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## Implications of reductions to public spending for LGB and T people and services



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# Key findings

This report presents findings from qualitative research conducted by NatCen Social Research (NatCen) on behalf of UNISON. The purpose of the study was to gain insight into whether, and in what ways, reductions in public spending have affected services for lesbian, gay, bisexual and transgender (LGB and T<sup>1</sup>) people. NatCen conducted the same research in 2013 looking at the early effects of the cuts, which began in 2010. The key finding of this study was that fears about the effects of public funding cuts reported in 2013 were seen as a reality for some LGB and T service users and service providers in 2016.

## Nature of the cuts

Reductions in public spending had resulted in reduced access to some mainstream services (e.g. GPs, mental health and sexual health) when LGB and T people had needed them. This was reported as having increased demand on voluntary sector services, at a time when they were also facing cuts. LGB and T specialist services were reported to be especially affected, such as LGB and T youth projects.

The nature and extent of cuts were sometimes mitigated by increased use of volunteers. However, some of the services delivered by volunteers were complex and this was difficult to sustain over time.

## Effects of cuts on LGB and T service users

LGB and T service users and providers thought that cuts in public spending had a disproportionate effect on the LGB and T population compared to other groups. A 'double bind' effect was described by participants, in that some LGB and T people had a greater need for support because of the discrimination they faced. However, they also thought that they were less of a priority for public and charitable funding.

LGB and T people reported a number of ways in which they thought cuts in public spending had affected them personally and/or as a social group. These included:

- **Financial hardship:** Continued reductions in public spending led to shorter-term contracts, pay freezes, pay cuts, redundancies and cutting back on spending.
- **Identity and support:** The needs of some LGB and T people were not being met in relation to mental health, gender identity, gender reassignment and social support (e.g. support to connect with other LGB and T people). The latter was felt to be an issue particularly for older and younger LGB and T people.
- **Marginalisation and invisibility:** Reduced funding for LGB or T specific services and roles meant some service users felt their needs had been marginalised and that support targeted at LGB and T people had in some cases become invisible.
- **Reversal of gains and vulnerability:** Some LGB and T service users and providers thought that progress made on improving equality for LGB and T people was in danger of being reversed. Brexit was regarded by some as likely to have negative consequences for LGB and T people, such as hate crime.

## Effects of cuts on services and staff

Sustained funding reductions left some LGB and T services focusing on survival, rather than delivering a high quality and comprehensive service.

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<sup>1</sup> We use the term 'LGB and T' to denote that, while lesbian, gay, bisexual and transgender people may share a common experience of prejudice, discrimination and political organisation as sexual minorities, 'LGB' refers to sexual orientations and 'T' to gender identity.

Service providers described an ongoing loss of experienced and knowledgeable staff on LGB and T issues through redundancies.

LGB and T services and roles were reported as being less of a priority which in turn was felt to increase pressure on frontline services, because the needs of LGB and T people were not otherwise being met.

Finally, service providers and volunteers reported high workloads and stress due to balancing greater demand for services with less resource (both funding and staff).

# 1. Executive summary

This report presents findings from qualitative research conducted by NatCen Social Research (NatCen) on behalf of UNISON. The purpose of the research was to gain insight into whether, and in what ways, reductions in public spending had affected services for lesbian, gay, bisexual and transgender (LGB and T) people. NatCen conducted the same research in 2013 looking at the early effects of the cuts, which began in 2010. This report presents findings on the current position, using data collected in 2016.

The research used two qualitative data collection methods. **183 individuals** took part, of which:

- 176 made written submissions, of these 11 also took part in a follow-up interview;
- Seven took part in an interview only.

Interviewees were selected purposively to represent a range of issues arising in the written submissions or where interviewees did not wish to take part online.

It is important to note that the use of qualitative data means we cannot draw conclusions about the prevalence of different views nor make a wider assessment of the impact of reductions in public spending. Instead, the focus is on mapping the range of different experiences identified by participants as arising from cuts in public spending. It is also worth bearing in mind that the routes through which participants were recruited (LGB and T services and social media), might have led to those who felt more strongly about the subject matter and/or with more negative experiences opting into the research.

This summary draws out key messages about the nature of the cuts experienced and their effects on services, service providers and service users. Findings are discussed in more detail in the main report.

## 1.1 Key findings

### 1.1.1 Nature of the cuts

Fears and concerns about public spending cuts had reportedly become more of a reality for LGB and T people by 2016. While not all LGB and T service users and providers experienced direct affects from reductions in public spending, those that did observed them in two ways:

- **Cuts in funding for services:** LGB and T service providers reported cuts in funding for mainstream and specific LGB and T services, particularly at local authority level. At the same time, funding from the public sector had become unpredictable and so there was greater competition for the remaining resources. This meant that in some cases the survival of services targeted at LGB and T people was said to depend on charitable donations by individuals.
- **Reduced access to services:** Cuts in funding were felt to have led to a reduction in access to services. Service providers gave examples of where they had to reduce opening hours and narrow the range of services offered. This meant they were no longer able to offer a comprehensive service. Service users described how they found it increasingly difficult to access services, particularly health services,

with mental health services featuring prominently. Increased demand on the fewer services available was reported and LGB and T people reported relying more on frontline services such as GPs and Accident and Emergency departments (A&E).

## 1.1.2 Effects of cuts on LGB and T people and service users

While participants recognised that reductions in public spending were likely to affect people across the UK, there were a number of ways in which they thought that LGB and T people were disproportionately affected.

For instance, service users and providers described a ‘double bind’ for LGB and T people. This meant that they were more likely to experience health problems arising from prejudice, discrimination and feeling unsupported; while reporting barriers to accessing services because LGB and T specific services were less available and mainstream services were inappropriate for their needs.

LGB and T people described a number of ways in which they thought cuts in public spending affected them personally or as a social group:

- **Financial hardship:** Financial hardship was experienced through the effect of shorter-term contracts, pay freezes, pay cuts, redundancies and the need to reduce personal spending. Some participants were faced with difficult choices about how to spend their income. For example, having to pay for counselling services that were unavailable through the NHS, or choosing between counselling services and being able to afford a mortgage.
- **Identity and support:** LGB and T people said that their needs were not being met with regards to them exploring or coming to terms with their identity. In particular, reduced access to health and wellbeing services, particularly mental health and gender identity, was said to have left people with limited or no support at crucial points in their lives. A lack of social support (e.g. support to connect with others) for younger and older LGB and T people was also raised. The effect of this was that some LGB and T people had turned to negative coping mechanisms such as self-harm or substance misuse. There was concern among some service providers that at its most extreme, a lack of support could lead to suicide.
- **Marginalisation and invisibility:** Reduction in funding for LGB or T specific services and roles meant some service users felt their needs had been marginalised and that LGB and T support had become invisible. Closure of LGB and T specific services in some communities led participants to feel isolated and less able to access support that enabled them to connect with other LGB and T people. Some felt that incorporating LGB and T services into mainstream services meant their needs had become an afterthought by policy makers and local authorities.
- **Reversal of gains and increased vulnerability:** Despite positive gains such as the Equality Act 2010 and the Marriage (Same Sex Couples) Act 2013, some participants felt progress in improving equality for LGB and T people was being reversed. The closure of publicly funded LGB and/or T services or community groups was felt to heighten LGB and T peoples’ vulnerability to discrimination. The decision for the UK to leave the European Union, or ‘Brexit’, was felt by some to likely have negative consequences for LGB and T people. In particular, there was concern about an apparent rise in homophobic, biphobic and transphobic hate crime.

### 1.1.3 Effects of cuts on services and staff

Sustained reductions to public spending were reported to have affected specific LGB and T services as well as services that LGB and T people used alongside the wider population. Those who managed and delivered these services experienced a wide range of effects. These included:

- **Focus on survival:** Sustained cuts in public funding meant that some voluntary sector service providers were torn between providing services and securing funding in an increasingly competitive environment. At the same time, services had become more reliant on volunteers.
- **Continuing loss of LGB and T expertise:** Service providers discussed an ongoing loss of experienced and knowledgeable staff through redundancies. This in turn led to loss of networks which affected the ability of providers to respond to clients' needs or signpost them to other services.
- **LGB and T services and roles felt to be less of a priority:** LGB and T services and roles were incorporated into mainstream services and wider equality roles. As such, LGB and T service users and providers felt they received less attention than they did previously. This was also reflected in there being less time for service providers to build LGB and T networks and to promote the services that remained.
- **Reduced awareness-raising, monitoring and engagement:** There was also less time for service providers to raise awareness of LGB and T issues, to monitor whether these groups were using mainstream services and for community engagement activities.
- **Increased pressure on frontline services:** The loss of LGB and T expertise and knowledge, de-prioritisation of LGB and T services and roles, and reduced time for engagement, were all thought to have led to greater pressure on frontline services (e.g. GPs and A&E).
- **Service providers and volunteers faced increasing workloads and stress:** This was due to balancing greater demand with less resource. Staff and volunteers reported going 'above and beyond' paid hours to meet demand. This in turn led to low morale, high levels of sickness and staff 'burnout'.

## 2 Introduction to the research

This report presents findings from qualitative research conducted by NatCen Social Research (NatCen) on behalf of UNISON. UNISON is one of Britain's largest unions representing around 1.3 million public service workers.

The purpose of the research was to gain insight into whether, and in what ways, reductions in public spending may have affected services for LGB and T people. NatCen conducted the same research in 2013 looking at the early effects of cuts in public spending, which began in 2010. This report presents findings on the current position in 2016.

The research provides an independent evidence base to inform UNISON's campaigning activities and to help LGB and T workers enjoy fairness and equality in the workplace and in the services they receive. It will also be of interest to funders and commissioners of public services and equality professionals working with LGB and T people.

### 2.1 Reductions in public spending since 2013

#### 2.1.1 Reducing the budget deficit

In May 2010 the then Conservative-Liberal Democrat Coalition government set out plans to close the deficit in the UK budget in a single parliament. Yet public sector cuts continued beyond this initial period. According to the Institute for Fiscal Studies (IFS), consolidation of public finances will now continue until 2017-18<sup>2</sup>. Although the current Conservative government is no longer wedded to eradicating the public spending deficit as quickly, the ultimate aim of reduction in state spending remains.

