considering how trans people are represented in the curriculum.
18. Student health and related services to ensure information related to trans health issues is made available online and at relevant sites including university GP practices.

#### ***Carers***

19. B&HCC Adult Social Care should take into account the needs of trans carers in services and initiatives to support carers.

#### ***Older people***

20. B&HCC Adult Social Care to ensure social care providers receive training in trans awareness.
21. B&HCC Adult Social Care to conduct an equalities audit of residential and other care services.

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**Also:** Ensure information about the rights of older trans people in services is available and accessible (Recommendation 5)

### ***Employment***

22. Trans community groups to engage with Job Centre Plus and DWP to ensure awareness and understanding of rights, especially with regard to access and sustaining employment.

23. Employers (both public and private sector) to:

- to promote and ensure access to apprenticeships for trans people.
- to develop advocacy and mentoring in the workplace, both whilst in employment and to promote access.

**Also:** Ensure guidance about employment rights is available and accessible (Recommendation 5).



## 7. HEALTH AND WELLBEING

### Key findings

- Trans people are less likely to report that they are in good health and more likely to report that they have a limiting long-term illness or disability.
- There is relatively limited evidence about many health behaviours although local surveys suggest that trans people have higher rates of smoking and lower rates of physical activity than the overall population.
- Stakeholders and trans people report a lack of knowledge regarding health screening.
- There are high levels of mental health need (including stress, depression, self-harm, suicidal ideation) which participants related to gender dysphoria but more commonly to factors such as discrimination and NHS treatment delays.
- Trans people are less satisfied with NHS health services than the overall population.
- Some community research participants described negative experiences of NHS mental health services. Many found community & voluntary sector services more supportive but were aware of their limitations.
- Some good practice in GP services was reported, although there was more negative feedback, for example concerns about GPs' knowledge and problems with record keeping. Concerns were also raised about knowledge and attitudes in some local community pharmacy services.
- In the community research survey the most frequently suggested action for improving healthcare for trans people was an increase in training.

### 7.1 General health and health behaviours

#### 7.1.1 General health

Local research suggests that trans people are:

- less likely to report that they are in good health. In both the 2012 Health Counts Survey and 2014 community research 61% (n.11 and n.69) of trans people defined their health as good or better, significantly lower than all respondents in the Health Counts 2012 survey (83%).
- more likely to report that they have a limiting long-term illness or disability (44% in Health Counts (8/18) and 44% in the community research compared with 26% (670/2,536) of all respondents in Health Counts).

In the community research, of those who said that their daily activities were limited because of a health problem or a disability, 63% (26% of the total sample) said they had a mental health condition and 39% (12% of the total sample) said they had a physical impairment.

### 7.1.2 Physical activity, exercise and diet

Trans people may be less physically active than the general population. Very few trans respondents to the 2012 Health Counts survey, fewer than five, met the recommendation around physical activity levels, a much lower proportion than of all survey respondents. Reasons for this may be linked to health constraints, feeling safe and costs (see Section 11.4).

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<sup>12</sup>. The extent to which trans people feel safe generally in public spaces (see Section 9.4) may also impact on their use of outdoor spaces or travel by foot (for example).

Pupils who completed the Safe and Well at School Survey who do not / do not always identify with the gender they were assigned at birth aged 14-16 reported similar levels of physical activity to the rest of the pupils.

In relation to healthy eating, in the Health Counts survey there was little difference between trans respondents and all survey respondents in terms of consumption of five portions of fruit or vegetables per day and being a healthy weight (based upon self-report).

### 7.1.3 Smoking

The Health Counts survey suggested that trans people are more likely to be a current smoker than all survey respondents (39% compared with 23% although the difference is not statistically significantly different<sup>21</sup>).

This finding is consistent with the Safe and Well at School Survey 2014<sup>u</sup> conducted in Brighton & Hove schools. This reported that pupils aged 14-16 who did not (always) identify with the gender they were assigned at birth were more likely to have tried smoking than other pupils (57% compared with 45% of all respondents).

### 7.1.4 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. In addition, 35% (6/17) of trans respondents said that they never drink alcohol.<sup>21</sup> This is very similar to the findings from Count Me In Too, which reported that 37.5% of respondents (15/40) do not consume alcohol.<sup>12</sup>

These findings contrast with the national Trans Mental Health Study 2012<sup>25</sup> which used a screening tool and concluded that 62% of participants may either be dependent on alcohol or consuming at harmful levels.

In the 2012 Health Counts survey the proportion who have ever taken drugs not prescribed, or available at a chemist, was similar amongst trans and all survey respondents.<sup>21</sup> Again this finding was similar to that found in Count Me In Too.<sup>12</sup>

As part of the Comprehensive Assessment Process completed by all people entering treatment for alcohol and drugs use, clients are asked their gender and

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<sup>u</sup> The question relating to gender identity was included in the Safe and Well at Schools Survey for the first time in 2013. It is still considered experimental in nature and the reliability of the data is not known at this point.

also if they identify as transgender. A review of all clients in drug and alcohol treatment as at 31<sup>st</sup> October 2013 found that fewer than five clients had indicated that they were transgender.<sup>22</sup>

The Safe and Well at School Survey 2014 conducted in Brighton & Hove schools found that pupils aged 14-16 who did not (always) identify with the gender they were assigned at birth were more likely to have tried non-prescription drugs (30% vs 20%).

### 7.1.5 Sexual health

Data describing the sexual health needs of local trans people is limited and the subject was not actively explored in the community research conducted as part of the needs assessment.

The local 2012 Health Counts survey<sup>21</sup> found that trans respondents were more likely to report that they had fewer sexual partners than all survey respondents, and less likely to report that they had ever had a sexually transmitted infection.

Regards young people, the Safe and Well at School Survey 2014 found that pupils aged 14-16 who did not (always) identify with the gender they were assigned at birth were more likely to have had sex (35% vs 18%).

However the sexual health needs of trans people were raised by a number of community survey respondents. They described particular difficulties identified around terminology used by some clinicians (including GPs and sexual health services) to describe people's anatomy. In contrast, some commented on the trans-inclusive language used by sexual health services at the University of Brighton:

*“(they) are very aware of people not identifying with their assigned gender and careful to use selected terminology such as “\_\_\_ bodied people” rather than “boys or girls””* (community survey respondent)

*“The University of Brighton has addressed this issue by re-labelling these kits ‘If you have a penis’ and ‘If you have a vagina’. I think this should be the case everywhere.”* (community survey respondent)

Brighton & Hove has a specialist trans sexual health clinic, Clinic T, which takes place quarterly at the Lawson Unit. The clinic has the capacity to see up to 10 patients at each session. The service was cited by some stakeholders as a local asset for the trans community. The links between the service and cancer awareness services were noted. However it was suggested it could be better publicised to both the trans community and other health services.

## 7.2 Health screening

Screening is an issue for trans people because when a trans person's gender marker is changed on their GP record this will pass through to the national call and recall systems for gender-specific screening (cervical, breast and aortic aneurysm screening) and determine whether they will be routinely invited for screening. Depending on their circumstances this may or not be clinically appropriate.

National clinical guidelines<sup>23</sup> recommend that trans people are provided with appropriate information on screening. Current NHS guidance<sup>24</sup> recognises that

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limited information is available in relation to this client group and screening services and recommends that:

- Trans men who retain a cervix require cervical screening: it is the responsibility of the GP to establish a system to call the patient for screening, liaise with the lab to process the sample, and communicate the results to the patient afterwards.
- Trans women with a male history or trans men with a female history that have developed breast tissue still need breast screening.
- Trans women with a male history are still at an increased risk of abdominal aortic aneurysm (AAA) and require an invitation to the AAA screening test.

In 2014 Public Health Wales published a suite of resources for trans people explaining how trans people can access each service and how their gender status might affect whether they are automatically invited for screening<sup>v</sup>. With regard to England, the SE England screening team commented in March 2015 that they were not aware of any up to date resources for trans patients and clinicians.

NHS guidance<sup>24</sup> also highlights that attitudes of screening staff are important and recommend that all staff have adequate training.

Locally, 63% (n.70) of community survey respondents were not confident, unsure, or didn't know about the cancer screening they should be offered, with only 38% feeling confident or very confident. The lack of knowledge of screening was also identified as a key cause for concern by local stakeholders.

Focus group participants commented that they felt they had to take responsibility in ways that people who are not trans did not have to:

*"So like now, because I have my own records, they can't remind me to come for smear tests for example. It's not possible for them to do and I've got friends who are trans women who they had to register as having had a hysterectomy so they don't get reminders for smear tests."* (focus group participant)

Another focus group participant explained how their GP had not understood the anxiety that some cancer screening can cause for trans people:

*"I did specifically move to the current GP I'm at because I had a bad experience with my old GP who I tried to like speak to them about problems with having smear tests because of being trans and they were really like dismissive and told me I should just have a big glass of wine before I go. It was really bad"* (focus group participant)

In contrast, a participant spoke of the value of having a specialist service locally where it is possible to access cervical screening:

*"I went to Clinic T and I found it an extremely useful place to go. The people there were fantastic that ran it. The people were really-really friendly"*

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<sup>v</sup> see <http://www.wales.nhs.uk/sitesplus/888/news/34477> and [www.screeningforlife.wales.nhs.uk](http://www.screeningforlife.wales.nhs.uk).

*and welcoming, and as a trans masculine person it was a great place to have a smear test done". (focus group participant)*

### 7.3 Mental health and wellbeing

#### 7.3.1 General mental health and wellbeing

Local and national research has consistently indicated high levels of mental health needs in trans people. Stakeholders identified mental wellbeing as the highest area of concern around health and wellbeing.

In the community research, only 4% (n. 5) of respondents reported said they had not experienced some form of mental health issue in the past five years. The most commonly cited issues are:

- stress (83%, n. 94)
- anxiety (80%, n. 91)
- confidence/self-esteem (80%, n. 91)
- depression (78%, n. 89).

Data suggests that trans people have a raised risk of depression. In Brighton & Hove, 79% of community survey respondents stated that, in the past year, they have had two weeks or more during which they felt sad, unhappy or depressed, or when they lost interest or pleasure in things that they usually cared about or enjoyed. This is considered indicative of being at risk of major depression.

These local findings data are similar to the national Trans Mental Health Study 2012<sup>25</sup> in which participants reported high rates of current and previously diagnosed and undiagnosed mental ill health, including depression (88%), stress (80%), anxiety (75%).

#### 7.3.2 Self-harm

33% of community survey respondents reported that they had self-harmed (n. 38), similar to the rate found in the Health Counts survey (28%). This is lower than the rate reported in the national Trans Mental Health Study 2012<sup>25</sup> which found that 53% of the participants had self-harmed at some point, with 11% currently self-harming. However this was more than three times higher than the rates found in the overall Brighton & Hove population in Health Counts (10%).

In the Trans Mental Health Study<sup>25</sup>, reasons cited for self-harm which directly related to being trans included gender dysphoria<sup>w</sup>, waiting times, access, attitudes and indirect reasons included loss of employment or reduced income, harassment and bullying, feelings of guilt, shame or inadequacy, breakdown of relationship and families.

#### 7.3.3 Suicidal ideation

Trans people are at higher risk of suicidal ideation and attempting suicide. The national Trans Mental Health Study 2012 reported that the majority of participants, 84%, had thought about ending their lives at some point. 35% of

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<sup>w</sup> gender dysphoria refers to the discomfort or distress experienced as a result of a discrepancy between a person's sex assigned at birth and their gender identity

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participants overall had attempted suicide at least once and 25% had attempted suicide more than once.

In 2008, 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, and 16% had attempted suicide in the past 12 months.

Locally, stakeholders commented that trans people are over represented in groups to support people at risk of suicide.

### 7.3.4 Mental health and wellbeing of children and young people

Interim findings from a recent research study<sup>26</sup> found that trans young people under the age of 26 in England were twice as likely (48% vs 26%) as their non-trans peers to have attempted suicide within their life time, and four times (30% vs 7%) as likely to have done so in the last year.

A survey snapshot of Allsorts clients in early 2014 received responses from eight trans young people, each of whom had experienced mental health problems. While this is only a small sample, it suggests significant mental health and wellbeing issues, with reports of self-harming, and suicide being contemplated, in line with the national findings.

Data from Allsorts and from the 2013 Safe and Well at School Survey indicated that children and young people who don't (always) identify with the gender they were assigned at birth were more likely to self-harm than other pupils.

### 7.3.5 Reasons for mental ill health

Participants in local research (such as Count Me In Too<sup>12</sup> and the 2014 community research) stated that mental health difficulties do not necessarily arise directly from gender identity, but are related to the responses and attitudes they experience as a trans person.

*"Being a trans person in a society which has little awareness or acceptance of trans issues, has an extremely negative impact on trans people's mental health."* (community research)

Focus group participants described how these experiences can take its toll:

*"It's not surprising that so many of us have mental health issues. It's because of what we have to deal with on a day-to-day basis, and if they want to make a difference, they need to imagine they are put in our shoes for one day or a week. You take an average person off the street... ninety-nine per cent would probably go under. So we need all the support we can get."* (focus group participant)

Others described how experiences of insecure housing had a negative impact on health:

*"Sofa surfing... I've been forced into living in situations where or like staying with people where I really didn't feel comfortable at all being open about my gender or sexuality. .... it definitely had quite a bad impact on my mental health".* (focus group participant)

Importantly it was reported that waiting times and delays in accessing NHS gender identity services have a detrimental impact on mental health. In the community research, of those that had accessed these services 78% (n. 54)



reported that they had experienced delays. Of these more than half reported negative impacts on mental health (n. 29), including depression, anxiety, stress, self-harm and suicidal ideation/attempts.

### 7.3.6 Promoting mental health and wellbeing

A national toolkit to support nurses (primarily school, practice and A&E nurses) in improving skills and knowledge in understanding mental health and supporting suicide prevention approaches in trans young people was published in 2015 (see Table 3). This identified risk and protective factors in trans young people and provide pointers to designing interventions to improve their mental health and wellbeing.

