Implications of austerity for LGBT people and services

Authors: Martin Mitchell, Kelsey Beninger, Nilufer Rahim and Sue Arthur
Date: November 2013
Prepared for: UNISON, funded by UNISON’s General Political Fund
At **NatCen Social Research** we believe that social research has the power to make life better. By really understanding the complexity of people’s lives and what they think about the issues that affect them, we give the public a powerful and influential role in shaping decisions and services that can make a difference to everyone. And as an independent, not for profit organisation we’re able to put all our time and energy into delivering social research that works for society.
# Contents

Acknowledgments ............................................................... 4  
Key Messages ....................................................................... 5  
Executive Summary ............................................................. 6  
  Key messages ........................................................................ 6  
  Summary .................................................................................. 9  

1  Introduction to the Research ....................................... 12  
  1.1  Background to the cuts ................................................. 12  
  1.2  Aims of the research ................................................... 14  
  1.3  Methodology, recruitment and sample ......................... 14  
    1.3.1  Methods ................................................................. 14  
    1.3.2  Recruitment ........................................................... 15  
    1.3.3  Sample ................................................................. 15  
  1.4  Reading this report ....................................................... 16  

2  The Nature of the Cuts ................................................ 18  
  2.1  Views of austerity ....................................................... 18  
    2.1.1  Views and concerns about the cuts ......................... 18  
    2.1.2  Changes in views over time .................................... 19  
  2.2  Cuts in LGBT services ............................................... 20  
    2.2.1  The types of cuts observed .................................... 20  
  2.3  No cuts or effects ....................................................... 23  

3  Effects on LGBT People and Service Users .............. 25  
  3.1  Financial hardship ...................................................... 25  
    3.1.1  Concerns related to employment and earnings among service users ........ 25  
    3.1.2  Concerns relating to employment and earnings among LGBT service providers .... 26  
    3.1.3  Concerns related to benefits .................................... 27
Acknowledgments

We would like to thank UNISON for commissioning this study and particularly Carola Towle and Susan Mawhood for their input and cooperation throughout the research. We would also like to thank UNISON’s General Political Fund for funding the research.

Thanks also go to all of the LGBT people and service providers who took part or who forwarded information on to colleagues, friends and family.
Key Messages

1. We found evidence of a number of ways in which austerity cuts had affected LGBT people and the services they used, although the extent to which they were experienced varied among participants.

2. The main effects of austerity on LGBT people at a personal level were:
   - greater financial hardships from redundancies, real term pay cuts and changes to benefit rules;
   - problems finding accommodation where they could feel safe and that was LGBT-friendly;
   - a reduction in sexual health and mental health services that addressed their specific needs;
   - greater feelings of marginalisation and invisibility as specialist LGBT services and support disappeared.

3. There was a fear that progress on challenging heterosexism and discrimination was being reversed and that homophobia and transphobia were on the rise again.

4. LGBT issues and concerns were treated as less important than other concerns; as a ‘nice thing to do’ that could be dropped in harder times.

5. Public funding for LGBT services was considered to be more important because prejudice and discrimination among some members of the public was thought to make funding through charities less likely.

6. Attempts to keep services going through restructuring and efficiencies were seen to be largely unsustainable in the longer term because of negative effects on staff and on the quality of service delivery.

7. Key ways that UNISON can help challenge cuts to services for LGBT people:
   - providing information about the nature of cuts and coordinating more strategic opposition to them at a local level;
   - gathering evidence on the effects of cuts and disseminating it widely through organisations and the media;
   - taking collective action where necessary.
Executive Summary

In May 2010, the Conservative-Liberal Democrat Coalition government began introducing a series of significant and sustained reductions in public spending intended to reduce the budget deficit. Often referred to as austerity cuts these reductions are cuts in funding to or via government departments. In 2010 it was planned that non-protected departmental spending would be cut by 10.6% by 2015. Other cuts have occurred through job freezes, changes to pensions and 1% pay cap in the public sector. Of particular significance are cuts in local authority spending and related services in the voluntary and community sector, where many specialist LGBT services are situated.

This report presents the findings of qualitative research conducted by NatCen Social Research to provide detailed insight into the effects of austerity on lesbian, gay, bisexual and transgender (LGBT) people and the services they use. The research used two qualitative data collection methods:

- 101 individual written contributions via a secure website;
- 12 follow-up in-depth telephone interviews to explore specific issues in more depth.