Spending cuts have not been evenly applied. For instance, spending on education in schools has largely been protected. However, in 2013 public health responsibility was moved to local authorities whose budgets have fallen by 28% in real terms since 2010<sup>3</sup>. Furthermore it was announced in the July 2015 budget that central government grants to local authorities would be cut by over a third<sup>5</sup>. Even within local authorities there are disparities in the level of cuts to public spending. According to research

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<sup>2</sup> Tetlow, G. (2013) *Cutting the deficit: three years down, five to go?*, online: <https://www.ifs.org.uk/publications/6683>

<sup>3</sup> National Audit Office (2014) *The impact of funding reductions on local authorities*, online: <https://www.nao.org.uk/wp-content/uploads/2014/11/Impact-of-funding-reductions-on-local-authorities.pdf>

<sup>4</sup> HM Government (2010) *Healthy Lives, Healthy People: Our Strategy for Public Health in England*, online: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216096/dh\\_1274\\_24.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_1274_24.pdf)

<sup>5</sup> IFS (2015) *Recent cuts to public spending*, online: [https://www.ifs.org.uk/tools\\_and\\_resources/fiscal\\_facts/public\\_spending\\_survey/cuts\\_to\\_public\\_spending](https://www.ifs.org.uk/tools_and_resources/fiscal_facts/public_spending_survey/cuts_to_public_spending)

published by the Joseph Rowntree Foundation (JRF)<sup>6</sup>, the most deprived areas have experienced cuts that are six times higher than in the least deprived areas.

## 2.1.2 The effect of reduced budgets on public services

One of the key ways public sector services (e.g. local authorities, health services, police etc.) have tried to protect service delivery is through finding 'efficient ways' of working, such as co-locating services and reducing internal spending. According to the JRF report, some local authorities have employed strategies to try to balance budgets and minimise the burden on frontline services. However research conducted by the Local Government Association (LGA)<sup>7</sup> found that 60% of local authorities no longer believe that efficiency savings will be able to bridge the gap left by reductions to their annual budgets. The research also found that two out of every ten councils felt they were not able to deal with cuts without reducing the services they provide.

## 2.1.3 Local authority provision for LGB and T people

Evidence suggests that LGB and T people are particularly affected by cuts in public spending. Under the Public Sector Equality Duty (PSED) - part of the Equality Act 2010 - public bodies are required to ensure equality considerations are reflected in the design of policies and service delivery. The Equality Duty covers nine protected characteristics, including sexual orientation and gender reassignment. The needs of LGB and T people, therefore, should be considered when developing and delivering publicly funded services.

Recent research by Liveable Lives<sup>8</sup> between 2014 and 2016, suggests that there has been a decrease in the number of local authorities who fulfilled their requirements under the Equality Act 2010 and the PSED. Apart from providing information about same sex marriages and civil partnerships, the research found that local authorities were doing little to no work directed at LGB and T populations. In some instances reductions in public spending were linked to this lack of provision.

## 2.2 Research aims

The overarching aim of this research was to explore perceptions of whether and how continued reductions to public spending have affected LGB and T people since the previous report in 2013. The specific objectives of the research were to:

- Provide qualitative insight into the way in which cuts to public services have affected LGB and T people from the perspective of service providers and LGB and T service users;
- Provide illustrative examples of the challenges arising from any public spending cuts for LGB and T service users and providers to inform UNISON's evidence base and campaigns; and to
- Explore views on the effects of spending reductions on LGB and T equality.

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<sup>6</sup> Hastings, A., Bailey N., Bramley, B. and Gannon, M. (2015) *The cost of the cuts: The impact on local government and poorer communities*, online:

<https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/CostofCuts-Full.pdf>

<sup>7</sup> LGA (2014) *Under pressure: how councils are planning for future cuts*, online:

<http://www.local.gov.uk/documents/10180/5854661/Under+pressure.pdf>

<sup>8</sup> Liveable Lives (2016) *Acting on Equalities: Are local authorities in England meeting the duties of the Equality Act 2010 and addressing sexual orientation and gender identity*, online:

<https://liveablelives.org/news/post/UK-equalities-report>

It should be noted that the focus of the research was to map the ways in which LGB and T people have been affected by public sector cuts. As we were commissioned to undertake qualitative research, we cannot say how widespread these experiences are among the LGB and/or T populations or in society more generally.

## 2.3 Methodology

### 2.3.1 Methods overview

The research used two qualitative data collection methods. **183 individuals** took part in total, of which:

- 176 made online written submissions. Of these, 11 also took part in a follow-up interview;
- Seven took part in an interview only.

The same data collection instruments (online questionnaire and topic guides) were used as in 2013 to aid qualitative comparisons. Conduct of the data collection is discussed in more detail below.

### 2.3.2 Sampling and recruitment

Invitations to complete the web submission were sent to 198 organisations providing services to LGB and T people. An internet search of relevant of LGB and T networks and organisations were combined with organisations identified by UNISON and by the research team. Organisations were sent an email and asked if they would forward it to their own network or other organisations they thought would be interested in the research. The email contained information about the study and a link to a secure webpage where they could find out more information and/or take part. They were also able to give their contact details if they wanted to take part in a telephone interview.

Participants were also invited to take part in the research using social media. We used Twitter to promote the research to relevant organisations and individuals. An advertisement was also posted on Facebook targeting LGB and T individuals inviting them to take part in the web submission. The advert contained information about the purpose of the research and a link to the webpage where participants could leave their written submission or contact details.

Participants who took part in an interview were selected purposively from among those making written submissions to ensure diversity by participant demographics and issues raised. Some participants did not want to make a written submission and were offered an interview instead. Prospective participants were initially approached by email and then contacted again to arrange a convenient time for interview.

Recruitment was monitored throughout the research to try to achieve diversity across the sample (e.g. with regards to age, disability, ethnicity, geographical location, sexual orientation and gender identity, and whether they were participating on the basis of being a service provider, service user or both). Where the level of response was low for particular groups of participants, recruitment strategies were adjusted to target groups who were under-represented in the research. Further details of the achieved sample in terms of sexual orientation and gender identity are provided in Table 2.1 and Table 2.2 below. Throughout the report we refer to participants in the capacity within which they participated in the research i.e. service user, service provider or both.

**Table 2.1 Achieved sample, by capacity in which individuals participated**

Participating capacity	Written submissions only	Written submission and interview	Interview only
LGB or T person (not a UNISON member)	33	1	0
LGB or T person (UNISON member)	67	3	4
LGB or T person AND service provider to LGB and/or T people (not a UNISON member)	32	3	2
LGB or T person AND service provider to LGB and/ or T people (UNISON member)	41	4	1
Prefer not to say	3	0	0
<b>Total by method</b>	<b>176</b>	<b>11</b>	<b>7</b>
<b>Total</b>	<b>183</b>		

**Table 2.2 Achieved sample, by individuals' gender, sexual orientation and gender identity (transgender experience)**

	Demographic	Number of individuals
Which of the following describes how you think of yourself?	Female	92
	Male	69
	In another way	15
	Prefer not to say	6
	Not applicable	1
	<b>Total</b>	<b>183</b>
Those who chose 'In another way' described themselves as:*	Trans women	2
	Trans man	1
	Gender fluid/gender queer/non-binary	11
	<b>Total</b>	<b>14</b>
Have you changed from the sex you were described as at birth (including thoughts or actions)?**	Yes	40
	No	134
	Prefer not to say	1
	Not applicable	8
	<b>Total</b>	<b>183</b>
What is your sexual orientation?	Bisexual	32
	Heterosexual	14
	Lesbian/gay	117
	Other	12
	Prefer not to say	6
	Not applicable	2
	<b>Total</b>	<b>183</b>
<p>* Respondents who responded 'in another way' to the question: 'which of the following describes how you think of yourself' were given the opportunity to specify how they identify, shown here. Only one respondent chose not to specify their gender identity.  **Full question wording: 'Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to?'</p>		

### 2.3.3 Data collection

#### Written submissions

Participants who completed a written submission were asked six open questions (see Appendix B). These questions covered:

- Whether the services participants used or delivered had been affected by reductions in public spending reductions and, if so, in what ways;
- Whether the cuts have affected individuals, including LGB and/or T individuals, their friends, families, colleagues and the wider LGB and T community;

- Examples of effects on individuals;
- Examples of effects on income and expenditure of individuals;
- Example of effects on health; and
- Any other comments.

Throughout the report written submissions are referred to as WS.

## Telephone interviews

Interviews were conducted using a topic guide, agreed with UNISON (see Appendix A) which covered themes including:

- Whether, and in what ways, reductions to public spending have affected LGB and T service users and providers;
- Responses to the cuts as an LGB and T person, service provider or in another capacity; and
- Whether, and in what ways, participants felt these issues had changed over the past three years.

Interviews were audio recorded on an encrypted, digital device, with participants' permission.

### 2.3.4 Analysis

Written submissions and interview data were analysed thematically using the Framework method, where data were entered into a thematic framework and linked with other demographic information collected about participants. Data were also compared with the findings from 2013.

### 2.3.5 Limitations of the research

It was beyond the remit of this research to quantify the impacts of austerity measures. Rather, this research draws on observations and examples from participants' lived experience, with a view to move away from anecdotal evidence. The research offers insights about the way in which LGB and T service users, providers and services have been affected by reductions in public spending. As qualitative research, it is not possible to report the prevalence of different views. It is also worth bearing in mind that the routes through which participants were recruited (LGB and T services and social media), might have led to those who felt more strongly about the subject matter and/or with more negative experiences opting into the research. The research needs to be viewed in the context of these strengths and limitations.

## 2.4 Report overview

The remaining chapters set out the findings in greater detail.

- Chapter 3 examines the nature and types of cuts discussed by participants;
- Chapter 4 looks at the effects felt by LGB and T people and service users;
- Chapter 5 concludes the report by exploring the effects of cuts on services providers.

## 3 The nature of the cuts

This chapter explores the nature of cuts in funding to services used by LGB and T people - both mainstream and LGB and T specialist services - from the perspective of service providers and users. Some participants reported no effects from cuts and we map the reasons given for this.

### 3.1 Types of cuts in funding

In 2013 participants spoke of their fears and concerns about the effects of spending reductions on service provision for LGB and T people. In 2016, some participants described how the cuts had become a reality for them.

Two areas of spending cuts were discussed. The first was **cuts to local authority spending**, which had made LGB and T specific services more dependent on charitable funding in a highly competitive and unpredictable environment. Difficulties securing local authority funding also led to barriers establishing longer-term sustainability. For example, one service provider described how local authorities were now less likely to offer long-term funding, even when services had demonstrated success using start-up funding from the charitable sector.