**Table 3 Risk and protective factors for suicide in young people (PHE/RCN 2015<sup>27</sup>)**

<b>Risk factors (general population)</b> <ul style="list-style-type: none"> <li>• gender (men &gt; women)</li> <li>• mental illness</li> <li>• lack of social support</li> <li>• sense of isolation</li> <li>• loss of a relationship</li> <li>• alcohol and drug misuse</li> <li>• treatment and care received after making a suicide attempt</li> <li>• physically disabling or painful illnesses, including chronic pain</li> <li>• suicide attempts by acquaintances</li> </ul>	<b>Protective factors (general population)</b> <ul style="list-style-type: none"> <li>• access to effective care</li> <li>• restricted access to lethal means</li> <li>• community support</li> <li>• coping skills</li> <li>• strong family connections</li> </ul>
<b>Additional risk factors in trans young people</b> <ul style="list-style-type: none"> <li>• psychosocial stressors associated with gender nonconformity</li> <li>• discrimination and transphobia</li> <li>• dropping out of school</li> <li>• bullying</li> <li>• family problems</li> <li>• homelessness</li> <li>• psychiatric disorders</li> </ul>	<b>Additional protective factors in trans young people</b> <ul style="list-style-type: none"> <li>• access to inclusive care</li> <li>• community and school support</li> <li>• strong relationship with family and friends</li> <li>• increase self-esteem levels</li> </ul>

Evidence suggests that transition can have a positive impact on mental wellbeing in the long term. Three in four respondents in the 2012 Trans Mental Health Study<sup>25</sup> who had transitioned felt their mental health had improved and that suicidal thoughts and actual attempts had reduced greatly after transition.

In 2014, *Happiness, the Brighton & Hove Mental Health and Wellbeing Strategy*<sup>28</sup> identified trans people as being at greater risk of mental health problems, and in 2015 Public Health supported the development of peer support groups, provided by the Clare Project for adults and by Allsorts Youth for young people. These groups aim to provide a safe space to discuss mental health and other issues, and can signpost to other local sources of support and help in a crisis.

### 7.3.7 NHS mental health services

Generally, participants felt that services were not meeting the needs of trans people and were difficult to access:



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*"A continuum of emotional, social & mental support is needed - from universal services through to specialist" (stakeholder)*

Some positive experiences of statutory services were cited. For example, one participant reported the support they had received from a counsellor since coming out as trans:

*"I've started seeing a counsellor now that I'd seen beforehand actually some years ago.... I've got a different name now and the person was very good about that actually. They've not batted an eyelid. They knew me as a completely different name, different pronouns and all this kind of thing. And now they're meeting me again and they've not really missed a beat". (focus group participant)*

However a greater number of survey respondents reported negative than positive experiences of mental health services. Negative experiences described included:

- services conflating service users' trans identities and mental health issues. This echoes the national Trans Mental Health Study<sup>25</sup> which found that in mental health services:
  - 29% of respondents felt that their gender identity was not validated as genuine, instead being perceived as a symptom of mental ill-health.
  - 17% were also told that their mental health issues were because they were trans, when they disagreed and saw them as separate.
- concerns that a mental health diagnosis is a "diagnosis of exclusion" for accessing Specialist Gender Identity Services. This was also raised stakeholder interviews: there is a perception that one diagnosis blocks gaining a diagnosis in the other.
- fears of being labelled mentally ill or a lack of awareness of trans identities (including non-binary identities).

Participants described long waiting times and limited access to services, for example:

*"It's impossible to access mental [health] services on the NHS. Impossible. I know trans people who've attempted suicide, they've been told that they will have support and then they don't have support, even though they were promised support. This is someone who has tried to kill themselves. If you can't get support when you've tried to kill yourself, when can you get support?" (focus group participant)*

Some respondents had resorted to accessing private mental health services because of problems they had experienced with the NHS services.

More training on trans issues for mental health professionals, including psychiatrists, was perceived by stakeholders to be a key requirement to improve services.

### 7.3.8 Community & voluntary sector mental health services

Stakeholders had identified the community and voluntary sector as a key local asset in supporting health and wellbeing by providing a safe space, drop ins, peer support, voice coaching and access to low cost psychotherapy.

In the community research, trans people that had used community and voluntary sector mental health services often reported more positive experiences, for example:

*"Services that I have been referred to at Mind and through the LGBT Switchboard have been exemplary"*

*"I've had particularly good experiences from MindOut, who ran a trans specific mental health group"*

*"I have accessed low cost psychotherapy through the voluntary sector (Mankind, Clare Project) - this was very helpful"*

*"I used to have peer mentoring with another transgender person to provide support and understanding through my transition" (focus group participants)*

However participants also voiced concerns including:

- lack of community and voluntary sector capacity and resources limiting what could be provided to individuals
- limited awareness of these services by clinicians, including GPs and A&E
- the dual role of social/support group and counselling service can make accessing these services problematic
- services are not available to help recovery in a crisis

A stakeholder suggested there was a need for trans community groups to have mental health awareness training.

## 7.4 General Practice

Trans people will have the same need for good quality primary care as the general population, however they may have a range of additional specific needs including:

- initial support around gender identity and making appropriate referrals to specialist services (a period in which they may be prescribed hormones and some patients may self-medicate with hormones)
- shared care while the patient is attending specialist gender identity services<sup>23</sup>
- long term needs, including screening and hormone related needs (including prescribing and information about side effects) .

The local community research survey found that:

- most (94%) respondents were registered with a GP
- respondents were registered with a wide range of GP practices in Brighton & Hove; there was no particular concentration in any specific GP surgery.

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- a lower proportion of respondents were satisfied with their GP than the general population (65% were satisfied or very satisfied, compared with 89% of all respondents to the 2013 City Tracker survey<sup>x</sup>).
- 19% had changed their GP in Brighton & Hove due to their GP's lack of knowledge of, or attitudes to, trans issues.

Participants highlighted the positive impact of good primary care. Some participants thought that there is a general awareness and acceptance amongst GPs because of the high representation of trans people locally:

*"My current GP was really nice when I went to her after my surgery, she checked in with me and congratulated me, and was very pleasant, giving me the time to talk about how I felt about it all and the results.....She understood my history without making me feel like an alien who had to explain myself."* (focus group participant)

*"As my GP had had previous trans patients, he had all the appropriate knowledge and was able to treat me with confidence. The practice nurse staff are also similarly experienced. Having health professionals who know what they are doing is invaluable."* (community survey respondent)

However in the survey more people spoke of negative than positive experiences, of which the most common examples were:

- a lack of knowledge (n.26)
- having to educate their GP (n.10)
- being misgendered (n.9)
- having to change GPs (n.8)
- problems changing names or records (n.6)
- problems with administrative and reception staff (n.5).

Problems were described relating to referrals for specialist gender identity services and the rights of trans people:

*"They make statements that they've got no substance. My first GP was similar. I said, 'Can I get help on the National Health Service with this gender problem?' the first GP I had in Brighton. 'Oh no. No. You'll never get anything. They won't do that. You'll have to virtually prove that you're a nutcase, that you're so mad', which is totally wrong."* (focus group participant)

Stakeholders (statutory and voluntary sector) considered that GPs' knowledge and the variability between general practices was a key local issue, and that better information and guidance for GPs is required. It was suggested that training for primary care, in particular to improve GPs' clinical knowledge, was a need. Training was provided locally in 2014 by the LGBT Health Improvement Project which focused on general trans awareness. While participating in interviews for this needs assessment, specialist clinicians at the Nuffield Hospital

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<sup>x</sup> Generally respondents to the trans community research reported lower satisfaction with health services than trans respondents to the City Tracker survey. For example 82% (23/28) of trans respondents reported that they were fairly or very satisfied with their GP compared with 65% of respondents to the community research.

and the Tavistock Gender Identity Development Service offered to be involved in providing clinical training in Brighton & Hove.

In relation to medical records, national clinical guidelines<sup>23</sup> state that once patients formally change their names and style of address, all GP, gender identity clinic, hospital and NHS records should be amended to reflect this change. Some guidance for GP practices has been issued by the NHS to support this process<sup>29</sup>. However community research suggests that some GP practices are not implementing this practice:

*“Unfortunately he told me that I can’t change my name and gender marker on my record, which turned out to be untrue.” (community survey respondent)*

*“When I legally changed my name - I took my papers to the GPs to change my details on the system. They said they couldn't change my name because they weren't allowed to due to my legal sex. They changed my name to a shorter version of my birth name (not my legal name) and kept my title as 'miss'. A few weeks later I took my documents back to ask again and they said they would change it for me. The next time I went they called out my birth name with the title 'miss' in front of the reception to call me in - and my prescriptions had "miss" with a mixture of my birth name and my legal name on them. The third time I went back they changed it for me after I pressured them lots. However they wanted to put my gender as female (even though I identify as male). After I contested this they put it down as n/a.” (community survey respondent)*

The importance of ensuring all practice staff, including reception staff, have sufficient awareness about trans issues was highlighted. This is important to ensure patients are treated with respect (including using their preferred gender identity), that patient records are maintained and updated as appropriate and patient confidentiality is maintained. For example:

*“Like when I phone up, they got my name wrong. I took my deed poll in to get my name changed and the woman’s like, ‘This may be a stupid question, but it’s still Sir isn’t it?’ And I’m stood there like, Mary, marvellous stood in a dress [laughter]. I was like, ‘That is a stupid question. No. It’s not.’ And then she was like, ‘Oh sorry. I needed to check’” (focus group participant)*

### 7.5 Other health services

In the community survey, trans respondents who had an opinion of health services, were generally less satisfied than all respondents to the City Tracker surveys. For example:

- **hospital services:** 65% (n.50) are satisfied/very satisfied, compared to 85% of all respondents in 2013 City Tracker data. (21% (n. 16) of trans community survey respondents were dissatisfied/very dissatisfied)
- **community health services:** 50% (n.14) are satisfied/very satisfied (32%, 9 people, were dissatisfied/very dissatisfied)

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- **dentists:** 61% (n.53) were satisfied or very satisfied with dentists compared to 85% of all respondents in the City Tracker survey (25% (n.17) of trans community survey respondents were dissatisfied/very dissatisfied)
- **community pharmacies/chemists:** 79% (n.61) were satisfied or very satisfied with compared to 96% of all respondents in the City Tracker survey (8% (n.6) of trans community survey respondents were dissatisfied or very dissatisfied)

With regard to community pharmacies, some focus group participants highlighted negative experiences, including prescriptions not being filled without checking with GPs and misgendering trans people in humiliating ways, for example:

*"I'm now Dave and all my stuff's under Dave and you'll find the prescription under Dave. .... She went out the back and she was going, 'Can someone ring the doctor for this young lady over here?' And I went, 'Excuse me. I'm not a young lady. I'm transgender. Please use male pronouns.' She went, 'I didn't know', and then she ran off carried on saying, 'young lady', really loudly" (focus group participant)*

Others reported problems having their prescriptions fulfilled including pharmacists contacting GPs and making inaccurate comments:

*"Once I had started to look more masculine and changed my title to 'Mr' the chemist really embarrassed me and said it was illegal to use these as hormones, thinking I was MTF and was really confused and I was just not confident enough to assert myself. Despite the prescription being signed off by my GP who knew what she was doing. (community survey respondent)*

Some community research participants shared experiences of health services that demonstrated a lack of respect:

*"I heard the paramedics say 'that's not a female' and laugh out loud at my appearance, pointing out things that clearly made me not a woman." (community survey respondent)*

*"It's respecting people's privacy and dignity and recently I've heard of this year a trans women identifies as female, has been living a life as a woman for the last five years, was taken into A&E ....but ended up... with curtains drawn round being called he because she had a penis. (focus group participant)*

*"Despite my medical records having been updated and the hospital having me in a female ward, I was very distraught when the blood bag had a male gender marker on it" (community survey respondent)*

Training is seen to be central to improving trans people's experience of care, including hospital services:

*"More education and understanding of basic trans identities, knowledge of the medical pathways and options open for trans people to access medical treatment. General equality training would be useful as well." (community survey respondent)*

*“More training, more education, more knowledge for medical staff. Going to hospital is scary, and when the doctors and nurses who treat you are ignorant on trans matters it makes it so much worse.”* (community survey respondent)

Some action has been conducted in local NHS Trusts and it is not intended for this needs assessment to reflect everything that has been done. An example is the work conducted by South East Coast Ambulance Service who, after identifying trans as one of three key priorities for improvement, worked with the Gender Identity Research and Education Society (GIREs) and developed a staff policy and guidance for frontline staff and emergency call centres.

### Action conducted since the Trans Equality Scrutiny Panel

Table 4 below highlights action conducted on the basis of the findings and recommendations from the 2013 report. This information was provided by the CCG and NHS England in January 2015.

**Table 4. Recommendations from the Trans Equality Scrutiny Panel on health and wellbeing**

Summary of Scrutiny Actions	Summary of update by CCG and NHS England Jan 2015
5. NHS England to provide guidance on storage of personal information	Update not available
6. Clinical Commissioning Group (CCG): programme of trans awareness training for all CCG and GP practice staff.	Training event for CCG clinicians and Governing Body; session on trans awareness at the Locality Meeting (attended by all Practices in the city April 2014); Bespoke training sessions open to all GPs and Practice staff in the city (June 2014).
7. GP check-in to remove the need to identify as Male or Female on arrival at the surgery. Option to use a non-gender specific honorific or to decline to be provided on NHS systems.	It is up to each practice to individually make this change. Highlighted at GP training events for consideration. Some practices have already removed this requirement. NHS England will identify the relevant GP commissioning lead as this will enable further support and action.
8. CCG to ensure that all GPs in the city are fully aware of the appropriate care pathways for gender identity services and health needs of trans individuals. As part of this, GPs must ensure all their staff are trans aware and understand their role in supporting patients on the care pathway.	CCG intranet updated; further information for GPs on the trans care pathway (leaflet/CCG website) will be launched 2015.

### Recommendations: Health and wellbeing

#### **Health and wellbeing**

24. Brighton & Hove Healthy Weight Programme Board (including Sports Development) to consider how trans people's levels of physical activity can be improved.
25. Public Health to ensure Stop Smoking services are targeted at trans people.
26. Public Health and CCG to ensure trans community groups have access to mental health training.
27. Clinic T should review how the sexual health service is promoted to the trans community and data from the service (and other sexual health services) should be used to inform Public Health of the sexual health needs of the trans community.
28. NHS England or other commissioners should produce a resource for trans people and clinicians describing eligibility for health screening services.

#### **Health services**

29. NHS England should issue and promote best practice guidance for GPs, including regarding the collection and storage of personal information related to trans people.
30. NHS and CVS mental health services should ensure that they are trans inclusive.
31. The CCG should review:
  - access to mental health support in crisis and/or out of hours
  - access to counselling and CVS mental health service provision.
32. School nursing, GPs and the A&E Dept. at BSUH should consider implementing the national toolkit for nurses on preventing suicide in young trans people.
33. All General Practices should receive trans awareness training and the CCG should work with the Local Pharmaceutical Committee to improve trans awareness in community pharmacy staff.
34. The CCG and social care commissioners should consider how advocacy to support trans people to access health and social care services can be provided.

**Also:** A central source of information on health services for trans people should be provided (Recommendation 5).
35. NHS England should improve the quality and configuration of Specialist Gender Identity Services (SGIS) for the Brighton & Hove population:
  - Progress should be reported to the Health and Wellbeing Board.
  - Waiting times and achievement against national standards should be reported publically.
  - Services should be required to run service user groups.



- Services should take into account the needs of people with non-binary gender identities and from BME groups (see Section 8.4.3).
36. NHS England and the CCG should continue to consider what local action can improve the service pathway, including exploring the development of local specialised gender identity services as well as counselling services following referral.
  37. Brighton & Sussex University Hospital and CCG to explore the role of the local transgender endocrinology clinic, including confirming GP referral criteria.
  38. CCG to facilitate providing training and guidance for GPs in relation to hormone therapy and other clinical issues.
  39. CAMHS providers and commissioners should review the service pathway and ensure it is centred on meeting the needs of children and young people and their families.
  40. Healthwatch Brighton & Hove should monitor progress in improving the SGIS pathway and other health services for local trans residents.

## 8. SPECIALIST GENDER IDENTITY SERVICES

### Key findings

- More than half of survey respondents had been under the care of a Specialist Gender Identity Service (SGIS), most commonly Charing Cross. An increasing number are attending the Laurels, Exeter and there is significant use of private services.
- There is no longer a requirement for referrals to be made via local mental health services, although some trans people and clinicians are not aware of this change.
- 4 in 10 service users were dissatisfied or very dissatisfied with their experiences of SGIS, a similar level to nationally. Negative experiences reported by service users included waiting times and delays, administrative errors, travel distance, disempowerment and a lack of clarity about the care pathway. These issues were also reported by some stakeholders, including clinicians.
- Long waiting times are having a detrimental, often serious, impact on service users' mental health. Support, including counselling, for those waiting to attend a service is very limited.
- NHS waiting time standards for SGIS are not being achieved. Standards are not widely publicised and reporting is difficult to obtain.
- Community members and stakeholders have expressed the need for more local services. Specialist clinicians have cited issues that would need to be considered.
- The service pathway for children and families is fragmented and could be more joined up. The roles of different providers are not well understood (including by clinicians). The services have practical proposals for how services could be improved.

### 8.1 Note on this section

This section of the needs assessment focuses on how the specialist gender identity pathway operates for the Brighton & Hove population and reports the experience of patients and other stakeholders. It is not intended to include a comprehensive description and/or evaluation of the specialist gender identity services pathway or of the evidence base underpinning services.

To provide evidence for this section a series of interviews with specialist clinicians were conducted at Charing Cross Gender Identity Clinic, Nuffield Hospitals, Woodingdean, Tavistock Gender Identity Development Service and Sussex Partnership NHS Trust (CAMHS Tier 3).

National guidelines<sup>23</sup> highlight the vital role of GPs in delivering collaborative care while the patient is attending specialist gender identity services so this section should be considered alongside those on healthcare in Section 7.

### 8.2 National service pathway

People seeking expert support for gender identity concerns, including medical transition, are referred to Specialist Gender Identity Services (SGIS).

Their purpose is:

*“to provide assessment, care and treatment for people affected by concerns regarding gender identity, role and/or expressions that differ from the cultural norm for their birth assigned sex” (NHS England).*

There are seven SGIS for adults in England including two in southern England: the West London Gender Identity Centre at Charing Cross Hospital, Hammersmith ("Charing Cross") and The Laurels in Exeter. There is one service for children and young people, the Gender Identity Development Service at the Tavistock Centre. This pathway is considered later in Section 8.6.

Key documents describing the evidence base and best practice for SGIS include:

- *World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People (2011)*. The WPATH standards state that “being transsexual, transgender, or gender non-conforming is a matter of diversity, not pathology”.
- *UK Intercollegiate Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria (RCP 2013)*

An Interim NHS England Gender Dysphoria Protocol and Guideline was published in 2013 which aimed to address the inequity of access to gender identity services across England<sup>30</sup>.

The current approach to treatment remains centred on a diagnosis of gender dysphoria made by two independent qualified clinicians.

In line with WPATH and UK guidelines, the Interim Protocol removed the requirement for patients to be referred via local mental health services. The local community research and interviews identified that many trans people, clinicians and other stakeholders were not aware of this change in the pathway. This misconception could lead to miscommunication and delays in the pathway of care with detrimental impact on local trans people seeking support (see later in this section).

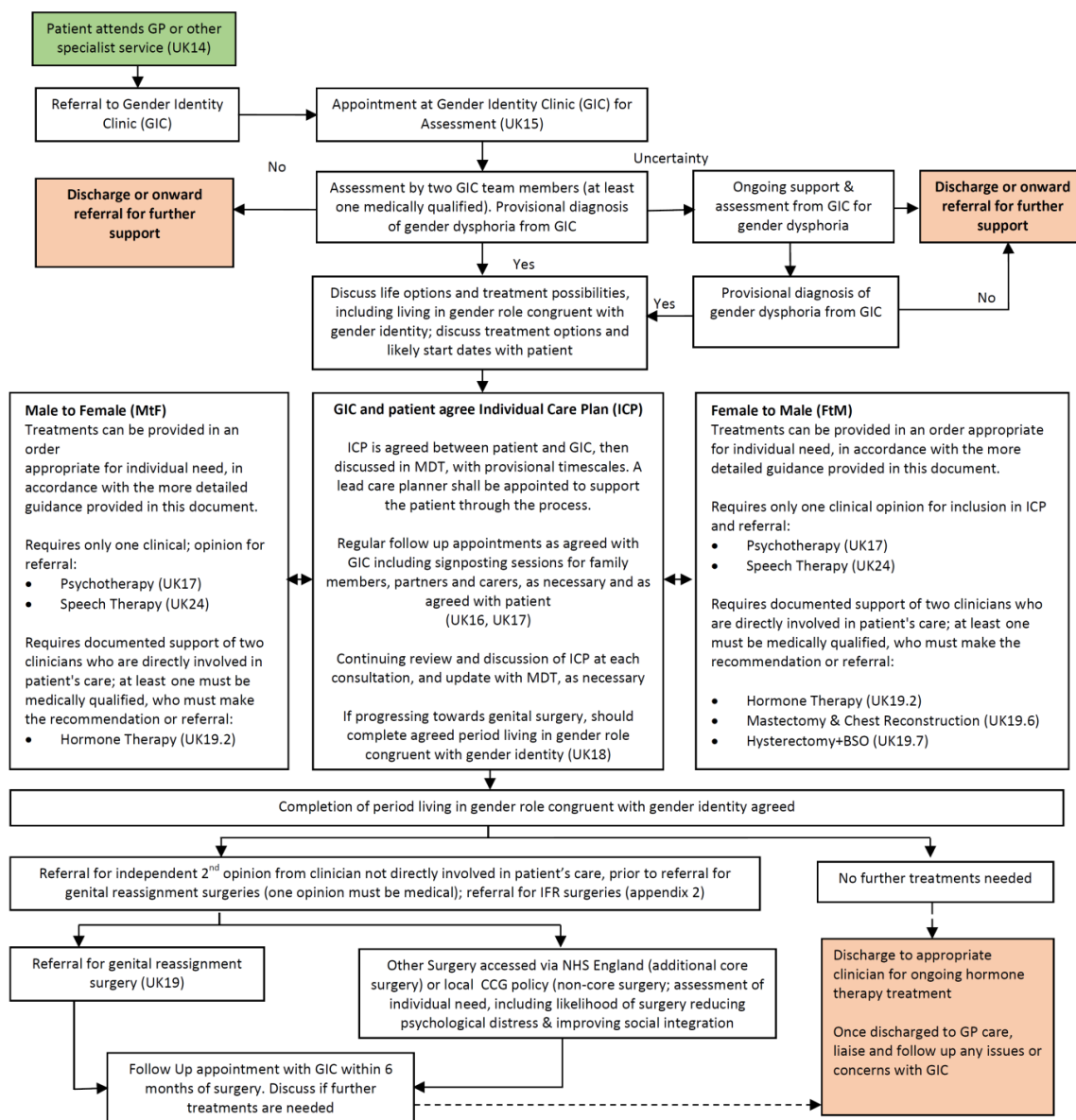
Services are consultant led, multi-disciplinary and include:

- assessment (clinical, psychological and diagnostic)
- endocrinology assessment and treatment
- referral for surgery
- other services / referrals including counselling, speech and language and hair removal

Individual needs, and the subsequent treatment plan agreed for patients, vary greatly, however the standard treatment flowchart is shown in Figure 1.

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Figure 1: NHS England Service Pathway, April 2015



### 8.3 Draft Clinical Commissioning Policy and Service Specification 2015

In April 2015 NHS England consulted on a revised policy and service specification for Specialist Gender Identity Services. These have been developed by a national clinical reference group<sup>y</sup> and, when finalised, will replace the interim protocol. They specify a service model based on clinical networks (currently based around the existing seven national centres). The draft documents suggest that services will have to meet service standards and will be monitored against a set of service wide outcomes, including patient satisfaction and patient centred outcome measures.

<sup>y</sup> <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-c/c05/>

## 8.4 Use of Specialist Gender Identity Services by Brighton & Hove residents

In the community survey 55% (n. 63) of respondents reported that they have been under the care of a gender identity clinic (GIC). The majority of those who have used a gender identity clinic were NHS patients (72%, n. 44), with 25% (n. 15) having used both NHS and private services. The majority of these had been seen at Charing Cross.

**Table 5. Community research survey respondents' use of Gender Identity Clinics**

Clinic	No	%
Charing Cross GIC (NHS)	47	75%
Transhealth (Private)	10	16%
The Laurels, Exeter (NHS)	6	10%
Tavistock & Portman (NHS service for children and young people)	2	3%
Gender Care (Private)	2	3%
London (n/k)	2	3%
Others (<2)	2	3%

Note: some participants had accessed more than one service so the figures add up to more than 100%.

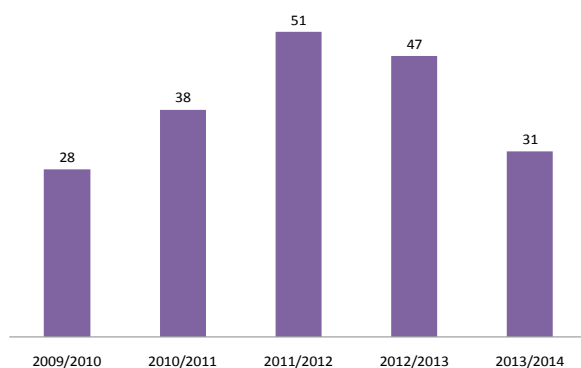
Since the introduction of the 2013 interim protocol, adults referred to SGIS have been offered a choice of services. Local stakeholders and clinicians perceived that recently a greater proportion of local residents are being seen at the Laurels, Exeter due to shorter waiting times and other factors.

### 8.4.1 Characteristics of patients attending Charing Cross Gender Identity Clinic

As part of the needs assessment, the Charing Cross GIC service provided data on their Brighton & Hove caseload. At March 2014, 124 Brighton & Hove residents were attending the service, which was similar to the previous year when the figure was 126. This represented 4% of the clinic's caseload of around 3,150.

Figure 2 indicates that between May 2009 and March 2014 there was an average of four new referrals per month of patients from Brighton & Hove. The trend in referrals peaked in 2011/12 when there were 51 new referrals. (Note: data on referrals for April 2009 and March 2014 were not available so figures for 2009/10 and 2013/14 are for 11 months).

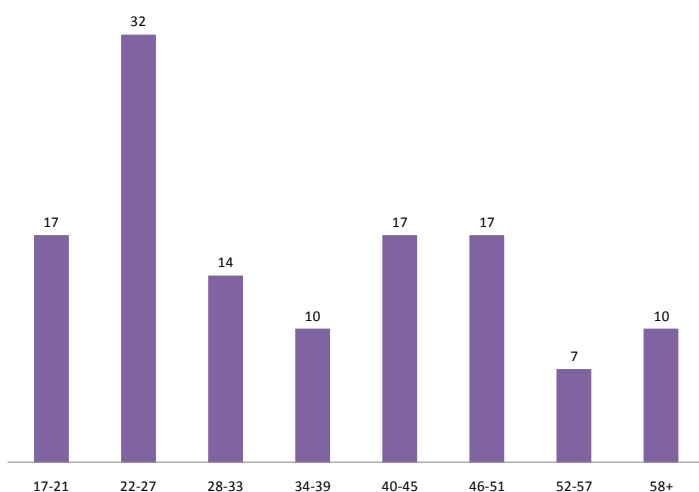
**Figure 2. Brighton & Hove referrals by financial year, 2009/10 to 2013/14 at Charing Cross Gender Identity Clinic**



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Patients across a wide age range were accessing the service although, as shown in Figure 3, there was a clear peak in the mid-20s age group.