#### **Less likelihood of local authority funding to sustain successful services**

'Ordinarily you would get the Big Lottery funding for three years and then, by that time, you've kind of got yourself established as an organisation and the ordinary trajectory following that would be local government funding because it would be like, "Well yes, we know what you do, you can do things better than we can or we can work in partnership and we'll give you some money", and that ordinarily would be the...next stepping stone to us becoming not so dependent on grant funding and obviously that's not an option now.'

**(Interview 18, service provider, LGB and T information and advice service)**

In 2013 service providers described the way in which donations from service users had helped sustain services where local authority funding was reduced or unavailable. In 2016, such donations were not as prominent. Instead, providers discussed sometimes using their own personal savings.

The second area of concern about spending cuts and funding related to **the possible impact of the United Kingdom (UK) leaving the European Union (EU)**. The concern for service providers and users was that so called 'Brexit' might lead to loss of funding at a European level. For example, a service provider from an LGB and T charity in Northern Ireland said their organisation was dependent on EU funding channelled through their local authority.

#### **Fears of the implications of Brexit for accessing EU funding**

'It's a very frightening time for us in Northern Ireland especially because of Brexit and because of the possibilities that are born out of that. A lot of the European funding that had previously been available...has either been delayed or stopped. So we're really not sure where we stand in lots of ways and I mean quite often throughout our organisation's life we've had to actually dip into our own pockets to rescue it from closure.'

**(Interview 15, service provider, befriending and information service)**

Despite these concerns, some local authorities continued to routinely refer people to resource strapped voluntary sector organisations. The feeling among some service providers was that there was an expectation for them to work for nothing.

## 3.2 Reduced access to services

Table 3.1 below shows LGB and/or T service and support needs discussed in 2013 and/or 2016. The types of service where access was reported to be limited was consistent across 2013 and 2016, although access to both mainstream services (such as GPs) and specialist service provision for LGB and T people (such as counselling services or youth groups) was felt to have worsened. Need for employment services featured less prominently in 2016, while health and social care for older people was a new area of concern for service providers and users, discussed further below.

**Table 3.1 Types of LGB and T service and support needs**

Service	Support need
<b>Employment</b>	Unemployment services, information and advice
	Workplace discrimination services
<b>Health</b>	Sexual health services and information
	Mental health services
	Social support
	Substance misuse services
	Gender identity clinics, and transgender services and support
<b>Housing and welfare</b>	Homelessness services
	Housing related benefits services
<b>Crime and communities</b>	Hate crime support
	Hate crime reporting mechanisms
<b>Youth/education</b>	Sex education
	Anti-LGB and T/homophobia education
	Support services around sexual identity for younger people
	Financial support services for Higher Education
	Social spaces
<b>Older people</b>	Social and health care services

Service providers described how a lack of public funding meant they were unable to provide as comprehensive a service, often having to reduce their opening times and the range of services they offered. Reduced access to health services (especially mental and sexual health services) featured prominently in service users' experiences. In some cases specialist services were cut, while other service providers were put under pressure to restrict the range of services they provided.

#### **Cuts to mental health services**

'The funding cuts meant our counselling service had to be closed. This has had an effect on the many clients we had that used the service. We used to get referrals from social workers, doctors, mental health workers and other counselling services because of the specialist work we did, this has now gone.'

**(WS1567, service provider, sexual health service provider)**

#### **Cuts to sexual health services**

'A local voluntary sector HIV service targeted at gay and bisexual men has closed completely in my town. This service did a lot of work promoting safer sex and distributing condoms. This work is no longer visible. The HIV and sexual health services that I use are under pressure to see patients less often for check-ups. They have been told by managers to restrict appointments to direct HIV issues only. This means it's harder for them to treat people in a more holistic way.'

**(WS1965, service user, gay man)**

Youth service provision had also been cut by many local authorities. Such cuts were thought by service providers and younger adults to leave LGB and T young people without access to invaluable support. This was seen to be especially problematic because coming to terms with their identity and/or coming out to family and friends could be a very challenging period for some LGB and T young people. Service providers delivering support in schools were also concerned about insufficient funding for LGB and T young people; the funding available was reported to be one-off or short-term.

#### **Cuts to LGB and T youth services**

'Universal services for children and young people have suffered generally from the reduction in public spending of the current government. Unfortunately this affects many of the country's vulnerable children including LGBTQ [lesbian, gay, bisexual, transgender and queer] young people. In particular, the continuing lack of investment in early intervention and in mental health services for young people means that children and young people often reach crisis point before services are offered to them...Pots of funding are often short term...and [this] does not allow time to make a lasting impact or ensure cultural change in organisations e.g. schools, towards LGBTQ young people and parents. It is positive that locally there are small funding avenues available for this work but I think support for LGBTQ young people needs a commitment more centrally and longer term backing.'

**(WS123, service provider for children and young people)**

Cuts in funding of public transport were also linked to difficulties faced by younger LGB and T people. For example, one service user said that there were no bus services in the evenings where he lived and that some routes had stopped altogether. He thought that this prevented some young LGB and T people gaining access to services which could be important in establishing a positive sense of identity.

### **Cuts to transport impacting on LGB and T people's ability to socialise and express themselves**

'It's more than cuts to specialist services...it's the things that you don't think are important...I've been banging on about buses...I think those are the type of things that, as you're growing up, it's giving people the access to find out who they are. And if you take those tools away from people who haven't got opportunities to get to places to find out who they are, then...you're storing up trouble for the future...If people are able to feel comfortable enough to come out because they've had access to decent libraries or they're where they can talk about things and they've got positive role models and there's a bus that runs until ten o'clock, so they can go...and get home safely. '

**(Interview 9, service user, lesbian)**

A new area of concern in 2016 was access to care and support for LGB and T older people. One service user expressed her concern that LGB and T people seemed to be 'bottom of the list' where planning of such services was concerned.

### **Lack of planning and provision for older LGB and T people**

'There's going to be an ageing LGBT population; are care homes or is the council looking at training [for staff]?...We're bottom of the list.'

**(Interview 5, service user, prefer not say)**

Further examples of cuts in services are shown in Table 3.2 overleaf.

**Table 3.2 Specific cuts in services that were mentioned in 2013 and 2016**

Service provided	Description of cuts
<b>Mental health services</b>	Mental health services targeted at LGB and T people were reported to have been reduced or closed. Both mainstream and LGB and T specific counselling services had been reduced, resulting in increased waiting times and certain longer-term therapies being unavailable. In some case they had been cut completely. LGB and T specific services were often provided by volunteers.
<b>Gender Identity Clinics (GICs)</b>	Users and providers described long waiting times and services that lacked sufficiently trained and knowledgeable staff.
<b>Sexual health services</b>	Sexual health services commissioned through local authorities had cut services with specialist LGB and T expertise, outreach and health promotion work. Participants told us that services continued to face reductions in funding or closure and were increasingly incorporated into general health services.
<b>Youth services</b>	Youth services generally, and LGB and T specific services, were said to be disappearing. Funding had become so restricted, that services were said to be sustained by volunteers or youth workers rather than local authority funding.
<b>Information services</b>	Libraries had cut paid staff and opening hours had been reduced. Some participants feared they were at risk of disappearing completely.
<b>Domestic violence helplines</b>	A helpline for LGB and T people experiencing domestic abuse had closed and others had reduced their opening hours.
<b>Reduced outreach e.g. in schools</b>	LGB and T sexual health outreach had started to charge for services in schools. Funding was sometimes one-off and activities were considered unsustainable in the longer-term.

Participants thought that cuts were a ‘false economy’ because lack of support would only exacerbate individuals’ problems further down the line. Similar views arose in 2013, where spending reductions and cuts to services were seen as ‘kicking problems into the long grass’. The perceived effects of funding and service cuts for LGB and T people are discussed in Chapters 4 and 5.

### 3.3 No cuts or effects

Not all participants experienced effects from public spending reductions. They gave the following reasons:

- **No funding for services in their area to begin with:** Some voluntary sector LGB and T service providers said they had never received direct funding and therefore the cuts over the last three years made no difference.

- **No effect personally:** Some participants described no effect on them personally or on services they provided but were aware of negative effects on other people or organisations. For example a provider of an LGBTQ youth support charity explained that their local authority funding had actually increased, but they knew of others that had been adversely affected. A mother of a transgender child described ‘fantastic’ experiences of a GIC and child adolescent mental health services (CAMHS) but also reflected that reductions had impacted ‘many LGBT people and families’. This perhaps suggests varying access to services.
- **Treatment accessed before spending reductions began or took hold:** Participants who had begun accessing LGB or T services before spending reductions were implemented explained their treatment had not been affected. In particular, existing users of GICs explained they had not been affected by increased waiting times because they had begun transitioning before the cuts.
- **Service provision was protected or restructured:** Like in 2013, in some cases service providers told us that restructuring had protected them from cuts. However, providers also explained that as a result of restructuring they were expected to meet the same demands with less resource which had impacted on staff morale and stress levels. Another consequence of restructuring was that participants reported spending more time on securing funding at the expense of delivering services. As in 2013, participants were concerned about the sustainability of this.
- **Services were provided by volunteers:** Some voluntary sector service providers were able to continue providing their service by using volunteers. However this had implications for delivery, as volunteers understandably had other responsibilities which limited the time they could dedicate to the service. LGB and T service providers also told us they thought they were being asked by local authorities to provide essential services, such as mental health services, for free when they felt these services should have attracted statutory funding.

Where service providers or users did not report direct effects from reductions in public spending, this was often due to services being unavailable to begin with, good fortune in terms of timing, or because services had been restructured. The increased use of volunteers may be seen as a positive development if it means services can be sustained. However it was clear that volunteers sometimes had to balance providing complex services with other responsibilities which made their input difficult to maintain in the long-term.

## 3.4 Chapter summary

There were two key areas of reductions to public spending discussed by participants:

- **Cuts to local authority spending:** The consequence of this was that LGB and T specific services were more dependent on charitable funding in a highly competitive and unpredictable environment. Difficulties securing local authority funding also led to barriers establishing longer-term sustainability.
- **Possible loss of funding at European level as consequence of UK leaving the EU:** The concern for service providers and users was that so called ‘Brexit’ might lead to loss of funding at a European level.