**Figure 3. Brighton & Hove caseload by age, as at March 2014 at Charing Cross Gender Identity Clinic**



Clinicians from different services who were interviewed for this needs assessment were asked whether they perceived any changes in the population being referred and the following observations were reported:

- The average age at referral is reducing
- An increasing proportion are trans men
- There are more referrals of people with non-binary gender identities for top surgery.
- There was greater awareness of the additional needs of service users with Asperger's Syndrome.

### 8.4.2 Service user satisfaction

Research has highlighted high levels of user dissatisfaction with SGIS nationally. For example, a comprehensive national survey of 647 service users<sup>31</sup> reported:

- Long waiting times from referral to assessment
- Half of participants felt that care could and should be improved.

In the local community research, 51% (n. 31) were satisfied or very satisfied with their experiences of their Gender Identity Clinic, compared with 38% (n. 23) who were dissatisfied or very dissatisfied with their experience. This trend continues through being listened to (60% satisfied compared to 29%), feeling involved in decisions (51% satisfied compared to 30%) and feeling treated with respect (62% satisfied compared to 25%).

Some positive experiences of specialist services were described: of the 37 positive experiences of healthcare, eight related to their Gender Identity Clinic:

*"With the Gender Identity Clinic I would say that the experience was really positive, they were very helpful, and really kind and lovely people who seemed to genuinely respect and care about what I wanted and felt"* (community survey respondent)

However, many reported negative experiences. These related to a wide range of issues including waiting times and delays, administrative errors, travel distance, feeling disempowered and a lack of clarity around their care:

*"If you were to go for example to a hospital for diabetes care, everything is written down for you. .... Your voice is listened to within the Health Service. .... it's very user-led rather than service led. This is what we've got at the moment, is a very service-led provision."* (focus group participant)

*"I do not know what the process I am involved in looks like, no one can tell me, not the gender clinic, or my GP"* (community survey respondent)

Local clinicians commented that there is confusion regarding aspects of the pathway amongst both clinicians and service users.

### 8.4.3 Views of patient groups with specific needs

Some community research participants commented that some groups of people had specific needs, for example, those with non-binary identities and those from black and minority ethnic groups.

It has been argued that the 'one size fits all' approach has meant that trans people who articulate the current medical understanding of gender dysphoria are treated more favourably than those with non-binary gender identities<sup>32</sup>. This was echoed in the community research which found that some people feared that their non-binary identity limits access to services:

*"Gender identity services don't include non-binary trans people and they should"* (community survey respondent)

*"This doctor (that) had not been open to any talk of non-binary identities"* (focus group participant)

National clinical guidelines<sup>23</sup> highlight that services need to be flexible to ensure the diversity of needs relating to gender identity are met:

*"There is growing recognition that many people do not regard themselves as conforming to the binary man/woman divide. This will affect their treatment choices. .... Therefore, not all of these elements of treatment will be necessary or desirable in every case, nor will their sequencing conform rigidly to a standard pattern."*

Some community research participants expressed their concern about the lack of knowledge and support for trans people of colour. One example cited by a participant was their fears about the potential impact of top surgery on skin tone, and clinicians' understanding of this issue.

### 8.4.4 NHS England waiting time standards

In January 2015, NHS England stated that waiting times at first referral and for surgery are key issues in the supply of SGIS. In a letter to Healthwatch England it was confirmed that

*"people accessing gender identity services have a legal right under the NHS Constitution to be seen within 18 weeks of referral"*<sup>z</sup>

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<sup>z</sup> NHS England. [www.uktrans.info/18-week-confirmation](http://www.uktrans.info/18-week-confirmation)



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As described above, most Brighton & Hove residents attending SGIS attend the Charing Cross Hospital Gender Identity Clinic. The average waiting time for first appointments at this service in February to April 2015 was 52 weeks (this is for all patients, not specifically for Brighton & Hove residents). At the end of April 2015 there were 1,359 patients on a waiting list for a first appointment at the service.<sup>33</sup>

An impact of these long waiting times has been the retention of the care of some people aged over 18 years within the children and young peoples' service at the Tavistock (often for many years) when they would have been expected to be attending adult services. Clinicians commented that that this delay was frustrating for young people who wanted to transition between leaving school and starting further education but who could not now be referred to surgery as they have not attended adult services.

With regards to accessing surgery, NHS England confirmed in 2015 that this should take place within 18 weeks of referral by a Gender Identity Clinic. However Table 6 indicates that, of 26 community survey respondents, just one patient reported that they had waited less than 18 weeks for surgery, while ten out of 26 (38%) had waited for more than one year. In May 2015 it was reported in the national press that the waiting time for surgery for patients attending the Charing Cross clinic was 102 weeks<sup>aa</sup>.

**Table 6. Waiting times for surgery reported by community research survey respondents**

Waiting time	No.	%
Less than 18 weeks	1	4%
18 weeks – 6 months	3	12%
6 months – 1 year	12	46%
1 year+	10	38%

### 8.4.5 Patient experience of waiting times and delays

Waiting times were a key concern of community members, stakeholders, and clinicians. These related to waiting times from referral to assessment (first appointment), delays in accessing hormones, and waiting times from surgery referral to surgery.

78% of community research participants who had undergone medical transition reported delays in their care:

*"It took two years to get a referral and it has been another three years and I haven't had surgery yet. I do not even know if the funding has been found"* (community survey respondent).

*"It's killer. Just the wait times and you feel like you're going nowhere."* (focus group)

*"It takes forever to get referrals to the gender identity clinic, then it takes forever to get the various appointments needed at the GIC."* (community survey respondent).

A number of survey respondents described how miscommunication and NHS administrative errors had contributed to long waiting times:

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<sup>aa</sup> <http://www.theguardian.com/society/2015/may/20/nhs-treats-transgender-people-as-second-class-citizens-says-watchdog>

## Specialist gender identity services

*"I had a 2-3 month delay when a letter from the mental health team to my GP went missing. It's a really long wait anyway, so the extra time is really unhelpful. "*

*"I had miscommunication from my doctor, and Charing Cross, which held me back months on starting hormones"*

*"Inexperience from my GP - sent referral to wrong place"*

*"After missing an appointment I lost contact with Charing Cross [GIC] due to having to change address/surgery and I appear to have been lost in the system."*

*"Turns out if you move home at any point during the waiting list period, you are sent straight to the back of it"*

*"I have come to expect delays. When waits are known, it is not so bad. When they are unnecessary or unplanned they can be devastating"*

(community survey respondents)

The impact of delays in the pathway included:

- more than half described negative effects on their mental health, including depression and suicidal ideation/attempts.
- one in four reported financial implications, including turning to private healthcare.
- self-medication of hormones.

Trans people and other stakeholders commented on the lack of support for people while they are waiting to be seen for their first appointment. Service needs during this period may include counselling and more guidance on hormones including how to manage the risks from self-medicating with hormones. National clinical guidelines<sup>23</sup> note the implications for GPs:

*"(delays in presentation) and the anticipated delay in obtaining treatment on the NHS have led to increasing numbers of people self-medicating. Hormones and hormone-blockers are readily available via the internet. The medical practitioner or specialist must consider the risks of harm to the patient by not prescribing hormones in these circumstances. The WPATH standards of care suggest the prescribing of a 'bridging' prescription on an interim basis for a few months while the patient is referred to a gender specialist and an endocrinologist.*

### 8.4.6 Service user engagement and involvement

Services used by local residents were asked how they sought feedback from, and involved patients, in service provision. Charing Cross GIC confirmed that:

- Service user satisfaction data is routinely collected.
- Service representatives met regularly with London trans groups to increase community understanding of the service and pathway. The service reported that these meetings were well attended and were beneficial; however it does not currently have equivalent links with Brighton & Hove community groups.
- There was not currently a service user group.

NHS England commented as part of the January 2015 update on the Brighton & Hove Trans Equality Scrutiny Panel action plan<sup>10</sup> that trans people are able to feed into the design and delivery of SGIS through the national Clinical Reference Group (CRG),

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feedback to individual services (which is monitored by NHS England) and via Healthwatch.

### 8.5 Local specialist services

#### 8.5.1 National policy

The national Interim Gender Dysphoria Service Protocol and Guideline highlights that there is the potential to develop different models of care than currently provided, however they will be required to meet specific standards of clinical governance:

“NHS England may commission a SGIS from providers able to deliver the range of multi-disciplinary services described in this document, and offer effective and high-quality care for gender dysphoria. Historically, such services have been single-centre, consultant-led, multidisciplinary teams but other models, for example multi-centre, multi-disciplinary clinical networks involving General Practitioners with special interest in gender dysphoria, are not excluded. However, it is a requirement that both single-centre and multi-centre clinical network providers:

- Have an effective multi-disciplinary team (MDT) that meets regularly, either in person or through electronic communication
- Deliver patient care that is based upon individual care plans that are agreed and reviewed by the provider’s MDT
- Are able to offer the complete range of multi-disciplinary services described in this document
- Are able to meet team member training and quality standards that will be determined from time to time by NHS England.”

#### 8.5.2 Views of trans people and stakeholders on the need for a local service

Some trans community members have argued that a SGIS or a satellite service of an existing SGIS should be established locally. The 2013 Trans Equality Scrutiny Panel report<sup>1</sup> recommended that a feasibility exercise should be conducted by NHS England and Brighton & Hove CCG to commission a Gender Identity Clinic to provide a satellite service to operate from Brighton & Hove.

Participants in all focus groups said that trans people attending the Charing Cross service had experienced distress, with concerns including waiting times and the financial and time impact of travel.

*“Charing Cross has an enormous catchment area. I mean the whole London trans population and the Brighton population of trans people and all of the people in the southeast. The numbers are enormous and it’s not working for people.”* (focus group participant)

*“We need a gender clinic in Brighton. The wait for Charing Cross is far too long. We need support by a local service which we can access easily if we cannot afford trains etc. The positive effect on local trans people of knowing that their city cares about their needs and is willing to look after them in their home town would be immeasurably positive.”* (community survey respondent)

Community members, stakeholders and specialist clinicians, suggested that there is significant specialist clinical expertise locally that could be harnessed to support the development of a service, for example the Nuffield Hospital in Woodingdean is a

surgical provider commissioned by NHS England for MtF lower and FtM and MfF top surgery.

There is also a transgender endocrinology clinic provided at the Royal Sussex County Hospital although it is not a comprehensive specialist service as does not have a complete multidisciplinary team. It sees patients for continuing endocrine care locally once patients have been assessed and treatment initiated at SGIS.

### 8.5.3 Views of clinicians on the feasibility of local specialist service

Specialist clinicians commented that there are issues or barriers that need to be considered. Most significantly it was felt that there is not currently a sufficient workforce locally to establish a standalone service, including the full multi-disciplinary team required by the NHS Interim Protocol.

Specific comments regarding the establishment of a satellite service cited including:

- concerns were expressed that a small satellite service won't meet the diverse needs of the caseload
- it was suggested that this would reduce access for local patients to the specialist endocrine, speech & language and counselling provided at Charing Cross
- the need to transport paper based patient notes between Charing Cross and a satellite clinic was reported as presenting a barrier to establishing a service
- it was suggested that it would reduce the efficiency of the Charing Cross service and there would be a detrimental impact on services for patients resident in other areas
- It was suggested that there is not a sufficient critical mass of service users to establish a satellite service in Brighton & Hove.

Looking to the future, varying views were expressed regarding the configuration of SGIS. One view expressed was that the trend in specialised services is towards fewer and larger centres of excellence. A contrasting view was that in order to address the increasing need and urgent capacity shortage for gender identity services, NHS England will need to develop more regional services.

## 8.6 Services for children, young people and families

### 8.6.1 Services considered in this needs assessment

The **Brighton & Hove Tier 3 Children and Adolescent Mental Health Service (CAMHS)** (Sussex Partnership NHS Trust) is a specialist multidisciplinary team service, dealing with issues too complex to be seen by specialist primary mental health workers. Although Tier 3 CAMHS is for complex mental health issues, the service recognises that gender identity issues are not a mental health condition.

The service receives approximately eight referrals every six months that may then be referred onto the Tavistock and Portman service (plus they provide advice to a further four families every six months). Referrals are mainly received from GPs, occasionally schools or children's social services.

The **Gender Identity Development Service (GIDS)** (Tavistock and Portman NHS Trust)<sup>34</sup> is a national specialised service commissioned by NHS England and based in North West London. The service sees children and young people who are experiencing difficulties in the development of their gender identity.

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Referrals are usually made via local CAMHS Tier 3 (see above), although some younger children are referred directly. Due to local CAMHS waiting times the service prefers a concurrent referral.

The service conducts an assessment over a six month period during which the family is seen 4 to 6 weekly, including one outreach visit, then every two months.

The service has experienced a dramatic year on year increase in new referrals and caseload. There were 468 referrals in 2013/14 (compared with 97 in 2009/10). The service had a caseload of 674 service users in 2013/14 (compared with 160 in 2009/10). In 2013/14, 9 service users (1.3%) were from Brighton & Hove.

### 8.6.2 Service pathway for children and young people

Both providers interviewed commented that the pathway for children and families is fragmented and could be more joined up, and that the roles of different levels of the CAMHS services could be better understood (including by CAMHS services themselves).

Services reported that some young people question why they have to be referred via Tier 3 CAMHS:

*“Tier 3 is for complex (mental health) issues. This labels gender identity as a mental health issue, which is counter to national guidance and research”. (service provider)*

Different providers agreed that there would be value in bringing together CAMHS, primary care, schools, Allsorts and service user representatives to clarify and review the local pathway. It was commented that services for Chronic Fatigue Syndrome had conducted a similar exercise and this had been helpful:

*“If you have a pathway you will gain interest to inform improving the service” (service provider)*

The important contribution of Allsorts in supporting young people and families locally was highlighted. It was commented that Tier 2 services have a very important role, including work conducted with schools, but this could be strengthened locally.

Despite the availability of these services a number of stakeholders expressed that there was a lack of specialist counselling for trans children and young people, especially for under 11s.

A positive development in 2015 has been the establishment by the Tavistock Gender Identity Development Service (GIDS) of a regular clinic in Brighton & Hove. This takes place every six weeks at Allsorts. The service has described the benefits as including reduced travel time for families, less time off school/college for children & young people, enabling links with Allsorts for families and professionals and improved joint working between professionals from different local agencies.

The Tavistock GIDS reported that their experience of working with Brighton & Hove schools was very good. However neither they nor Tier 3 CAMHS respondents were aware of the Brighton & Hove Trans\* Inclusion Schools Toolkit<sup>35</sup> (this was circulated subsequent to the interviews).

Training for professionals working with children and young people with gender identity issues (beyond basic trans awareness training) was highlighted as a need.

## Specialist gender identity services

Development of a clearer pathway and a local presence for the Tavistock service could facilitate this. There was a need for more in depth knowledge and skills:

*“There is an expectation that Brighton & Hove is progressive but that means it can often be complacent”* (service provider)

### Actions conducted since the Trans Equality Scrutiny Panel

Table 7 below summarises action conducted on the basis of the findings and recommendations from the 2013 Trans Equality Scrutiny Panel review.

**Table 7. Recommendations from the Trans Equality Scrutiny Panel on Specialist Gender Identity Services**

Summary of Scrutiny Action	Summary of update Jan 2015
4. There should be a local Brighton & Hove professional within NHS England to ensure the views of the local trans population are fed into those who commission services.	Trans community are able to feed into the design and delivery of specialist gender identity services as follows: <ul style="list-style-type: none"> <li>• Through the national Clinical Reference Group (CRG). A local trans rep has applied to join this.</li> <li>• Feedback of services made to the provider is monitored by the commissioner.</li> <li>• Healthwatch</li> <li>• LGBT HIP</li> </ul>
9. Patients and others will need access to information about the gender identity care pathway.	CCG have commissioned production of supporting information for GPs regarding the trans care pathway.
10. The CCG should set up a feasibility study and pilot to develop a central Brighton practice as a centre for GPs with special interest in gender identity healthcare. This should ensure best practice is developed and meets the needs of patients undergoing gender identity transition.	This is seen as difficult to implement. More important is to ensure as many GPs as possible are given basic training and awareness information as in recommendation 6.
12. A feasibility exercise should be conducted by NHS England and the CCG to commission a Gender Identity Clinic to provide a satellite service to operate from Brighton & Hove.  CCG should also show it is being proactive in bringing influence to bear to ensure improvements are made in Gender Identity Clinics.	The CCG is discussing with NHS England whether a Gender Identity Clinic satellite service can operate for Brighton & Hove.

### Recommendations: Specialist Gender Identity Services

41. NHS England should improve the quality and configuration of Specialist Gender Identity Services (SGIS) for the Brighton & Hove population:
- Progress should be reported to the Health and Wellbeing Board.
  - Waiting times and achievement against national standards should be reported publically.
  - Services should be required to run service user groups.
  - Services should take into account the needs of people with non-binary gender identities and from BME groups (see Section 8.4.3).
42. NHS England and the CCG should continue to consider what local action can



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improve the service pathway, including exploring the development of local specialised gender identity services as well as counselling services following referral.

43. Brighton & Sussex University Hospital and CCG to explore the role of the local transgender endocrinology clinic, including confirming GP referral criteria.
44. CCG to facilitate providing training and guidance for GPs in relation to hormone therapy and other clinical issues.
45. CAMHS providers and commissioners should review the service pathway and ensure it is centred on meeting the needs of children and young people and their families.
46. Healthwatch Brighton & Hove should monitor progress in improving the SGIS pathway and other health services for local trans residents.



## 9. COMMUNITY SAFETY

### Key findings

- Trans people feel less safe outside in their local area and in the city centre than the general population, especially after dark.
- Hate incidents and crimes are widely experienced by trans people. Local survey data in 2007 found that over a quarter of respondents had experienced violence over the last 5 years, and almost four out of five had experienced verbal abuse.
- A high percentage of transphobic incidents or crimes go unreported.
- A majority of hate incidents experienced by trans people occurred in public places, and are perpetrated by strangers. However, incidents were also perpetrated in domestic settings by family members, and in shops, work and education settings.
- Domestic violence was reported by 63% of the community research survey sample. A need for a safe place for trans victims of domestic violence to go was identified.
- A high proportion of victims of sexual violence or abuse did not feel comfortable with using generic services as a trans person, especially if they were advertised 'for women' or 'for men'.
- There was felt to be a need for a better understanding of the needs of trans people by domestic and sexual violence services.
- 31% of community survey respondents felt that police services for trans people had improved over the last five years compared with 13% who did not think they had improved.
- Respondents to the community survey who had reported incidents to the police related that they had had more negative than positive experiences. There were more positive reactions to encounters with LGBT specialist support services, than with generic services.
- Stakeholders reported unsuitable custodial arrangements for trans people (young people and adults).
- Suggestions for helping trans people feel safer included training bus drivers, poster campaigns to familiarise the general population with the presence of trans people in public spaces, improved police presence and gender-neutral toilets.

The community research found that trans people living in Brighton & Hove generally find the city to be relatively 'trans friendly'. However, many trans people experience frequent incidents of abuse and crime and don't feel safe.

Trans community members in the community research highlight a wide range of transphobic incidents and crime:

*"[There are] loads of difficult situations I've [experienced] in public in Brighton, from the kind of less severe just being looked at, or [use of] the wrong pronouns, to people shouting really abusive comments. People really aggressively asking me what gender I am. People physically threatening me and sexually threatening me."* (focus group participant)

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*"I was attacked in my own home – I came home and there was somebody in my house. They beat the living daylights out of me." (focus group participant)*

As noted by stakeholders,

*"Many trans people feel they take their life in their hands when they walk down the street and are genuinely scared of being murdered."*

*"Transphobia is often mocking, verbal, hostile body language and non-verbal communication in nature, the recipient knows what is being done... but the cisgender community may not realise."*

### 9.1 Transphobic incidents and crimes

#### 9.1.1 Prevalence and trends

National research in 2007<sup>36</sup> reported that 72% of trans people had experienced some form of harassment in public spaces. This was particularly an issue for younger trans people (aged 21-25). Over a third of people in this study avoided going out for fear of harassment. Another national study in 2012<sup>25</sup> found that 38% of research participants had experienced physical intimidation and threats for being trans and 19% had been beaten up.

The 2007 Count Me In Too survey<sup>12</sup> in Brighton & Hove found that trans respondents were significantly more likely than LGB respondents to report experiencing a range of different types of hate incidents. For example, 26% of trans respondents report having experienced physical violence (compared with 11% of all LGBT respondents) and 79% verbal abuse (compared with 54% of all LGBT respondents) in the last five years.

Seven years later in 2014, the trans community research survey found fairly similar results (20% and 83% of respondents respectively). Indeed, only 14% said they hadn't experienced any sort of crime or abuse in the last five years, confirming that hate incidents for trans people remain common.

Whether a trans person was perceived to 'pass' seemed to be associated with the likelihood of abuse:

*"... a lot of people stare at you like you're something that is weird... and this is something that's common when people transition. I don't get that now. I'm very lucky. I think I've got passing privilege and that means that I get along much better." (focus group participant)*

Hate crimes are identified on police crime recording systems by means of the use of a 'flag' to indicate that a crime was motivated by gender identity. The flag for gender identity (and some other hate) incidents was introduced onto Sussex Police systems in 2011, although it is apparent that its full and proper use has taken some time to embed into police recording processes.

The number of police recorded transphobic crimes across England and Wales is on a rising trend reaching 555 in 2013/14 rising by 54% from the year before<sup>37</sup>. This rising trend is replicated in Brighton & Hove increasing from fewer than five crimes (0 crime related incidents) recorded in 2012/13 to nine (plus 4 crime related incidents) in 2013/14. It is difficult to know whether this increase is due to better recording by the police, an increasing tendency to report, or more incidents actually taking place.

The Community Safety Casework Team provides a service for victims of hate incidents and in 2013/14 fewer than five reports of transphobic incidents were made to them.

### 9.1.2 Location and perpetrators

Count Me In Too<sup>38</sup> found that trans people were more likely to experience incidents on the street and at LGBT venues than at other locations. The 2014 trans community survey found that 67% of respondents had experienced incidents on the street, 40% in a mainstream (non-LGBT) venue, 27% in the home, and 23% in an LGBT venue. These local findings align with a national survey<sup>41</sup> in 2011 which found that respondents feared most for their safety on the streets and when using public transport.

The 2014 community research survey found that 73% of respondents had experienced transphobic incidents perpetrated by strangers, 33% by family members, 26% by staff in shops, 23% by peers at school or higher education, 22% by an LGBT person and 21% by a colleague.

Interviews with stakeholders from the statutory and community & voluntary sector confirmed that abuse in public places is a big area of concern, but noted also that there were an increasing number of 'safe spaces' for trans people to meet.

Anecdotal information reported to the Scrutiny Panel<sup>1</sup> suggested that visitors to the city may be among the worst perpetrators of trans and other hate crimes which would suggest a need for publicity which will embrace all people accessing city services and facilities.

#### **Licensed premises**

The council's Statement of Licensing Policy supports both the council's inclusion policy and the community safety strategy and gives consideration to patterns of crime and incidents (including hate incidents), or discrimination within its licensing procedures.

The Licensing Policy states:

*"The authority expects that all licensees of on-licensed premises attend training programmes which will raise their awareness of the issues relating to ... violence in licensed premises, and that suitable training be extended to all bar staff and door supervisors so that ... that incidents of violence in licensed premises will be reduced"*

and

*"The location of violent attacks, anti-social behaviour and hate crime or related incidents may be used to justify closing times."*

Also

*"In line with statutory requirements and the council's Inclusion Policy, the Licensing Authority shall have due regard to the need to eliminate unlawful discrimination, and to promote equality of opportunity and positive relations between persons of diverse backgrounds, for example communities of interest such as: lesbian, gay, bisexual and transgender people; disabled people; racial and ethnic groups; religious and faith groups."*

#### **Safety in other settings**

The subject of harassment, bullying and feeling safe in schools, higher education and employment settings is discussed in Sections 6.4, 6.5 and 6.6 respectively.

### 9.2 Domestic and sexual violence and abuse

#### 9.2.1 Prevalence and impact

17% of respondents in a national Trans Mental Health Study in 2012<sup>25</sup> reported experiencing domestic abuse because they were trans. This study also found that 38% of respondents reported having been sexually harassed, 14% having been sexually assaulted and 6% raped.

The current community research survey found that 63% of respondents had experienced domestic violence (including emotional abuse, verbal abuse, physical abuse/violence and sexual abuse), which in many, but not all, cases were related to their trans identity. This aligns with local Count Me In Too study in 2007<sup>38</sup> which found that 69% (25/39) of trans respondents had experienced domestic abuse.

The impact of domestic abuse is reflected in the comments made by community survey respondents, for example:

*"I ended up locking myself up in my room 24-7 for almost 2 years. I only left my room to go to the toilet and eat, and only when she was not around."*

*"I cannot do anything about these things. There is no-one to help."*

*"... Just rejection and the emotional toll of it."*

(community survey respondents)

In 2011 the Brighton & Hove LGBT Domestic Violence Working Group put together a booklet<sup>39</sup> with information to help trans people experiencing domestic violence, with links to local organisations that can help.

#### 9.2.2 Services

The Scrutiny Panel report<sup>1</sup> noted that concerns around domestic violence for trans people included a lack of safe spaces for those who are homeless or suffering from domestic violence. If access to services was achieved, there was a concern that services may present difficulties for trans clients and that staff in refuges should be trained.

Stakeholder Interviews identified needs for a better understanding by domestic and sexual abuse services of the needs of trans people, and noted that there was no refuge service for trans men suffering domestic violence.

However, since these interviews were conducted, the council, in partnership with Brighton Housing Trust and RISE, have been successful in gaining funding for a 15 month pilot project to develop a refuge project for gay, bisexual and trans men.

Research by Survivors Network in Sussex in 2014<sup>40</sup> found that, of 42 trans survivors of sexual violence, only 22% accessed support services following an unwanted sexual experience. Feeling isolated, guilty or ashamed often prevented trans survivors, as other survivors, from seeking help. 91% worried that their gender identity would affect their experience of using the service, and 83% were uncomfortable about using a service advertised 'for women' or 'for men'. Most said they would find counselling, a drop-in or a helpline for trans survivors useful.

## 9.3 Reporting of hate crimes and services for victims

### 9.3.1 Reporting rates, experiences and confidence in services

In common with other types of hate crime, transphobic crimes and incidents often go unreported with the consequence that victims do not receive support and perpetrators go unchallenged. A large government survey<sup>41</sup> in 2011 found that around three-quarters of trans respondents (76%) had never brought a complaint to the police and nearly half of respondents (47%) cited police lack of understanding/sensitivity as being the greatest barrier to doing so.

Locally, Count Me In Too<sup>12</sup> found that trans respondents were more likely (51%) to report an incident of hate crime than non-trans respondents (24%). The LGBT Community Safety Forum's Trust and Confidence Survey<sup>42</sup> in 2013 found that 67% of all LGBT respondents who had experienced hate incidents due to their sexual or gender identity did not report the incident to anyone. The most common reason given for not reporting was a belief that the incident was not serious enough. 44% of respondents cited their failure to report being linked to a lack of confidence in the police, Partnership Community Safety Team or in council processes in general.

The Brighton & Hove LGBT Police Liaison Officer has also collected information from trans people on reasons for not reporting. This broadly aligned with the above findings, but also included a fear of not being believed; a belief that nothing would be done; a fear of being 'outed' to strangers; the frequency of incidents; and the emotional distress caused by having to recount experiences.

Of respondents in the community research survey, 69% had failed to report any of the hate incidents they had experienced to anyone. For those survey respondents who had reported, comments on their experience of reporting were mixed, but on balance there were more negative comments than positive ones. Many of the negative comments related to not enough being done by the police when incidents are reported to them.