Cuts were reported to have led to reduced access to services:

- **Services that participants reported limited access to remained the same in 2013 and 2016:** The types of services included health services, support with hate crime in communities and youth support services. Access to both mainstream services (such as GPs) and specialist service provision for LGB and T people (such as counselling services or youth groups) was reported to have worsened.

- **Reduced funding meant service providers were unable to provide a comprehensive service:** The effect of this was services having to reduce their opening times and/or the range of services they offered. Health services (especially mental and sexual health) and youth service provision featured prominently here.
- **Reduced access to service considered a ‘false economy’:** Participants felt that a lack of support would only exacerbate individuals’ problems further down the line.

Some participants felt they had not been affected by reductions to public spending, giving the following reasons:

- **There was no funding for services in their area to begin with:** Some voluntary sector LGB and T service providers said they had never received direct funding and therefore the cuts over the last three years made no difference.
- **No effect personally:** Some participants described no effect on them personally or on services they provided but were aware of negative effects on others.
- **Treatment accessed before spending reductions began or took hold:** Participants who had begun accessing LGB or T services before spending reductions were implemented explained their treatment had not been affected.
- **Service provision was protected or restructured:** Like in 2013, restructuring had protected some service providers from cuts.
- **Services were provided by volunteers:** Some voluntary sector service providers were able to continue providing their service by using volunteers. However, this was not without its challenges.

## 4 Effects of cuts on LGB and T people and service users

This chapter provides insight into the many ways LGB and T people have been affected by reductions to public spending over the last three years. It looks first at why cuts in public funding of services were thought to have a disproportionate effect on LGB and/or T people. It then looks at the effects of cuts in a number of ways, including:

- Financial hardships;
- Identity and support needs;
- Marginalisation and invisibility of LGB and T needs; and
- A growing feeling of reversal of positive gains in equality for LGB and T people and an increased sense of vulnerability to prejudice and discrimination.

Wherever possible, the chapter draws on direct experiences of LGB and T people themselves. Often, however, participants talked about other people they knew such as friends, family and clients. Throughout the chapter there is reference to comparison between the 2013 and 2016 findings.

### 4.1 Disproportionate effect on LGB and T people

A consistent theme in 2013 and 2016 was that, although participants thought all types of people would be affected by reductions in public funding, they felt that they had a disproportionate effect on LGB and T people. Reasons given for this included:

- **LGB and T people are affected by prejudice and discrimination:** LGB and T people were felt to face a 'double bind'. This meant they were more likely to experience health inequalities arising from prejudice towards them (especially in relation to mental health), while also receiving less support and fewer services because of these same prejudices. Participants felt they were amongst the most vulnerable and disadvantaged in society.
- **Lack of power (relative to other groups) to prevent cuts:** Minority groups were perceived by service users and providers to have less power to affect decision-making and therefore more likely to 'lose out'. It was felt this relative lack of voice in decision-making meant that services specific to minority groups could make quick savings because of limited opposition.
- **LGB and T services not prioritised:** LGB and T services were perceived to be regarded as less of a priority for funders, and sometimes less deserving of services than other minority groups. This appeared to be evidenced by a lack of investment in specific services for LGB and T people (e.g. counselling services, domestic abuse services) and the closure of LGB and T spaces (e.g. support groups).
- **LGB and T people less 'popular' with charitable funders:** Participants perceived the LGB and T community were less popular with some charitable funders and as a consequence were more reliant on public funding for their services. Reduced public funding therefore hit them harder.
- **Public complacency towards LGB and T equality:** There was a view that the public felt equality had been achieved for LGB and T people; for example, through same sex marriage. Participants highlighted that in fact, hate crimes towards LGB

and T people was still prevalent. This is confirmed by recent Home Office figures<sup>9</sup>, which show that reported hate crime against LGB and T people is increasing.

- **Indirect discrimination:** A failure by government and public bodies to recognise the possible disproportionate impact on LGB and T people was described by one service provider as ‘indirect discrimination’.

The following sections describe the effects of the cuts on LGB and T people. A comparative study with non-LGB and T people would be required to confirm if this is the case.

## 4.2 Financial hardship

In the 2013 report, participants had mainly focused on anticipated hardships. By 2016, these fears had become a reality. Those affected told us that continued reductions in public spending led to shorter-term contracts, their pay being frozen for some years, pay reductions and redundancies. This was reported by service providers and users. A significant effect was the uncertainty this created for people around salaries and the permanency of employment contracts. Redundancies caused service providers great financial hardship as well as a loss of expertise and specialist knowledge.

### 4.2.1 Poor public and voluntary sector employment conditions

#### Short-term contracts

According to some participants, a symptom of reduced public spending was a change in the way staff were employed in public and voluntary organisations. Participants who were seeking work explained that they were only able to find fixed-term contracts. Uncertainty about succession funding for services was seen to underpin this change. Participants working under fixed-term contracts reported a sense of insecurity and instability. For example, one explained that they were not able to successfully apply for a mortgage because their mortgage lender required permanent employment status.

#### Pay freezes and reductions

Across LGB and T participants, service users and providers, there were reports of pay cuts or reductions in pay in real terms. One participant working in the charity sector reported a £7,000 pay cut, mainly because the charity was reliant on public funding. However a more recurrent theme was for people to have experienced pay freezes.

#### Continued financial hardship through pay freezes

‘I have been subject to a pay freeze for years with no real prospect of a decent pay rise in the near future.’

**(WS698, service user, lesbian)**

Pay freezes and reductions left people feeling despondent and uncertain about when their situation might change. For some, this was coupled with a fear that ultimately they could be made redundant if the services they worked for continued to face budget cuts.

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<sup>9</sup> Home Office (2016) *Hate Crime, England and Wales, 2015/2016*, Statistical Bulletin 11/16, online: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/559319/hate-crime-1516-hosb1116.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/559319/hate-crime-1516-hosb1116.pdf)

Service providers, particularly those working in local authorities, explained that they were concerned their roles were at risk if they were perceived not to be 'busy' at work.

## Redundancies

For some, redundancy due to reduction in public spending was a reality. Others provided examples of colleagues or friends that had been made redundant. Those who experienced or witnessed redundancies were from both public and voluntary sector organisations that relied upon public funding. The effect of redundancies for LGB and T service users and providers was twofold:

- Service providers reported experiencing financial difficulties, with some having to claim Jobseeker's Allowance or take lower-paid roles;
- Redundancies had led to a dearth of expertise and knowledge within specific services for LGB and/or T people. This sometimes affected the quality of service provision due to gaps in knowledge as well as there being fewer people available to deliver services. For example, a service provider which aimed to help the most vulnerable LGB and T young adults in the local authority had to reduce their outreach workers from six to two. The outcome was that some vulnerable young LGB and T people were no longer eligible for the service because of insufficient capacity to deliver the service safely.

### **Case example: Where redundancy left a youth group without support**

A service provider for a local authority was running a LGB and T youth group, delivering mentoring, counselling and school support to tackle homophobic, biphobic and transphobic (HBT) bullying. They were made redundant and the services that they provided were no longer available. The participant felt that the LGB and T young people he served had been abandoned and tried to continue to run the service by setting up a registered charity. Due to lack of financial buy-in from the local authority they have found this difficult to continue.

**(WS583, service provider and service user, LGB and T youth group)**

## 4.2.2 Cutting back on spending due to reduced income

When asked about whether they had been affected financially by public spending cuts, those who were affected said they had become more cautious about how they spent their money. Job insecurity, difficulty obtaining mortgages and high private rents also contributed to this caution.

One area in which financial hardship was compounded was where service users felt they had to fund their own care. No or limited support specific to LGB and T people's needs, or long waiting times, led some participants to pay for healthcare privately. This was not easy for some, as it meant they had to cut back on daily living expenses. For example, one participant who identified as transgender reported using their savings to pay for counselling because they had not been able to access support via their GP. They felt the financial burden was worthwhile because the counsellor had a good understanding of mental and emotional wellbeing needs in relation to gender identity.

In other cases, participants went without treatment as they needed to put money towards other pressing needs. For example, one participant made the difficult decision not to go ahead with counselling because she had to save money for a deposit on a house.

### **Choosing between counselling and buying a house**

'I have gone without therapy. The alternative would have been to pay £60+ a week for an open ended amount of time. This amount of money would have significantly impacted my ability to save towards buying a house, which I chose to do instead, having recently moved into a shared ownership property. I had to choose between paying privately to treat my mental health and saving in order to provide a stable housing situation for myself, my partner and future family.'

**(WS953, service user and service provider, trans woman)**

In some instances, LGB and T people felt their financial 'safety net' had been removed and they felt exposed and vulnerable financially.

## **4.3 Identity and support needs**

In 2013 LGB and T people and service users felt strongly that reductions to public spending compounded existing difficulties within health and wellbeing services. In this context they gave examples of worsening service conditions, longer waiting lists, inflexible appointment times and a reduction in tailored support. By 2016 participants reported that a significant effect of these changes was that LGB and T people were less able to access support in relation to their identity when they needed it. Two groups were highlighted in particular: young people and transgender people. LGB and T people and service providers described the following effects of reduced funding:

- Reduced access to specific LGB or T health and wellbeing services such as counselling or sexual health services;
- Reduced access to mental health services which was felt to have led to increased psychological distress, with some participants having considered self-harm or suicide. Alcohol and drugs were cited as coping mechanisms;
- Limited social support during challenging times and feelings of confusion and isolation as a result;
- Health professionals relying on 'quick fixes' such as antidepressants in crisis situations, because of restricted access to appropriate mental health services.

### **4.3.1 Reduced access to LGB or T specific health and wellbeing services**

Service providers and LGB and T people felt sure there were fewer services targeted at LGB and/or T populations in the last three years. This was the case for both public services specifically for LGB and T people (e.g. dedicated LGB and T sexual health services) and voluntary and community services (e.g. youth groups and LGB and T counselling). In both cases, reduction in the ability of local authorities to fund or contribute to these services financially was seen as key to their decline.

LGB and T people explained that the consequence of this was that there were little to no services available that specifically met their needs and/or addressed the particular issues that LGB and T face. For example, one participant had initially received support from a counsellor who had specific understanding of their LGB needs; they were frustrated when they were no longer able to receive this support.

### **Limited access to specific LGB and T counselling**

'I used to be able to access a support worker who knew me and a counsellor who understood LGBT issues - they were [allocated] to me for this reason - and now I just get whoever is free and get told, "It's cut backs, we're sorry, there is nothing we can do about it".'