*"The police never do anything. They didn't even investigate."*

*"I came home and there was somebody in my house. They beat the living daylights out of me. The [police officer] who came round was really nice ... but I did get this feeling of like, 'you're humouring me just because you don't want this to become a bigger issue'. (community survey respondents)*

References to other negative experiences included:

*"The reporting process was more stress and trauma than the initial crime."*

*"... I ended up having to educate [the police] about pronouns and how I expected to be treated. This is not my responsibility." (community survey respondents)*

One person described feeling reluctant to contact the police in case a consequence of reporting to them provoked further incidents:

*"I would feel anxious to call the police, as I would be afraid of further repercussion, or being targeted by the same people again." (community survey respondent)*

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On the other hand, positive experiences reported included an appreciation of the specialist services provided for the reporting of incidents, including a recognition of the importance of the specialist roles, including the police LGBT Liaison Officer:

*“The LGBT police were very good..., supportive, informative and understanding.”*

*“The [Community Safety Team] advised me well and also followed up with more information and helped me deal with the perpetrators and stop the harassment, they were excellent.”*

*“The council were prompt to act and contacted the tenants concerned.”*

(community survey respondents)

and

*“I’ve had a couple of incidents in the last six months which involved having to report it to the police. Both times it was to [the police LGBT Liaison officer] initially who then said, ‘You’d better go up to the police station and make a statement’, which I did in both instances.” (focus group participant)*

### 9.3.2 Experiences and perceptions of the police

A national survey of trans people in 2007<sup>36</sup> reported that 14% of respondents had experienced police harassment and 34% worried about experiencing it in the future. The way in which prior experience of interactions with the police affected people’s inclination to report incidents came across in both the Count Me In Too<sup>12</sup> and the recent community research.

The City Tracker survey in 2013 found that satisfaction with Sussex Police was similar for trans as for other respondents, and of the five respondents who had used Sussex Police services, all reported being fairly or very satisfied.

More community research survey respondents (31%) believed that police services for trans people had improved over the last five years than those who did not think it had improved (13%), although 56% were not sure.

There has been recent work in Brighton & Hove to address shortfalls identified by the Trans Equality Scrutiny Panel Report. Training aids have been developed for use by Sussex Police and there has been work in specific contexts, such as custody and the Police Contact Centre. Other engagement work includes visible police support for Trans\* Pride.

### 9.3.3 The criminal justice system and criminal justice outcomes

Of the few transphobic crimes being recorded by the police, there are fewer than five cases resulting in a charge each year. There are therefore likely to be even fewer cases where the perpetrator is brought to justice in the courts.

The Crown Prosecution Service reported in their 2013/14 Hate Crime Report<sup>43</sup> that they were expecting to introduce separate flags in their monitoring system for homophobic and transphobic crimes in the summer 2014; prior to this a single ‘homophobic’ flag has been used. Between 74% and 87% of homophobic crimes per year in Brighton & Hove resulted in a conviction.



An issue raised through stakeholder interviews relates to unsuitable custodial arrangements, including approved premises<sup>bb</sup>, for holding trans adults and young people, and a need to improve trans awareness in criminal justice contexts.

### 9.4 Feeling safe

#### 9.4.1 When and where people feel safe

##### *In Brighton & Hove*

Table 8 shows data from local surveys which ask about feelings of safety.

**Table 8. Feeling safe survey data: 'How safe or unsafe do you feel during the day / after dark'**

IN YOUR LOCAL AREA?				
City Tracker <sup>44</sup> (2013)	DURING THE DAY		AFTER DARK	
	trans	all	trans	all
total n	19	911	18	978
% respondents feeling safe	100%	98%	50%	81%
Community research (2014)	trans		trans	
	total n	106	113	
% respondents feeling safe	74%		45%	

IN THE CITY CENTRE?				
City Tracker (2013)	DURING THE DAY		AFTER DARK	
	trans	all	trans	all
total n	19	971	16	911
% respondents feeling safe	90%	96%	50%	64%
Community research (2014)	trans		trans	
	total n	106	109	
% respondents feeling safe	65%		36%	

The data generally show that trans people report feeling less safe than others in their local area:

- 74% of community research survey respondents reported feeling safe in their local area during the day compared with 98% of all respondents in the City Tracker survey
- 45% of community survey respondents feel safe after dark in their local area compared with 81% of all respondents in the City Tracker survey.

<sup>bb</sup> Commonly known as probation or bail hostels



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Regarding the city centre:

- 65% of the community research survey respondents felt safe in the city centre in the day compared with 96% for City Tracker respondents
- Only 36% of community research survey respondents felt safe in the city centre after dark compared with 64% of all City Tracker respondents.

Some community research focus group participants did feel safe going about the city. A number of people acknowledged that they felt safer in Brighton & Hove than elsewhere and this had contributed to their reason for coming to the city:

*“...there are real positives and some experiences where I feel safe. For example, obviously Trans\* Pride... and in that park that’s felt sort of safe... in the sense that you are around [others] who are trans people as well.”* (focus group participant)

### **Using public transport**

Sixty-five percent of the community research survey sample felt safe or very safe using public transport. The most recent comparable data for the general population was collected via the Citizen’s Panel in 2007. This found that 91% reported feeling safe travelling by bus during the day, and 54% felt safe after dark. The respective figures for travelling by train during the day were 91% during the day and 49% after dark.

The focus groups reported examples of hearing of, or being directly subject to, negative experiences, such as being spat at or verbal abuse.

### **Within the LGBT community and LGBT venues**

The 2007 Count Me In Too survey<sup>12</sup> reported that that 42% of trans respondents said they enjoyed LGBT venues and events but also that some had faced rejection and transphobia from others in these settings. 25% (n.9) of trans respondents said they had experienced hate crime at an LGBT venue or event compared with 11% of non-trans respondents.

However, the community research survey found that 69% of respondents felt fairly or very safe in LGBT venues, and 9% felt fairly or very unsafe. 74% felt very or fairly safe attending LGBT groups or events, 5% fairly unsafe and no-one very unsafe.

### **In other public services and settings**

The Count Me In Too survey found that those who identify as trans are significantly more likely (79%, n.27) to feel unsafe in places, services or facilities in Brighton & Hove than those who do not identify as trans (53%, n.288)<sup>12</sup>.

59% of the community research survey respondents said they felt safe using public services, 13% felt unsafe, and the remainder felt neither safe nor unsafe or didn’t know.

Respondents noted that where only male and female toilets were present in any service, this could result in difficulties and people risked abuse using them.

### **At home**

As mentioned in the section on domestic violence, trans people report high rates of domestic violence (Section 9.2.1). The Count Me In Too survey found that only a third (n.12) of trans respondents felt very safe at home.<sup>12</sup>

### **9.4.2 Strategies used to help people feel safer**

The Count Me In Too survey in 2007<sup>12</sup> found evidence that trans respondents were twice as likely (63% compared with 31%) to avoid going out compared with other survey respondents.

Community research participants commented that society splits the population in a 'binary' manner in many scenarios, and each time trans people can be faced with needing to align with one side or the other. One focus group participant described the issue in this way:

*"[Any] time I'm in ... a binary environment, when people say, 'We're going to split you into boys and girls', or whatever and you're just there like, 'Oh, but what about me? Where do I go?'"* (focus group participant)

Concern and bad experiences around the use of toilets was a recurrent theme in the research. Participants spoke of deciding to go to the male or female toilet depended on which felt the safest, rather than the one that was appropriate for their gender.

The community research found that people reported adopting strategies to help them feel safer. Tactics included refraining from speaking, or avoiding using the toilet until the point it's not possible any longer.

Disabled toilets have provided an option for some people. Some people relied on friends to accompany them. Others have taken an approach of carrying alternative clothes, wearing make-up or sunglasses, or hiding themselves.

Focus group participants also described the effects that experiences of abuse and the constant surveillance needed to feel safe in daily life had significant effects on mental health.

The use of drugs to escape from difficulties experienced was alluded to in one focus group. After speaking about a range of tactics they employed, one person commented:

*"If I felt completely safe, I wouldn't feel like I needed to do those things."*  
(focus group participant)

Furthermore, if people fear for their safety to the extent to which they curb their activities, this can also impact on their physical and mental wellbeing. This is therefore an important issue to tackle.

### 9.4.3 Making trans people safer in Brighton & Hove

The community research survey collected information on what would help trans people to improve their safety. It was recognised that legislative change could only go so far to protect trans people and that a broader societal shift was needed.

Education and training for both the general public and also for services emerged most frequently as themes in the survey for improving the safety of trans people.

Training and education for schools and for bus drivers were mentioned most frequently as areas which were thought to benefit in this way.

Another approach to improving safety was about increasing the visibility and familiarising the presence of trans people in public spaces. Mention was made of a poster campaign at bus stops which had been employed in the United States featuring local people who identified as trans in their normal life and one focus group participant felt this approach would be really useful in Brighton & Hove:

*"There was a really good poster campaign ... on bus stops and you just had basically people from the local community who identified as trans ... [this is a] really good idea to make Brighton a trans-friendly city... everybody walking past looks at these posters ... and goes 'Oh trans. Normal'."* (focus group participant)

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More police presence or better responses, and increased trust were also cited as ways in which trans people would be safer:

*"I know it doesn't make everyone feel safe [but] just to know that there's trans friendly, trans educated, police on the beat in [the Kemptown] area every night ... would be a Godsend. Or if the budget will not stretch to that, maybe just some of the time at the weekend."* (focus group participant)

However, that was not seen as a solution for everyone:

*"When I see police I'm more scared that if I don't see the police because ... of the situations I've seen."* (focus group participant)

Another suggestion was personal safety training. While trans people cannot be held responsible for violence against them, for some people, such training was thought to help to build confidence and make everyday spaces more accessible<sup>cc</sup>.

The provision of gender neutral toilets was thought to make a big difference and was described by one focus group participant as 'life-saving'.

### Recommendations: Community safety

47. B&HCC Community Safety to determine whether current processes and levels of awareness are sufficient to prevent and manage transphobic incidents in licensed premises. If required, engage with Business Crime Reduction Partnership to explore opportunities for improving safety and awareness in licensed premises and amongst security staff.
48. City organisations such as B&HCC, NHS, universities and transport operators to promote visibility, positive representation and inclusion of trans people in publicity materials.
49. City organisations such as B&HCC, NHS, and universities should promote the introduction of gender neutral facilities (including toilets and changing rooms) in new and refurbished buildings.
50. Sussex Police, B&HCC (Community Safety), and the LGBT Community Safety Forum to encourage increased reporting of transphobic incidents and crime, including raising awareness of the benefits of reporting and exploring innovative online methods.
51. B&HCC Transport team to advise on liaising with Brighton Area Buswatch and Brighton & Hove Buses over improving feelings of safety on buses.
52. Sussex Police, victim services and commissioners to ensure that domestic and sexual violence services are trans inclusive and that specific issues for trans people are understood.
53. B&HCC domestic violence commissioner to evaluate the GBT\* refuge project for trans men and ensure all trans people are housed suitably when fleeing domestic violence.

<sup>cc</sup> Mindout (a local mental health service for LGBTQ people), and the LGBT Community Safety Forum have run personal safety training events in the past, receiving good take-up from the trans community.

54. B&HCC Community Safety Team to consider how personal safety for trans people can be promoted.
55. Sussex Police and B&HCC, in partnership with the trans community and criminal justice agencies, to determine how trans awareness can be increased and needs met within the criminal justice system, including custody/bail hostels and the courts, and support relevant organisations to do so.

## 10. HOUSING AND HOMELESSNESS

*“Safe housing is very important as it makes life liveable not just survivable”*  
(stakeholder)

*“Having a stable place to sleep like made a massive difference to my mental health and also having not just a place where I can sleep at night but also a place where I feel comfortable being open about my gender.”*  
(focus group participant).

### Key findings

- Trans people have a high risk of homelessness, which is explained by a number of factors including finance, safety and vulnerability. The reputation of Brighton & Hove as a safe haven leads to some people arriving in the city who then find it difficult to find affordable and safe accommodation.
- There are significant gaps in knowledge of trans people and support organisations around their rights and eligibility for housing services.
- Some trans people report poor experience of some homeless services, including safety concerns. Training needs are indicated for housing staff.
- A high proportion of trans people live in the private rented sector and many report poor experiences with letting agents.
- Trans people are under-represented in data collection, and the gender identity of applicants for council and housing association properties (through Homemove) is not currently collected.

### 10.1 Housing tenure

Available data suggest that, compared with the overall population, trans people in Brighton & Hove are<sup>dd</sup>:

- more likely to rent within the private sector
- less likely to own their home
- as or more likely to be a council or housing association tenant
- more likely to have experienced homelessness

### 10.2 Homelessness

National research indicates trans people are vulnerable to housing crisis and homelessness<sup>36</sup>.

Most focus group participants reported that they are living in housing that they consider insecure or unsuitable for their needs. They commonly described experiencing frequently moving to remain safe, living in temporary housing and sofa surfing.

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<sup>dd</sup> There is variation in the data on the housing tenure of trans people from different sources relating to Brighton & Hove sources. This is probably explained by the relatively small sample sizes.

More than one in three local community survey respondents had experienced homelessness (compared with one in five trans respondents to a national survey<sup>25</sup>). 13% reported that they had been homeless within the previous five years. Furthermore 12% classified their current housing status as "other" (which included homeless) and 2% as temporary accommodation.

Trans people's vulnerability to homelessness is a result of a range of factors including family breakup and harassment by neighbours<sup>36</sup>. 17% of community research respondents had experienced harassment and/or abuse by neighbours.

Other factors contributing to the risk of homelessness highlighted in the local research included:

- impact of job loss and unemployment related to discrimination
- the reputation of Brighton & Hove as a 'safe haven' attracting young trans people from other parts of the UK, many of whom are very vulnerable when they arrive in the city.

The 'local connection' criterion was seen as a potential barrier for trans applicants applying for housing. If people cannot demonstrate a 'local connection' to Brighton & Hove they get reduced priority on the Housing Register for a period of two years. However under homelessness rules a local connection can be obtained once someone is resident for a period of six months or meets one of the other criterion in the Housing Act 1996<sup>ee</sup>. Evidence from research participants suggested that there is misunderstanding about how the criterion is used in practice.

If the council accepts that someone is homeless, in priority need and unintentionally homeless the council is not allowed to refer the case back to an area where someone would be in danger of facing violence. However, under housing legislation, being trans is not recognised as an automatic indication for vulnerability that would support someone being classified as in priority need<sup>ff</sup>.

The community research demonstrates that people, including new arrivals to the city who are attracted to the 'safe haven' of Brighton & Hove, have greater expectations regarding eligibility for social housing than is the case in practice.

*"One of the things that the [voluntary sector organisation] gets approached most about is people wanting to move to Brighton. Most of the time we have to say, 'Well yes it might be (safe) compared to some places but ....you cannot get on to the social housing register and you have to be here two years before you get the local connection given to you. ....It's a huge problem and over a year we probably get between fifty and a hundred people saying they want to move to Brighton to escape their lives wherever they are.'" (focus group participant)*

More generally, the high cost of private rental sector and limited availability of affordable housing in Brighton & Hove were also cited by research participants as key factors affecting homelessness and people's ability to access secure housing.

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<sup>ee</sup> Includes working or family associations or other special circumstances

<sup>ff</sup> Other factors that do apply, such as having suffered threats of violence or having a mental health condition or physical disability, will of course be relevant for some trans people.

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The relationship for trans people between insecure housing and transitioning was highlighted. Local stakeholders noted that when people transition, they often experience a reduction in their income which can reduce their ability to access and sustain housing. In contrast, insecure housing can lead others to delay their transition. The impact of delaying transitioning on mental health and wellbeing are highlighted in Section 8.4.4.

Even if accepted onto the Housing Register, the demand massively outstrips supply: compared to more than 20,000 households on the Housing Register, just 207 homes were let during October to December 2014.

As a result of all of these factors, for the majority the private rented sector is their main housing option, which is unaffordable for the majority of city residents<sup>45</sup>. Access to the private rented sector is particularly challenging for people in receipt of benefits, which will affect trans people disproportionately because of their high rates of disability (17.5% of respondents to the community survey reported that they are unable to work due to disability or ill health).

Local services monitoring data provides evidence of trans people being homeless. However, estimates of the proportion of homeless people who are trans varies considerably, for example:

- 0.5% (17/3,095) of people receiving housing related support (based on a snapshot in Sept 2014)
- 2% (5/260) of respondents to the 2013 Brighton & Hove Homeless Needs Audit identified as transgender

Bearing in mind that only 57% of community research survey respondents said that they were happy to answer the council's monitoring question on service monitoring forms, the lower figure for support services may indicate trans people's reluctance to record their trans status in homeless services.

The vulnerability of trans people and their negative experience of accommodation for the homeless was a key theme highlighted in the focus groups:

*"People arriving in Brighton presenting as homeless will tend to be put in hostels. Most hostels are full of people with the potential to be very-very transphobic. It's very-very dangerous. I don't know anybody who's been in a hostel and hasn't suffered some form of attack, verbal or physical. So there needs to be ... an area or a hostel where people for LGBT, potentially just for T people, where the staff have been trained, the council have been trained, and it is a safe space."* (focus group participant).

*"I ... was classed as homeless by the council. So they put me in temporary B&B accommodation. I absolutely should have called the police because of an incident one night. I had one room in a place in Brighton and there was a guy that had been there for years ... he got drunk one night and was banging on my door with his friend and they were asking questions, was I a boy? was I a girl? was I a lesbian? would I have sex with them? They were just hideous and I was absolutely petrified and I just locked the door, put a chair against the door, and I'm just sat there until daylight came and then I ran out."* (focus group participant)

An additional impact of unsafe environments in services can include people returning to unsafe environments they had previously fled:



*"Responses by other residents in emergency accommodation may prompt a trans person to return to their dangerous home environment".*  
(Stakeholder)

Some of these findings echo the council's consultation to support the development of the 2015 Housing Strategy, which reported:

- Discrimination/abuse from other homeless people when rough sleeping.
- Hostels were felt not to be safe spaces for trans people particularly in respect of appropriate male/female sleeping arrangements and discrimination from other hostel users.

In 2014, Stonewall Housing conducted research<sup>46</sup> to understand the experience of LGBT\* rough sleepers in Manchester, Brighton and East London. They concluded that bedding down on the street is often too dangerous for LGBT\* homeless people. Other options, including staying up, remaining out of sight, transactional sex and sex work were felt to be safer alternatives. The potential of sexual exploitation is a concern. The report made a range of recommendation including ensuring that people are asked consistently about their gender identity (and sexual orientation) by workers and that safe spaces are available.

### 10.3 Statutory and community & voluntary sector housing services

Information collected relating to key council housing services indicates:

- Less than 1% of people approaching the city council Housing Options team for support and advice identify as trans
- The proportion of people who apply for social housing via Homemove, the choice based system, who are trans is not known. This is because gender identity is not currently included on the equalities monitoring form used by this service. The service has commented in March 2015 that they recognise the policy and forms need to be updated and that they are planning to do this.
- 0.2% of council housing tenants (27/13,418) were recorded as identifying as trans in December 2014. The service has commented that they recognise that this figure might be an undercount (the results of local surveys suggest that trans people are at least as likely as the overall population to live in social housing which suggests this is the case).

The data clearly indicate that, similar to other service areas, improvements need to be made to data collection systems in order to provide a more reliable picture of the trans population and indicate the extent to which their needs are being met. However it also needs to be recognised that some trans people may not wish to disclose their trans status in all services.

In the community research, one in five survey respondents had used statutory and voluntary sector housing services, and they reported varied experiences.

Many positive experiences related to the community and voluntary sector services. Some participants spoke positively of the help Brighton Housing Trust gave them including advocating for the client to ensure they did not get housed in a property that someone had just left because of homophobic abuse from neighbours.

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With regard to council services, a participant commented that they felt the Brighton & Hove LGBT Housing Strategy 2009-14<sup>47</sup> had helped to improve how they had been treated by services.

However, a greater number reported negative than positive experiences. In the main, negative experiences pertained to a lack of understanding or respect, lack of empathy and aggression. It was highlighted that the impacts of this for trans people could include detrimental effects on mental health and personal safety.

When asked what could be done to improve services the most cited responses pertained to:

- safety
- training
- trans specific accommodation and workers.

Specialist services provided in other areas were cited as examples of how trans people's needs could be more effectively met. A LGBT young people's organisation that had provided effective and targeted trans specific support in London was cited:

*"For Brighton to facilitate [this organisation] here would be an immense benefit for the city both in terms of prioritising trans care if the council is wanting to be an example for the way that trans care is run in the UK and to facilitate trans people actually getting support from each other. The long-term benefits of something like [this organisation] is that you have young people who are homeless, having trouble, what have you, who are able to be housed, and then when they're able to be housed, they can then find support, jobs and be an active part of the community and society." (focus group participant)*

Some research participants who had obtained social housing were not satisfied with what they had been offered but felt they had to accept it because the private sector was a worse alternative. A number of stakeholders spoke of safety concerns in social housing in some areas and felt that there was potential for the council to use its powers more effectively to address discriminatory and abusive behaviours amongst tenants.

### 10.4 Private sector accommodation

National research has indicated that a higher than average proportion of trans people live in private rented accommodation, the sector with the least secure tenancies. Locally, 47% of community survey respondents reported that they rented from a private landlord. This compares with 28% of all households that live within this sector (2011 census).

Stakeholders and community survey respondents highlighted negative experiences with some letting agents and landlords, including both overt physical harassment and covert discrimination.

*"One landlord found out I was trans from a fellow tenant in the building and kicked me out after letting himself into my flat. He.. kicked me out immediately and thus I forfeited a month's rent also. I was made homeless AGAIN. I do not feel safe renting EVER because of my trans status".*

*"We would go to estate agents [lettings] and ... the negative reactions were quite common"*

(focus group participants)

The community research found that letting agents are perceived as being unaccountable and that trans people have to accept poor service, including using incorrect pronouns and misgendering. There was a call for the council to support trans people in the private rented sector with securing accommodation, including help with obtaining deposits and developing awareness training with letting agents.

*"There's also a role for letting agencies to come on-board to have much more trans awareness .... trans people are more likely to be on housing benefit, and with support from the council, letting agencies should be able to let to trans people and other people with similar problems. Just be there to provide the money up-front, take it back over however long it takes, be more proactive in getting estate agents and leasing agencies to be supportive".* (focus group participant)

*"A star rating system for ... estate agents on their trans friendliness and a sticker system supported by the council whereby estate agents who are friendly can put them on the door and the community can promote them."* (community survey respondent)

In addition, research participants did not understand their rights when faced with poor practice from letting agents:

*"Who would you go to for support on that because there's no regulation of them? There's nothing you can do. You would never kick of any kind of fuss with a letting agent if you didn't need to because they are the ones standing between you and having a house."* (focus group participant)

The impact of the national welfare reform programme on trans people was also highlighted: for those aged under 35 the maximum housing benefit is the rate for renting a single room in a shared house, which can have a particular impact on people who are transitioning, including on their privacy.

### **Action since the Trans Equality Scrutiny Panel**

Table 9 below summarises actions conducted on the basis of the findings and recommendations from the 2013 Trans Equality Scrutiny Panel review.

**Table 9. Recommendations from the Trans Equality Scrutiny Panel on housing**

Summary of Scrutiny Action	Summary of update Jan 2015
15: During the upcoming revision of housing strategies (homelessness, LGBT housing) the views of the trans community should be actively sought. Specifically, the Housing Options service should be reviewed to ensure that it is widely known about and used by trans people in housing need. A programme of outreach to the trans community to publicise the assistance available from the housing department should be undertaken.	<p>Trans community had been engaged in the development of the homelessness strategy (including Trans Alliance)</p> <p>Working with Trans community to develop information on harassment and illegal eviction, anti-discrimination in lettings in the private sector (under the goods and services act) to ensure that the Trans community can have access to safe accommodation in the city and this is expected to be produced in 2015.</p> <p>Housing Options provided outreach to the Trans community. Attendance waned over time, but more will be offered in 2015.</p>
16: The Housing department should commence a programme of awareness raising about the legal protections for trans people in housing provision and good practice within social and private landlords.	Initial discussions have taken place and Housing Options have identified key areas in which an increased awareness of trans housing rights would benefit their trans clients and the community as a whole. It is envisaged that at first this will involve the private sector landlords that Housing Options work with before taking this out to a wider forum. This will be taken up and progressed in the New Year when the views of the transgender community will be sought.

### Recommendations: Housing and homelessness

56. Housing commissioners to improve the appropriateness and safety of emergency/hostel accommodation for trans people.
  57. B&HCC to consider the recommendations of the Stonewall Housing research into LGBT rough sleepers.
  58. B&HCC Housing should ensure trans tenants are provided with information explaining what can be done to address unacceptable behaviour by neighbours.
  59. B&HCC Housing should take into account the specific needs and vulnerability of trans people in the 2015/16 review of housing allocation policy.
  60. The B&HCC Homemove service should update their equal opportunities policy and monitoring data to include gender identity.
  61. B&HCC to promote trans inclusive practice by landlords and letting agents.
- Also:** Ensure guidance about housing and homeless services is available and accessible (including the housing guide for trans people accessing private sector accommodation currently being produced) and consider holding an event to provide information and advice (including regarding local connection policies) (Recommendation 5)

## 11. OTHER SERVICES

### Key findings

#### ***Perceptions and experiences of city services***

- A majority of trans people in the city make use of the city's services but some find they are not always easy to access. However, there was a sense that the situation in Brighton & Hove public services was improving.
- A lack of trans awareness, including, for example, misuse of pronouns, was reported to be a frequent experience of trans people.
- Services are often set up in 'gender binary' ways; many trans people described how this made services difficult to access. There may be scope for working with private companies to support improved trans awareness.
- Trans respondents in the City Tracker survey were less satisfied with council services than all respondents.

#### ***Libraries and museums***

- Feedback on library services and museums was generally positive.

#### ***Sports and fitness***

- Trans swimming sessions were well received and had been beneficial to those who had taken part. There may be a role for sports leaders/role models within the trans community to help engage more trans people in physical activities.
- There were mixed comments made in relation to leisure centres, with some negative experiences reported in relation to staff.
- The gender neutral facilities introduced in refurbishments were appreciated, and future major developments at the King Alfred Leisure Centre are being designed to take account of the needs of trans people, in consultation with the community.
- A high proportion of community survey respondents did not go to a gym or participate in organised sports, stating a range of reasons.
- There were some trans inclusive sports clubs in the city and these were appreciated, but others were seen to be problematic. Stakeholders felt that sports groups needed to be more aware of trans issues.

#### ***Parks and open spaces***

- Trans respondents to the city-wide City Tracker survey were less likely to use parks or open spaces than all respondents.

#### ***Travel and transport***

- Evidence suggests trans people may be more likely to travel on foot or by cycle, or travel as a car passenger than others, while less likely to make journeys as a car driver or travel by public transport.

This section describes trans people's experience of other services in the city. The information here is drawn mainly from research involving trans people or from surveys carried out in the city, rather from the services themselves.

## Brighton & Hove Trans Needs Assessment 2015

### 11.1 Overall experiences of services by trans people

84% (96/114) of community survey respondents said they used services in Brighton & Hove. Section 5.10 provided evidence that trans people can find that services are often set up or interact in a way that does not take their gender identity into consideration.

The City Tracker survey (2013 and 2014) found that trans people's satisfaction with Brighton & Hove City Council was significantly lower than for all respondents (39% vs. 60%). This difference was observed for all trans respondents and also those who had used council services.

However, some felt that progress was being made within public services. The work of the Trans Scrutiny Panel and people's involvement with it, and associated publicity were all seen by one person as contributing to improvements:

*"... [Things] have got a bit better in terms of the council since the scrutiny [work]. ... [There] hasn't been so much of a question around [gender issues] and that could have something to do with my own levels of confidence as well. I think that being part of this ... scrutiny process has sort of ... bolstered my confidence and it's given me a sense that I do have a voice as a citizen. I do have a place. I do have rights..."*

(focus group participant)

One focus group participant felt that more could be done to make large companies accessible:

*"I understand that Brighton & Hove police and council are having trans awareness training. It's really not enough. It really needs to spread to all of the large institutions in Brighton & Hove. ... It's very frustrating getting misgendered all the time and quite often I feel like people are actually playing games with me because I am transgender, and it's because they haven't had enough diversity training..."* (focus group participant)

The idea of developing a 'quality assurance' mark or sign to indicate that businesses and services were trans friendly was suggested.