**(WS972, service user, lesbian)**

Reduced access to LGB and T sexual health services had sometimes resulted in concerns about using mainstream services for fear of exposing their sexuality. For example, a gay man reported feeling uncomfortable using a mainstream health service because he felt his sexuality was obvious to other service users. He felt unsure about whether he would receive treatment in a non-discriminatory way.

## **4.3.2 Reduced access to mental health services and increased psychological distress**

In 2013 there were few first hand examples of LGB and T people being affected by cuts to mental health services. By comparison, in 2016 a lack of access to mental health services emerged as a prominent theme. Notably, research by Community Care and the BBC<sup>10</sup> using Freedom of Information requests in 2015 found that funding from NHS Trusts to provide mental health services had fallen by 8.25% in real terms over the course of the last parliament. This was reflected by our participants in 2016, in that service users reported difficulties accessing health and wellbeing services (such as counselling and talking therapies) when they most needed them.

## **Substance misuse, self-harm and suicide among LGB and T young people**

Self-harm, substance misuse and, in extreme circumstances, suicide, were reported as potential issues for LGB and T young people by some service providers. They also described long waiting lists, reduced access, or no services at all for this group. Young transgender people were considered particularly vulnerable. Examples were given where they had been refused services altogether because CAMHS did not have the expertise required.

### **Trans young people at particular risk of self-harm and suicide**

'Trans youth are particularly vulnerable due to the risk of self-harm and suicide, but services to support them are lacking, with CAMHS teams often refusing to support young people due to lack of knowledge on trans issues.'

**(WS371, service provider, voluntary organisation supporting young people with gender identity needs)**

These findings are in the context of wider concerns about CAMHS. Young Minds, a charity that supports young people with emotional wellbeing and mental health, conducted research using Freedom of Information requests<sup>11</sup>. They found that 75% of Mental Health Trusts froze or cut their budgets between 2013/14 and 2014/15, leading

<sup>10</sup> McNicol, A. (2015) *Mental health trust funding down 8 per cent from 2010 despite coalition's drive for parity of esteem*, online: <http://www.communitycare.co.uk/2015/03/20/mental-health-trust-funding-8-since-2010-despite-coalitions-drive-parity-esteem/>

<sup>11</sup> Young Minds (2015) *Widespread cuts in children and young people's mental health services*, online: [http://www.youngminds.org.uk/news/blog/2942\\_widespread\\_cuts\\_in\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_services](http://www.youngminds.org.uk/news/blog/2942_widespread_cuts_in_children_and_young_people_s_mental_health_services)

to reductions and cuts to CAMHS. In response to research conducted by the Guardian<sup>12</sup>, Young Minds conducted their own analysis of the findings and highlighted that without treatment young people are more likely to self-harm, become violent and aggressive and leave school<sup>13</sup>.

### 4.3.3 Lack of support during challenging times

#### Lack of sustained support for LGB and T young people

In 2016 there was a growing concern, particularly among service providers, that services to support LGB and T young people were being affected by reductions to public spending. The key concern was that there was less support in the form of LGB and T youth groups and services, as well as less sustained support for LGB and T young people in schools. The perceived effect of reduced support was twofold:

- **Barriers to coming to terms with sexual orientation and gender identity:**  
Service providers were concerned that LGB and T young people would have nowhere to seek advice and support in relation to their sexual orientation or gender identity. This was particularly significant for young people who might find it difficult to come to terms with their identity.
- **Difficulties challenging prejudice against LGB and T pupils in schools:**  
Service providers, especially in schools, thought promotion of equality and challenges to HBT bullying were in decline. They were concerned that funding for these activities was often one-off and not sustained. Participants who had delivered services for LGB and T young people in schools reported that short-term contracting of services to challenge HBT bullying did not provide sufficient long-term support for young LGB and T people.

#### **Short-term contracts for support for LGB and T young people**

‘The current lack of funding in children’s services means that pots of funding are often short-term for a year or two years, which also does not help young people as this does not allow time to make a lasting impact or ensure cultural change in organisations e.g. schools, towards LGBTQ young people and parents. It is positive that locally there are small funding avenues available for this work but I think support for LGBTQ young people needs a commitment more centrally and longer-term backing.’

**(WS123, service provider and service user, supporting LGBTQ pupils in schools)**

#### Less support for transgender people

Participants who identified as transgender reported they experienced a lack of support during challenging periods of coping with gender dysphoria or feelings of isolation due to not having anyone to discuss their gender identity with. They highlighted a lack of psychological support or support that did not meet their needs and limited access to GICs (with waiting lists reported to be over four years in one area). Appropriate emotional support was seen as crucial where transgender people were considering surgery and the emotional challenges that came with this. A lack of mental health support and/or support from GICs left some service users feeling alone and considering self-harm and suicide.

<sup>12</sup> The Guardian (2016), *Quarter of a million children receiving mental health care in England*, online: <https://www.theguardian.com/society/2016/oct/03/quarter-of-a-million-children-receiving-mental-health-care-in-england>

<sup>13</sup> Young Minds (2016), *New report raises questions about CAMHS inadequacies*, online: [http://www.youngminds.org.uk/news/blog/3437\\_new\\_report\\_raises\\_question\\_of\\_camhs\\_inadequacies](http://www.youngminds.org.uk/news/blog/3437_new_report_raises_question_of_camhs_inadequacies)

### 4.3.4 'Quick fixes' to complex needs

In the absence of access to appropriate mental health support, some service users reported that health professionals provided 'quick fixes' to meet their needs, such as antidepressants. Individuals noticed they were usually offered medication before talking therapies and were concerned about the length of time they were expected to take medication for.

#### **'Quick fixes' instead of longer-term mental health support**

'My GP and mental health services have generally been good. I haven't noticed a reduction in service, although they are happier to provide antidepressants and short CBT [cognitive behavioural therapy] treatment than talking therapies, which I really need more.'

**(WS1695, service user, gay man)**

This suggests that there may be a growing gap between LGB and T mental health needs and provision. The result was that psychological problems were being left unresolved as people were prescribed medication that was initially suggested as a 'stop gap'.

## 4.4 Marginalisation and invisibility

The 2013 report found an increased sense of anxiety about the availability of services for LGB and T people, which had led them to feeling marginalised within their communities. Some LGB and T people said they had begun to see themselves as an 'afterthought' and progressively more invisible in the eyes of policy makers and local authorities. This was still the case in 2016 and had been exacerbated by the closure of specific LGB and T services. As such, participants reported there was less opportunity to socialise and connect with other LGB and T people (particularly in remote areas) and some had started using the internet to connect with others.

#### **Isolated due to no local LGB support**

'There used to be a support group for LGBT people in my local area which was accessible. However, with the cuts to public funding, this isn't an option available to me. I feel more isolated now and rely on the internet to connect with other LGBT people.'

**(WS487, service user, bisexual woman)**

An older gay man similarly reported that cuts to local LGB and T community services that catered for older people left him feeling less connected. This was because he no longer had anyone to talk to and socialise with beyond the commercial LGB and T 'scene' of pubs and clubs, which he could not afford.

#### **Isolated because cannot afford to socialise**

'I feel less connection with the gay community because I can't afford to go out now. It's sad and I feel isolated'.

**(WS373, service provider and service user, gay man)**

Other examples of increased marginalisation and invisibility were the loss of LGB and T equality posts in local authorities.

## 4.5 Reversal of gains and vulnerability

One reason given by participants for reductions in spending on LGB and T services was that policy makers and funders might feel that LGB and T equality had already been achieved. In particular, the Equality Act 2010 and the Marriage (Same Sex

Couples) Act 2013 were regarded by participants as giving a false sense of equality gains.

On the contrary, some participants said that they had observed changes which suggested a reversal of progress for the LGB and T community. These participants emphasised the closures of publicly funded services and rises in hate crime targeted at LGB and T people. This left LGB and T people feeling more vulnerable and open to discrimination, not less.

These feelings are not unfounded as recent government statistics for 2015/16<sup>14</sup> indicate there has been a rise in reported hate crimes related to sexual orientation (25% increase) and against transgender people (44% increase). Although the Home Office suggests these rises may be due to improvements in reporting, they state that they cannot be sure and therefore this could be an increasing problem. Service providers told us that funding to provide support and advice around reporting hate crime against LGB and T people had been reduced. This suggests that a rise in reported hate crime might be happening despite reduced reporting opportunities. If so, this suggests an even more worrying trend.

#### **Case example: Redundancy of hate crime prevention role**

A service provider working in hate crime prevention for a local authority was made redundant in 2016. Part of their role was to work closely with the LGB and T community and people who had been affected by hate crime, by signposting people to support services and responding to hate crime incidents. The outcome of their role being cut was that the local authority no longer had anyone proactively responding to hate crime and people could not access advice and support when incidents occurred.

**(WS705, service provider, equality and diversity officer)**

Another issue that fed into fears about reversal of progress and vulnerability to discrimination was so called 'Brexit' (the referendum decision which will lead to the UK leaving the EU). The reasons for this were not totally clear, although some LGB and T people might have remembered the support for LGB and T rights from the European Court of Justice and European Court of Human Rights before the British government introduced them. It is also possible that such fears arose as a consequence of aspects of the campaign focused on leaving the EU, which sometimes included xenophobic and anti-immigrant narratives, although participants did not specifically mention this.

## 4.6 Chapter summary

This chapter explored the effects that reductions to public spending have had on LGB and T people, service users and service providers. The key findings are:

- **Reductions in public spending were regarded as having a disproportionate effect on LGB and T people:** Participants reported they experienced prejudice and discrimination in a number of ways. As a minority group they felt they had less power over decision making that affected them. They thought LGB and T groups were considered less of a priority and less 'popular' with funders.

Four main effects of spending reductions were identified:

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<sup>14</sup> Home Office (2016) *Hate Crime, England and Wales, 2015/2016*, Statistical Bulletin 11/16, online:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/559319/hate-crime-1516-hosb1116.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/559319/hate-crime-1516-hosb1116.pdf)

- **Financial hardship:** Financial hardship due to short-term contracts, pay freezes, pay reductions and redundancies resulted in greater feelings of job insecurity and cutting back on spending.
- **Identity and support needs were not being adequately addressed:** Participants reported less psychological and affirmative social support in relation to their identities, especially among younger LGB and T people and transgender people. Reduced access to such support in challenging times led to psychological distress or to inappropriate 'quick fixes' to complex mental health problems. Some service providers were concerned that a lack of appropriate support could lead to substance misuse, self-harm or even suicide.
- **Marginalisation and invisibility:** Participants felt their needs were being continually considered as an afterthought. Closure of LGB and T specific services led to some participants feeling there was nowhere to access support that enabled them to connect and socialise with the LGB and T community. This in turn made them feel more isolated.
- **Reversal of gains and vulnerability:** Changes were observed by some participants that were felt to indicate that equality had been reduced rather than fostered over the last three years. In particular, services targeted specifically at LGB and T people were disappearing. There was also concern about the apparent rise of HBT hate crime, which was partly seen as a consequence of the recent referendum decision which will lead the UK to leave the EU.

# 5 Effects of cuts on services and staff

This chapter looks at the effects of spending reductions on service provision and staff that were providing services to LGB and T people. The first part explores service providers' views on effects on services, such as: a greater focus on survival rather than service delivery; the loss of experienced and knowledgeable staff; and less awareness-raising, service monitoring and community engagement. The second part explores the effects of reduced public spending on service providers themselves. For example: the effect on service providers' workload; low staff morale; and terms and conditions in the workplace.

## 5.1 Effects on services

In our 2013 report participants described their fears and concerns regarding the cuts to services. In 2016 service providers observed more tangible effects on services. This included mainstream providers who were delivering services to LGB and T people and services specifically targeted at LGB and T people.

### 5.1.1 Focus on survival

Voluntary sector service providers serving LGB and T people told us that, relative to the earlier report, lack of funding (especially core funding from local authorities) was now so severe that many charities were struggling to survive. The absence of core funding in particular meant that the priority for service providers was increasingly on paying for rent and utilities rather than organisational objectives, such as raising LGB and T awareness and outreach to the LGB and T community.

In the absence of local authority funding, service providers in the voluntary and community sector said that competition for funding was 'fierce'. This competition was especially challenging for smaller organisations that lacked the infrastructure of an internal team dedicated to fundraising and applying for funding<sup>15</sup>. One provider working with LGB and T young people explained that, rather than supporting young people, they were increasingly focused on communications work and raising money from corporate organisations to fund service delivery. They felt that this took them away from serving the needs of LGB and T young people. Ironically, this also meant they were less able to demonstrate the value of what they could do to support young people.

Voluntary sector participants also told us that local authorities were increasingly relying on LGB and T organisations staffed by volunteers, whereas they had previously provided funding to support paid employees. In some cases participants said that LGB and T support services were being run almost entirely by volunteers in order to survive. There were, however, concerns about this reliance on volunteers. This was because of the limited time that most volunteers could offer when they were balancing their time with paid work or other responsibilities. The result was that services were said to be more unpredictable in delivery and less comprehensive in the service they offered.

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<sup>15</sup> This was also a pattern found in research by the Institute for Public Policy Research. Hunter, J. and Cox, E. (2016) *Too Small to Fail: How small and medium-sized charities are adapting to change and challenges*, Manchester: Institute for Public Policy Research (North).

### **Case example: Loss of local authority funding forcing a youth service to rely on volunteers**

An LGB and T youth worker said that the support service he worked for had lost local authority funding as part of cuts to youth services in general. The service was transformed into a charity run entirely by volunteers, with a more limited remit. They were no longer able to provide a counselling service; had to cut their mentoring service for LGB and T young people because securing continuous funding was taking too much time; and had to start charging schools for outreach which they used to provide for free.

**(Interview 6, service provider, LGB and T youth group)**

Participants from charities serving LGB and T people and dealing with homophobia, biphobia and transphobia felt that often, other service providers expected them to provide information and services for free. This was at the same time as they were told there was no capacity to fund their service.

## **5.1.2 Loss of LGB and T knowledge and expertise**

As in the 2013 report, service providers told us one effect of reduced funding was the loss of specific knowledge and expertise from their service. This arose when staff were made redundant or a specific LGB and T equality role was absorbed into a wider role. The key issue was that experienced staff took knowledge of LGB and T services and contacts with them when they were made redundant. This affected the ability of the service to meet users' needs.

Use of short-term contracts compounded this problem, with experienced staff often looking for more permanent positions and being replaced by cheaper, less experienced staff. Consequently it was felt by some service providers that the quality of their service was significantly affected during the periods in which new staff were recruited and trained.

Some participants also said that frequent turnover of staff in the public and voluntary sectors meant that it was difficult to establish robust networks and build relationships with colleagues in other services for signposting purposes. An example was a participant who worked with homeless LGB and T people and would help them deal with incidences of HBT hate crime by referring them to LGB and T local police Liaison Officers:

### **Loss of LGB and T specialists and rapid turnover of staff**

'A few years ago...there was quite a few regular, trusted LGB and T police Liaison Officers you could work with. But now the number of named officers has shrunk and people move round those posts so quickly that you can't really establish ongoing relationships in terms of providing support for clients. So that's...about the turnaround of staff...in the public sector being so large that you're not able to hold on to [the] knowledge base.'

**(Interview 10, service provider, housing)**

## **5.1.3 De-prioritisation of LGB and T services and roles**

Staff fulfilling specific LGB and T equality roles within local authorities and the public sector told us they had to take on a wider remit for their organisation, therefore diluting the support for LGB and T people that they previously provided. In particular, Equality Officers said they were given an increased and wide-ranging remit that was difficult for them to cover. Similarly, service providers described LGB and T services being

increasingly blended into mainstream services. This homogenisation of services was thought to raise a number of issues:

- **Less focus on LGB and T issues:** For instance, local authorities were expecting voluntary organisations to deliver a service that supported a variety of groups, rather than focusing on LGB and/or T populations specifically.
- **Fewer posts dedicated to working with LGB and T people:** Some local authorities had cut LGB and T specific posts. For example, a LGB and T youth worker post had been cut and young LGB and T people were expected to access appropriate support from mainstream youth work or school support instead. There were also reports of Equality and Diversity positions having been cut, or Equality roles that specialised in LGB and T people incorporated into a single post. Sometimes this had resulted in Equality leads being unaware of the changing landscape in relation to LGB and T identity and issues. Participants thought this could damage relationships with the LGB and T community in the longer-term.
- **Reluctance of LGB and T people to access general services:** As discussed, service providers felt LGB and T people were less likely to access general services because of fears of inappropriate or discriminatory treatment.

Service providers and commissioners also told us that staffing limitations meant LGB and T providers had little time to attend networking events and influence decision-making about funding. Service providers reported that the effect of this was that LGB and T needs were less well represented when planning service provision.

#### **Case example: Reduced LGB and T representation in decision-making about funding**

A Commissioner for a public health agency explained that organisations they commissioned were less able to represent the LGB and T sector as staff were having to concentrate on delivery: 'Their key priority is to deliver the service they're being commissioned to deliver but their ability to continue to...lobby and represent LGBT rights and...[sighs] I suppose represent the voice of LGBT people at...key influencing groups would be reduced...I've seen [that] over the last couple of years.'

**(Interview 2, service provider, equality and diversity)**

### 5.1.4 Reduced LGB and T awareness-raising, monitoring and engagement

Service providers from across different sectors observed that LGB and T services were increasingly seen as a lower priority in the context of funding cuts. There was a perception that LGB and T equality and inclusion were being regarded by some funders as 'buzzwords' with little value. This was seen in three ways:

- **Less awareness-raising and training:** Training on equality and diversity was reported to be out of date, in particular for LGB but especially transgender or non-binary gender awareness and for intersex people. Participants said that there was less money for LGB and T awareness-raising and equality training.
- **Reduced monitoring of whether LGB and T people were using services:** This meant there was no way of knowing whether LGB and T people felt able to access services. A risk, therefore, was that service providers would not know if they were meeting LGB and T service users' needs or not.
- **Reduced community engagement:** Members of the police force who were responsible for engaging with the LGB and T community (e.g. at Pride events and investigating hate crimes) explained how less time was dedicated to engaging LGB and T people and that this corresponded to reduced awareness and understanding.

### **Lack of engagement with LGB and T community meant that police were less aware of their needs**

'If you're an organisation like ours that used to do a lot more outreach work and a lot more work at community events...By actually doing Pride events and by being in the community and in the LGBT community, they [police officers] learned about what are the right questions to ask...We limit the experience of those members of staff to provide the service when somebody does come in at a point of crisis because they're not used to dealing with it in that community environment. So...the education, the awareness and everything else that goes with that, it doesn't happen beforehand so they reach a point whereby they've got maybe that horrible crime to deal with that's happened to somebody and they don't quite know how to address it because we could have involved them through, as I said, attendance at kind of equality or Pride events...If we could have expanded that to more people, they gain the experience and they gain the knowledge and they also gain the confidence.'

**(Interview 2, service provider, equality and diversity)**

Some participants felt that work to report and tackle hate crime had stopped. In this context, some felt that the relationship between the community and the police had deteriorated because LGB and T people felt no action would be taken by the police when a hate crime was reported.

## **5.1.5 Increased pressure on frontline services**

Frontline service providers were of the view that reductions in public spending had increased pressure on them, especially in the health sector. According to participants, the pressure on health and wellbeing services over the past three years was such that frontline services such as GPs and emergency services (e.g. police and ambulance services) were the first port of call for people in need of support, particularly LGB and T people in the absence of appropriate mental health services. They felt that the 'squeeze' on their services, coupled with increased pressure due to limited secondary health services, reduced their ability to provide effective support when needed.

## **5.2 Effects on service providers**

### **5.2.1 Increased workload and stress**

A recurring theme in the 2013 report was that workloads for public and voluntary sector service providers had increased. This was mainly due to staff being expected to deliver the same level of service despite redundancies, job cuts and staff leaving to look for more permanent contracts.

A variety of service providers said that funding for services for LGB and T people rarely met the demand in their area. This put pressure on their teams with the result that staff often worked outside paid hours to meet demand. Service providers said it was common for staff members to go 'above and beyond' their role to keep services running. Yet, they were often unable to sustain this level of work, with stress-related sickness compounding the problem. Some service providers said that they also experienced increased feelings of stress and anxiety because of the pressures of work and longer hours. These experiences were discussed in sexual and mental health services (in both public and voluntary sectors), local authorities, the NHS and equality and diversity roles.