The following sections look at the use of different services by trans people and their experience of them.

### 11.2 Libraries and information services

66% (n.73) of community survey respondents reported that they used libraries; 24% (n.38) did not use them.

79% (58/73) of library users reported being satisfied or very satisfied with them. Eleven respondents made positive comments about libraries, including appreciation of the trans events put on, the dedicated LGBT section in the library, and also the support they received from library staff. One respondent commented:

*"I think the Jubilee Library is an absolutely stunning beacon of good practice."* (community survey respondent)

Information from the Brighton & Hove Citizen's Advice Bureau indicates that they have a significant number of trans service users. 5.7% (62/1,024) of service users (data from Feb 2014) stated their gender identity was different from that assigned at birth, which is higher than the estimated trans population.



### 11.3 Culture and the arts

72% (n.79) of the community research survey sample reported using museums and galleries; 28% (n.31) did not use them.

86% (68/79) of those who did use them reported being satisfied or very satisfied with them. However, one respondent perceived that trans people were not represented in collections.

The autumn 2013 City Tracker survey also found that 45% (9/20) trans respondents had attended any creative, artistic, theatrical or musical events in the past 12 months compared to all respondents 53% all respondents.

### 11.4 Sports and fitness

There was recognition among both community research participants and stakeholders of the importance of physical activity in supporting physical and mental health.

#### ***Leisure centres and swimming pools***

A national study<sup>36</sup> found that 6.5% of trans survey respondents had been asked to use inappropriate facilities in leisure centres and it was suggested that many trans people limit their activities rather than risk being treated in this way. However, this didn't come across strongly in the community research data as an issue for Brighton & Hove.

52% (n.58) of community research survey respondents reported using leisure centres or swimming pools; 48% (n.53) did not use them.

66% (38/58) of trans service users reported being satisfied or very satisfied with them.

The local trans swimming sessions were praised widely by survey respondents and focus group participants (with some participants suggesting further staff training would be of value) as well as amongst wider stakeholders:

*"[They have] been immensely helpful in boosting my self-confidence"*

*"Before that was offered, I had not been swimming in over 8 years"*

*"I have felt myself get fitter and lose a little weight."*

(community survey respondents)

*"[To] just be able to go there, and although it's a small pool, to be able to do a few lengths and get a bit out of breath and not be worrying about all of that rubbish, just enjoying being in the pool. I really enjoyed it. Loved it."* (focus group participant)

The swimming sessions had prompted further activities to happen and there was a suggestion that sports leaders from within the trans community could have role to play in encouraging others to participate.

Stakeholders noted that the provision of more suitable facilities was being addressed as premises became refurbished. The gender neutral changing area at the Prince Regent swimming complex was cited in the community research as good practice.

In contrast, some community research participants described negative experiences relating to leisure centres, such as misgendering by staff.

Looking forward, services are engaging with trans people around signage design<sup>14</sup>. In addition, the outline specification for the redevelopment of the King Alfred Leisure Centre has taken account of the needs of trans people.



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The Amateur Swimming Association is currently conducting an LGBT audit<sup>33</sup> which could provide useful information for leisure providers and Sports Development when published.

### **Gyms and organised sports**

25% (n.28) of community research survey respondents reported regularly using a gym or participating in organised sports; 75% (n.83) did not use them.

Reasons cited for not participating included lack of interest, physical disability or health issues and cost. Deterrents directly related to being trans included negative reactions, changing rooms, culture and the lack of trans specific spaces. Physical issues with regard to body appearance, binders, etc. played a part for some people.

A number of respondents indicated they would feel uncomfortable, self-conscious, or unsafe.

*"I'm not allowed to join and feel unsafe joining male sports and I do not know of any gender neutral ones."* (community survey respondent)

One person observed:

*"Sport is always where the divisions between male and female come complete."* (community survey respondent)

There were also concerns about how well trans people would be accepted as part of team. This was mentioned as a cause of regret by two respondents who had previously played in football teams, but no longer felt able to do so following transition.

Stakeholders felt that sports groups, clubs and leaders needed to be more aware of issues faced by trans people.

The city has some inclusive sports clubs – Roller Derby was cited by one focus group participant as an example. However, the gendered structure of many organised sports is challenging for trans people of all ages. Regulations (for example FIFA regulations in competitive football) often exclude trans people from participating. Stakeholders suggested there might be a role for Brighton & Hove to seek to influence national governing bodies towards becoming more inclusive.

### **11.5 Parks and open spaces**

The 2012 Health Counts survey<sup>21</sup> found that trans people were significantly less likely (28%; 5/18) to use parks and open spaces in the city at least once a week than all survey respondents (54%; 1,096/2,035).

93% (n.103) of community research survey respondents reported using parks and open spaces; 7% (n.8) did not use them. 84% (87/103) of those who did use them reported being satisfied or very satisfied with them. One respondent commented that they felt unsafe, especially at night.

### **11.6 Travel and transport**

There is a lack of reliable local data on local transport use in the city by trans people.

The Health Counts survey in 2012<sup>21</sup> found that a lower percentage of trans respondents had cycled in the last week, while a similar proportion of trans respondents as all respondents walked to get from place to place on five or more days in a typical week.

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<sup>33</sup> <http://www.swimming.org/asa/news/equality-and-diversity>

From 2013 the council added a question about gender identity to the equalities monitoring questionnaire used for those engaged with Personalised Travel Planning and from this, data from 19 trans respondents is available. From this small sample, compared to other participants, trans people

- were less likely to have access to a car
- more likely to have one or more cycles in the household
- had higher rates of journeys made on foot and by bicycle and lower rates of journeys made by public transport.

### 11.7 Financial services

The community research did not specifically ask about experiences with financial services, although this was identified by the Trans Equality Scrutiny Panel as an issue. One focus group participant spoke of difficult experiences related to gender information held on bank records.

#### Recommendations: Other services

62. B&HCC and other services should ensure continuing provision of trans awareness training for their respective workforces.
63. B&HCC Sports Development to consider how the profile of trans people in sport and physical activity can be increased.
64. B&HCC Sports Development should liaise with trans community and voluntary sector to discuss how trans inclusivity could be promoted to private gyms/sports providers.
65. B&HCC Sports Development should monitor the uptake and accessibility of the trans swimming sessions
66. Museums and libraries to continue to support inclusion of trans people in permanent and other exhibitions and events.
67. The Brighton & Hove Economic Partnership and the Brighton & Hove Business Forum, with the support of Brighton & Hove Connected and the Communities, Equality and Third Sector Team to consider how local businesses can be supported to be trans inclusive and to meet the requirements of the Equality Act.
68. B&HCC should consider the development of a scheme to identify and promote trans friendly businesses and organisations throughout the city, eg. gyms, clothes shops, night clubs, letting agents etc.

## 12. APPENDICES

### 12.1 Glossary

**Acquired gender** refers to the gender in which a trans person lives and presents to the world. This is not necessarily the gender they were assigned at birth

**Cisgender** is a term used to refer to people who are not trans (people who experience a match between the gender they were assigned at birth, their bodies, and their personal identity).

**Gender binary** is a system that divides sex and gender into either man/male or woman/female, excluding people who do not fit into these groups.

**Gender dysphoria** is often used by the medical profession to describe the discomfort that arises when the experience of an individual as a man or a woman is incongruent with the sex characteristics of their body and the associated gender role.

**Genderqueer** is a term sometimes preferred by a person who may identify as between genders or as neither a man nor a woman.

**Gender questioning** is a term sometimes used for a person who is questioning their gender expression.

**Gender variance** is a term sometimes used to describe all variations from expected gender norms.

**Trans**, is used as an umbrella term to describe people whose gender identity differs from their assigned sex at birth. The term **trans man (FtM)** is used to refer to a person who was assigned female at birth but has a male gender identity. Trans men may plan to transition or may be transitioning or have completed transition to live as a man. A **trans woman (MtF)** is a person who was assigned male at birth but has a female gender identity and therefore may plan to transition, be transitioning or have transitioned to live as a woman. Both these transitions may or may not involve hormone treatment and various surgical procedures.

**Transsexual** describes a person who wishes to undergo, has undergone or is undergoing transition. It is most commonly used in relation to clinical practice.

**Transitioning** is the process by which an individual moves permanently to a gender role that differs to the one assigned to them at birth. This process of changing gender presentation may involve social, medical or surgical change – or it may not.

## 12.2 Acronyms

B&HCC	Brighton & Hove City Council
BME	Black and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
CVS	Community and Voluntary Sector
DWP	Department for Work and Pensions
GIREs	Gender Identity Research and Education Society
GRC	Gender Recognition Certificate
HIP	Health Improvement Project
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
LGBTU	Lesbian, Gay, Bisexual, Transgender and Unsure
PHE	Public Health England
RCN	Royal College of Nursing
RCP	Royal College of Psychiatrists
SGIS	Specialist Gender Identity Service

### 12.3 Trans Needs Assessment Steering Group Terms of Reference

#### Summary of Steering Group Terms of Reference

Aims	<p>To aim of the steering group will be to oversee the production of a needs assessment that will identify the needs and assets of the trans community in Brighton and Hove.</p> <p>The needs assessment will make recommendations for commissioners, service providers and decision makers to use to improve the lives and outcomes of trans people in the City.</p>
Objectives	<ul style="list-style-type: none"><li>• To implement the recommendations of the Trans Equality Scrutiny Review relating to needs assessment</li><li>• To ensure that the needs assessment builds on the content of the Scrutiny Review and the subsequent action plan</li><li>• To ensure that trans people are involved throughout the needs assessment process</li><li>• To agree priority areas to focus on within the needs assessment</li><li>• To provide specialist advice regarding<ul style="list-style-type: none"><li>○ community representation</li><li>○ sources of evidence</li><li>○ methodological issues</li><li>○ service areas (provision and commissioning)</li></ul></li><li>• To agree a project plan and monitor progress and agree any revisions necessary as the project progresses</li><li>• To consider and resolve issues brought to the group</li><li>• To comment on draft documents</li><li>• To approve the needs assessment report.</li><li>• To advise on the effective dissemination of the findings of the project including to trans community members and commissioners, decision makers and service providers</li></ul>
Reporting	<p>The group will be accountable to the Trans Equality Oversight Group. This group holds responsibility, on behalf of City Inclusion Partnership, for progress as a city on Trans equality, in line with the Partnership's terms of reference:</p> <p>“The City Inclusion Partnership exists to lead, develop and support equalities approaches in strategic planning and implementation across the city, in order to improve local service delivery, support partnership working and reduce inequalities in Brighton and Hove.</p> <p>Activities:</p> <ul style="list-style-type: none"><li>• Use evidence (from research, reports and consultation) to identify priority equalities areas and develop, implement and monitor an action plan based on these,</li></ul>

	<ul style="list-style-type: none"> <li>• Consider city-wide equalities needs, beyond those of the individual organisations or sectors,</li> <li>• Influence the progression of equalities work within organisations, based on discussions and information from the CIP,</li> <li>• Be a central co-ordinating point for equalities information and action planning in the City, across partnerships, organisations and sectors,</li> <li>• Call for and consider equalities reports from other partnerships and organisations and respond according to the needs identified,</li> <li>• Monitor and, where appropriate, support the progress of the statutory authorities in leading equalities policy areas,</li> <li>• Delegate and oversee work completed by sub-groups”</li> </ul>
Other reporting	<p>The group will also provide reports to</p> <ul style="list-style-type: none"> <li>• BHCC Trans Equality Working Group (BHCC internal group)</li> <li>• City Needs Assessment Steering Group</li> <li>• Health and Wellbeing Board: the Trans Needs Assessment is included within the work programme of the Board’s Joint Strategic Needs Assessment work programme. The output and recommendations will be reported to the Board.</li> </ul>
Membership	<ul style="list-style-type: none"> <li>• University of Brighton</li> <li>• Communities, Equality and Third Sector Team, B&amp;HCC</li> <li>• Brighton &amp; Hove CCG (incl. a GP representative)</li> <li>• Housing, B&amp;HCC</li> <li>• LGBT Health Improvement Project</li> <li>• Public Health Intelligence Team, B&amp;HCC</li> <li>• Adult Social Care, B&amp;HCC</li> <li>• Children’s Services, B&amp;HCC</li> <li>• Sussex Police</li> <li>• Community Safety, B&amp;HCC</li> <li>• Trans Alliance</li> <li>• Other community representatives</li> <li>• FTMB</li> <li>• Trans* Pride</li> </ul>
Specific group member roles	<ul style="list-style-type: none"> <li>• Chair</li> <li>• Co-chair</li> <li>• Project lead</li> <li>• Lead for community representation</li> </ul> <p>The role of the co-chair is to:</p> <ul style="list-style-type: none"> <li>○ To participate in agenda planning and action planning</li> <li>○ To represent the needs assessment project in specific meetings with stakeholders and/or providers</li> <li>○ To support the chair and provide a community voice to the chairing of the meeting</li> </ul>

## Brighton & Hove Trans Needs Assessment 2015

Meetings	<p>The group will meet every six weeks starting in October 2013.</p> <p>Group members will be expected to have attended trans awareness training. A bespoke session will be provided to members in December 2013</p> <p>The group will be administered by Public Health, BHCC</p>
Working principles	<p>Members will demonstrate a commitment to delivering the aims of the Trans Equality Scrutiny Review</p> <p>All members will have equal voice in the meeting.</p> <p>Members should use accessible language and be willing to explain technical terms.</p> <p>As in conducting any needs assessment, no individuals should be identified by the needs assessment unless it is a) relates their professional capacity or b) with their explicit consent</p> <p>All documents/drafts should be treated as confidential to the group members.</p> <p>The group will aim to carry out as much business as possible in the meeting to minimize the number of group emails sent to members.</p>



## 13. REFERENCES

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