Stress was not only found among paid staff, but was also reported to be felt by volunteers. In some cases providers said that volunteers were the only support available to LGB and T people, which meant they could be managing complex needs. In one example a service provider offering advice to LGB and T people said this had led to volunteer burnout:

**Case example: Stress of workload led to volunteers burning out**

‘A lot of people begin really enthusiastic but after three or four months get burnt out and disappear...[This] puts pressure on the organisation to pick up that individual’s work...Sometimes it can be very difficult after dealing with a very difficult case, such as HIV, bereavement or anything like that. That person [the volunteer] can need some time and then counselling themselves.’

**(Interview 15, service provider, community organisation)**

## 5.2.2 Low staff morale

Reductions in funding for voluntary and public services had also affected staff morale, both in terms of feelings about the quality of service they were able to provide and their unpredictable and unstable work environment. There were a number of ways in which staff morale was affected by spending reductions:

- **Inability to provide the same level of service for less pay:** Participants repeatedly described the way in which staff morale was affected by being unable to provide the service they wanted for their users at the same time as they were working harder for less pay in real terms. Participants were concerned the services they provided were unable to meet increasing demand.
- **High staff turnover:** Uncertainty about funding and renewal of fixed-term contracts meant teams changed frequently as people looked for more secure work, contributing to feelings of instability for others.
- **The impact of organisational restructures:** The reorganisation of mental health services for some public health providers had adversely affected staff morale because of increased workload, pressure to discharge patients before they were ready, and what was seen as poor continuity of care.
- **Redundancy of knowledgeable colleagues:** As discussed, seeing colleagues be made redundant reduced teams’ skills and capacity to meet clients’ needs.
- **Services were threatened with closure:** In some cases services were facing inevitable closure and it was extremely hard to maintain staff morale when it was likely the service would have to stop once funding ran out.

## 5.2.3 Terms and conditions

Participants in 2013 expressed doubts about the ability of services to undergo restructuring or remodelling without detrimental effects on staff that provided those services. In 2016 there were more indications of the tangible effects on income and terms and conditions for staff.

Frontline staff delivering services for LGB and T people (either specifically or in mainstream services) told us of worsening income and increasing anxiety about the stability of their employment. For many their income had reduced whilst the cost of living had increased. Participants also felt the impact of reduced income and unstable employment in other important areas of their lives. Some were particularly frustrated at the cost of housing and that they were unlikely to be able to afford to buy their own

home. There was also a view that worsening pay and conditions were having a detrimental impact on mental health and wellbeing.

## 5.3 Chapter summary

In the three years since the last report, reductions in public spending were reported to have impacted on LGB and T service provision and providers in the following ways:

- **Focus on survival:** Sustained funding reductions had left LGB and T services focusing on survival and securing funding, rather than on delivering a high quality service. At the same time services had become reliant on volunteers.
- **Ongoing loss of LGB and T expertise and knowledge:** Service providers discussed the loss of experienced and knowledgeable staff through redundancies. This in turn led to loss of contacts and expertise which affected the ability of services to meet LGB and T people's needs.
- **LGB and T services and roles were reported as being less of a priority for funders:** As a result of this they were incorporated into mainstream services and wider equality roles, where they were regarded as receiving less attention than they did previously. This was also reflected in there being less time to build LGB and T networks and promote the services that remained.
- **Reduced awareness-raising, monitoring and engagement:** There was also less time to raise awareness of LGB and T issues, to monitor whether these groups were using services, and to conduct community engagement. This effected the inclusion of LGB and T people's needs in service planning, and the ability of service providers to respond appropriately.
- **Increased pressure on frontline services:** The three points above were felt to have led to greater pressure on frontline services such as GPs, A&E and ambulance services.
- **Service providers and volunteers faced increasing workloads and stress:** This was due to balancing higher demand for services with less resource. Staff and volunteers were reported going 'above and beyond' paid hours to meet demand. This in turn led to low morale, high levels of sickness and 'burnout'.

# Appendix A. Qualitative topic guide

## NatCen

**Social Research** that works for society

### Discussion Guide – reductions to public spending and LGBT people

#### 1.1 Aims and Objectives

- Provide qualitative insight into the way spending reductions to public services may be affecting LGBT people over the past three years, from the perspective of service providers and LGBT service users.
- Provide general and LGBT specific case examples of challenges arising from public and community sector spending reductions for LGBT people to inform UNISON's campaigns and evidence base.

#### 1.2 Introduction

- Thank them for agreeing to be interviewed
- Explain the purpose of the study in line with aims and objectives above
- State that participation is voluntary and they can opt out any time
- Explain recording for accuracy and so that we can listen properly
- Everything is confidential and anonymous (e.g. will not use their name or the name of the organisation where they work)
- Say that the interview will last 40-45 minutes
- Any questions
- Check that they are happy to go ahead with the interview
- If yes, **START THE RECORDING**

## 1.3 Background

### As a LGBT person

- Where they live/ work, (BRIEFLY) what it is like being an LGBT person in the area
- Whether 'out' as a LGBT person to whom (BRIEFLY)
  - If 'out' at work, what that is like
- What public services they have used in the last three years
  - Services specifically for LGBT people
  - Service/s they have used where being an LGBT person played a part/ was relevant
  - Any other services they used (not necessarily LGBT relevant or specific)
- Why the services are important to them?

### As a service provider

- What is the service you provide?
  - Specifically for LGBT people?

- Relevancy to LGBT people – why is it important for LGBT people?
- Area served by the service
  - Any other services/ support for LGBT people locally
- Their role in providing the service
- Their specific role in relation to LGBT people

## 1.4 Effects of spending reductions on services users/providers

### As a LGBT person

#### FOR EACH SERVICE USED

#### Thinking about the last three years

- Have spending reductions to public services had an impact?
- IF NO, why do they think this is the case?
- IF YES, in what way?

Probe:

- Service no longer available/ reduced
- Waiting times (increased/reduced)
- Availability locally of service/ information/ resources
- Staff have less time available for them
- Financial hardships from redundancies/pay cuts or changes to benefits
- Changes in income/ expenditure
- **Affects of spending reductions for them personally – what difference has it made to their lives**
- Affects for other LGBT people they know
- **Affects for them as LGBT and other characteristics/ identities** (e.g. gender, transgender, ethnicity, disability, mental health.)
  - Relative importance of sexual orientation, gender identity and/or other characteristics

As a service provider

*FOR EACH SERVICE PROVIDED*

*Thinking about the last three years*

- Have spending reductions to public services had an impact?
- IF NO, why do they think this is the case?
- IF YES, what are the affects?

*SEEK SPONTANEOUS RESPONSE FIRST THEN USE PROMPTS IF NECESSARY*

- Difficulty securing funding
- End or reduction in service
- Reduction in information to LGBT people
- Less visibility of LGBT service/ info
- Less outreach
- Relocation of services to less appropriate area
- Less time to address prejudice/ homophobia, biphobia, transphobia
- What are the affects of the spending reductions on their services users?

*EXPLORE FULLY AND ASK FOR CASE EXAMPLES*

- **Affects on them and other staff?**
  - Job/ contract ended or changed

- Loss of valuable and experienced staff
- Capacity to deliver the service
- Wage cuts/ freezes
- Increased work pressures
- More time spent on fund raising than service provision
- Uncertainty of/ anxiety about the future
- Stress/ staff sickness/ mental health problems

#### Wider affects– ASK ALL PARTICIPANTS

- Views on affects of reduction in public spending on tackling homophobia, biphobia, transphobia and discrimination
- Views on the ability of public services to address LGBT needs
- Any other negative affects of public spending reductions to services

## 1.5 Changes in last three years

As a LGBT person and/or as a service provider

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#### *Thinking about the last three years*

- Views on whether things have got worse/better
  - How, why
- Views on the future
  - Will continue to get worse/better
  - Influences on this

#### As a service provider

#### *Thinking about the last three years*

- Views on whether things have got better/worse
- How have they responded to changes
  - Restructuring/reducing staff
  - Campaigning
  - Securing new/different funding
- Anticipated future problems

## 1.6 Closing remarks

- Key message/s would want to give?
-

- Any other comments about the implications of reduction to public spending?

## 1.7 End the interview

- Thank them for the time
- Reassure them about confidentiality and anonymity
- Tell them the findings will be published online in November 2016 and presented at UNISON national conference
- Ask if they would like to be notified when the report is available and check for current email address where we can contact them



## Appendix B. Online questionnaire

### **NatCen** Social Research that works for society

STUDY WEB FRONT PAGE (This is what participants will see prior to clicking the button to start the survey).

#### **Implications of reductions to public spending on LGB&T people and public services**

Thank you for your interest in taking part in this study on the implications of reductions to public spending for lesbian, gay, bisexual and transgender (LGB&T) people. **The written submission takes between 15-20 minutes to complete and no longer than 30 minutes.** The study explores people's experiences using or delivering LGB&T services, and to tell us about the effects, if any, that reductions in public spending have had.

We are interested in hearing from you if you are aged 16 or over and:

- 1 LGB or T and have used any public services in the last three years; AND/OR
- 2 Have provided LGB and T public services in the last three years..



We are interested in your views on spending on public services; by public services we mean general services such as your GP, education services and libraries and/or any specific LGB and T services such as LGB or T youth groups, health services and community groups.

**All participants will be asked to provide some background details before choosing one of the following ways to take part:**

#### **1. Make a short WRITTEN SUBMISSION in response to 6 questions**

You will be asked to write short answers (maximum 500 words) in response to six questions. This will be through a secure website. Submissions can be made at any time up until midday on **2<sup>nd</sup> September 2016**. Please be aware the website times out after 20 minutes if left idle. If this happens, please click on the link again.

#### **2. Take part in a TELEPHONE INTERVIEW lasting up to 40 minutes**

You will be asked about your views in more detail, in relation to the areas listed above. We will schedule the telephone interview at a time and date that is most convenient for you. It may not be possible to include everyone who would like to take part in an interview. We will monitor who offers to take part in interviews to ensure we include a diverse range of people and prioritise people who cannot take part in the online written submissions.

**Note:** It may not be possible to include everyone who would like to take part in an interview. We will monitor who offers to take part in interviews to ensure we include a diverse range of people and prioritise people who cannot take part in the online written submissions. If you do not hear from us by 2nd September 2016, we have not been able to include you but we thank you in advance for your interest. If you would prefer to provide your contact details by telephone, please call our 0808 164 4170 number on [LGBTresearch@natcen.ac.uk](mailto:LGBTresearch@natcen.ac.uk).

### 3. Make a WRITTEN SUBMISSION AND take part in a TELEPHONE INTERVIEW

**Participation is voluntary:** You can change your mind at any time and decide to stop your participation. If you want to opt out of the study, simply contact the research team (using the contact information below) and your submission or details will be securely destroyed.

#### Questions or concerns

If you have any questions or concerns, or you would like to provide contact details for an interview by telephone or email, please contact a member of the research team by emailing [LGBTresearch@natcen.ac.uk](mailto:LGBTresearch@natcen.ac.uk) or calling our freephone on 0808 1644170.

**If you want to take part in the study, please click next**

[Next]

[variable: Used Services]

Before making a written submission or offering to take part in a telephone interview, we need to

collect some information about you OR the service you provide to LGB and/or T people. This is so that we can monitor the range and diversity of people taking part in the study.

**We are interested in finding out whether you have used OR provided any public services for LGB and/or T people in the last three years.**

By public services we mean general services e.g. your GP, education services, libraries and/or any specific LGBT services e.g. LGBT youth groups, health services, community groups.

**Please tick the box below appropriate to you.**

- 1) You identify as LGB or T and have used any public services in the last three years**
- 2) You have provided public services to LGB and/or T people in the last three years**
- 3) Both identify as LGB or T and have used and provided public services in the last three years.**

[variable: WhichServices]

**If you have used and/or provided public services, can you briefly outline what these are.**

**Please make clear in your answer whether you are a user or provider of the service(s). Please limit your responses to 500 words.**

[variable: confidential]

#### **Confidentiality and data security**

The purpose of the following questions is to collect some background information from you so that we can monitor the range and diversity of people who take part in the study. The information you give to us will be treated in the strictest confidence and stored securely on a NatCen computer server in accordance with the Data Protection Act.

[variable label: Capacity]

**In what capacity are you taking part in this study?**

1. LGB or T person (UNISON member)
2. LGB or T person (not a UNISON member)
3. Service provider to LGB and/ or T people (UNISON member)
4. Service provider to LGB and/ or T people (not a UNISON member)
5. LGB or T person AND service provider to LGB and/ or T people (UNISON member)
6. LGB or T person AND service provider to LGB and/ or T people (not a UNISON member)

[variable label:WhereBased]

**Where are you primarily based in terms of where you live or work?**

1. Eastern England
2. East Midlands
3. Greater London
4. North East England
5. Northern Ireland
6. North West England
7. Scotland
8. South East England
9. South West England
10. Cymru/ Wales
11. West Midlands
12. Yorkshire and Humberside
13. Prefer not to say

[variable label:SexOrientation]

**What is your sexual orientation?**

1. Lesbian or gay
2. Bisexual
3. Heterosexual or 'straight'
4. Other
5. Prefer not to say
6. Not applicable. I provide services to LGB or T people but I am not an LGB or T person

[variable label:ThinkSelf]

**Which of the following describes how you think of yourself?**

1. Female
2. Male
3. In another way (please specify) WITH A SPACE TO WRITE THE RESPONSE IN OF ABOUT 50 WORDS
4. Prefer not to say
5. Not applicable. I provide services to LGB and/or T people but I am not an LGB or T person

[variable label:ChangeSex]

**Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend**



- 13. African
- 14. Other Black background

**Chinese or other ethnic group**

- 15. Chinese
- 16. Any other ethnic group

**Other**

17. Prefer not to say need to KEEP THIS OPTION SEPARATE FROM THE 'Chinese or other ethnic group' categories above

18. Not applicabale. I provide services to LGB and/or T people but I am not an LGB or T person

[variable label: **HhouseholdIncome**]

**What is your total annual household income before tax and other deductions?**

- 1. Less than £10,000
- 2. £10,000-£19,999
- 3. £20,000-£29,999
- 4. £30,000-£39,999
- 5. £40,000-£49,999
- 6. £50,000-£59,999
- 7. £60,000-£69,999
- 8. £70,000-£79,999
- 9. £80,000-£89,000
- 10. £90,000-£99,000
- 11. £100,000+

- 12. Prefer not to say
- 13. Not applicable. I provide services to LGB and/or T people but I am not an LGB or T person
- 14. Don't know

[variable: **CurrentSituation**]

**If you use services for LGB or T people, which of the following best describes your current situation?**

- 1. Employed full-time
- 2. Employed part-time
- 3. Unemployed
- 4. Retired
- 5. Student
- 6. Not applicable. I am taking part in the study as a service provider only

[variable: **TaxCredits** ]

**If you use services for LGB and/or T people, do you receive any benefits or tax credits?**

- 1. Yes, I receive benefits and/ or tax credits (please specify) Need to insert a space of about 50 words.
- 2. No, I don't receive benefits or tax credits.
- 3. Not applicable. I am taking part in the study as a service provider only.

[variable label: **TakingPart**]

**In what way would you like to take part in the study?**

1. By making a written submission in response to questions only. [GO TO NEXT QUESTION]
2. By offering to take part in a telephone interview only. [GO TO SECTION 'A' BELOW]
3. By making a written submission in response to questions AND offering to take part in a telephone interview. [GO TO NEXT PAGE]

**Note:** By making a written submission we view this as your consent to take part in the research and for your anonymised responses to possibly be used in our final report. By anonymised responses we mean we will remove all identifiable information from your responses so UNISON or anyone else cannot determine who said what.

[variable label: **Affects of Reductions**]

**In what ways, if any, have the services you have used and/or provided been affected by reductions to public spending in the last three years?**

**Please make clear in your answer whether you are a user or provider of the service(s). Please limit your response to 500 words**

[variable label: **Affect on You**]

**What effect/s, if any, have reductions to public spending had on you as a LGB or T person and/or on the LGB and/or T people to whom you provide services in the last three years?**

If reductions to public spending have not had an effect on you or services you provide to LGB and/or T people, please write 'No effect' with an explanation why this is the case.

*Please limit your response to 500 words*

[variable label: **MoreSpaceonAffectsonYou**]  
**If you would like to, please use this space to give a more detailed example of a way in which reductions to public spending have affected you and/or an LGB and/ or T person to whom you provide services.** If you do not want or need to give an example, please write 'None' in the box and go on to the next question.  
*Please limit your response to 500 words*

[variable label: **AffectedIncome1**]  
**Have there been any ways in which reductions to public spending have affected your income and spending and/or the income and spending of the LGB and/ or T people to whom you provide services, in the last three years?**

1. No
2. Yes
3. Don't know

4. Prefer not to answer

[variable label: **AffectedIncome2**]

**If you answered 'yes' to the previous question please provide an example of ways in which reductions to public spending have affected your income and spending and/or the income and spending of the LGB and/ or T people to whom you provide services, in the last three years?**

(please write your response in the box below, if you selected either 'no' or 'prefer not to say' then please enter n/a below.)Please limit your response to 500 words

[variable label: **Affectonhealth1**]

**Have there been any ways in which reductions to public spending have affected your health or emotional well-being and/or the health and emotional well-being of the LGB and/or T people to whom you provide services, in the last three years?**

1. No

2. Yes
3. Don't know
4. Prefer not to answer

[variable label: **Affectedhealth2**]

**If you answered 'yes' to the previous question please provide examples of any ways in which reductions to public spending have affected your health or emotional well-being and/or the health and emotional well-being of the LGB and/or T people to whom you provide services, in the last three years?**

(If you are responding as a service provider please include examples of any **specific groups** that have been particularly affected in relation to their health and emotional well-being. Please write your response in the box below ) Please limit your response to 500 words

[variable label: **OtherComments**]

**Are there any other comments you would like to make about the effects of reductions to public spending on LGB&T people?**

1. No
2. Yes, and a suggestion is..... (please write your response in the box below)  
*Please limit your response to 300 words.*

[variable label: **Consent**]

#### **Sharing Information with UNISON**

No details or contact information that would identify you personally will be shared with UNISON (e.g. name, address, email address and telephone number). We will ask you if you are happy for us to share your anonymous responses with UNISON, although it is not a condition for you to do so to take part in the study. By anonymous responses we mean we will remove all identifiable information from your responses so UNISON cannot determine who said what.

**Do you give consent for us to share the information you have given above with UNISON?** Any names, specific places, names of

organisations, job titles and other personally identifying information will be removed before doing so.

1. Yes
2. No

[variable label: **telInt**]

**Would you also like to offer to take part in a telephone interview?**

1. Yes
2. No [GO TO 'B']

#### A – OFFERING TO TAKE PART IN A TELEPHONE INTERVIEW

[variable label: **Name**]

**What is your full name?** [open field, compulsory to complete]

[variable label: **Job**]

**If you are a service provider, what is your job title?**

1. [open field, optional to complete]
2. Not applicable
3. Prefer not to say

[variable label: **Tel1**]

**Please provide us with a contact telephone number you are happy for us to contact you on.** [open field, optional to complete]

[variable label: **Tel2**]

**Is there an alternative telephone number where you are happy for us to contact you.**

1. No
2. [open field, optional to complete]

[variable label: **Tel3**]

**What is the best time of day to reach you?**

1. Morning (8 a.m. until midday)
2. Afternoon (midday until 5pm)
3. Evening (5pm until 8pm)

[variable label: **Leavemessage**]

**Is it all right for us to leave a message for you with someone else or on voicemail if we cannot reach you directly?** Please note that we

will be discrete when contacting you about the research and will not mention the purpose of the research to others that may, for example, 'out' you (revealing your sexual orientation or gender identity/gender history) to colleagues, family, friends etc.

1. Yes
2. No

[variable label: **Email**]

**May we also contact you by email?**

1. Yes, and my email address is... [open field, optional to complete]

2. I don't have an email address
3. No

#### B – ENDING PAGE

[variable label: **Thanks**]

Thank you for your written submission AND/ OR for offering to take part in an interview.

- If you are selected to be interviewed, a member of the research team will be in touch from June until September.
- All written submissions will be considered from the submission deadline of 2<sup>nd</sup> September 2016.

The findings will be published on UNISON's and NatCen's website in mid to late November and presented at UNISON's National LGB&T Conference, 18-20 November 2016.

**If you know of anyone else who is eligible and you think would like to take part in the study, please tell them about the research and forward them the link to the study website address [to be added].**

#### C- ENDING PAGE

[variable label: **IneligibleThanks**]

Thank you for your interest in this study. Since the study is exploring the impact of reductions to

public spending on LGB&T people since our last research, we cannot accept information related to changes more than three years ago. Any background information you have provided will be deleted from our database.

**If you know of anyone else who is eligible and you think would like to take part in the study, please tell them about the research and forward them the link to the study website address [to be added].**