The report discusses the cuts perceived to services by participants, including both service providers and users. It should however be noted that it was not always easy to attribute the observed reductions in funding and services directly to austerity measures and to disentangle the effects of austerity measures from effects of persistent homophobia, biphobia and transphobia and discrimination towards the LGBT community. The use of qualitative data also means we cannot draw conclusions about the prevalence of different views nor make a wider assessment of the impact of austerity measures. Instead, the focus is on mapping the range of different types of cuts and their effects.

The first section draws out key messages from across the research. Information about what we found specifically is then outlined in the sections that follow.

Key messages

1. We found evidence of a number of ways in which austerity cuts had affected LGBT people and the services they used, although the extent to which they were experienced varied among participants.
• There was thought to be the need to challenge the stereotype that all LGBT people (especially gay men) were wealthy, encapsulated in the idea of the ‘Pink Pound’.
• For some participants the effects of austerity were said to be already worse than they had expected, with this being even more so for LGBT people with disabilities or on low incomes.
• Where participants felt limited or no effects from austerity cuts this was because
  o there were no services for LGBT people in the area to start with
  o services such as those in the NHS were partly protected from cuts or funding was secure until 2014 (although some participants thought such ‘protection’ disguised cost savings hidden elsewhere through job freezes and reductions in ‘back room’ management and administrative staff).

2. The main effects of austerity on LGBT people at a personal level were:
   • greater financial hardships from redundancies, real term pay cuts and changes to benefit rules;
   • problems finding accommodation where they could feel safe and that was LGBT-friendly;
   • a reduction in sexual health and mental health services that addressed their specific needs;
   • greater feelings of marginalisation and invisibility as specialist LGBT services and support disappeared.

3. There was a fear that progress on challenging heterosexism and discrimination was being reversed and that homophobia, biphobia and transphobia were on the rise again.

Cuts to services that dealt with awareness-raising, anti-homophobic, biphobic and/or transphobic bullying in schools and hate-crime reporting were thought to send out the message that prejudice and discrimination of this kind were not important. Some participants reported increased homophobic and transphobic comments going unchallenged in public spaces and workplaces.

4. LGBT concerns and needs were treated as less important than other concerns and needs; as a ‘nice thing to do’ that could be dropped in harder times.

Participants felt that LGBT concerns and needs were being marginalised. This was described in a number of ways:
• there being fewer or no specific advice and support services for LGBT people in some localities;
• the fact that some mainstream services were not collecting information about the sexual orientation or gender identity of their users;
• reduction or removal of funding for: LGBT awareness training in workplaces, engagement activities between public bodies and the LGBT community, and for LGBT local forums and networks.

LGBT needs and concerns were often being ignored or pushed to the bottom of the agenda whereas participants thought they should be represented fairly alongside other ‘protected characteristics’.

5. Public funding for LGBT services was considered to be more important because prejudice and discrimination among some members of the public was thought to make funding through charities less likely.

6. Attempts to keep services going through restructuring and efficiencies were seen to be largely unsustainable in the longer term because of negative effects on staff and on the quality of service delivery.

Some services had restructured to try to become more efficient and to protect their users from the worst effects of the cuts. This often meant the loss of valuable staff and expertise through redundancies and poor morale and stress for those left behind. While some people thought that specialist services (e.g. support groups, helplines) could be run ‘self-sufficiently’ by LGBT people themselves, this depended on people having the time, skills and resources to offer in particular areas. Ongoing austerity level spending was thought to make services ‘unsustainable’ in the longer-term.

7. Key ways that UNISON can help challenge cuts to services for LGBT people:
   • providing information about the nature of cuts and coordinate more strategic opposition to them at a local level;
   • gathering evidence on the effects of cuts and disseminate it widely through organisations and the media;
Summary

The nature of the cuts (chapter 2)
Perhaps unsurprisingly, the cuts in spending to public services and welfare were generally viewed negatively and met with concern and anxiety. While participants accepted the issue of a budget deficit, approaching it with cuts to public services, and therefore LGBT services, was widely considered a false economy. Changes in commissioning structures in the NHS and public health sectors also sometimes compounded austerity by creating gaps in and uncertainty about funding.

A range of different specialist and mainstream services used by the LGBT community were observed to have been cut or curtailed under austerity. This was largely due to a reduction or greater instability in statutory and other sources of funding - including charitable funding and donations from service users. The types of services affected included (but were not limited to) a range of health services, information and advice services, LGBT forums and support groups, youth services and social cohesion projects.

The cuts were recognised to have a detrimental effect on all marginalised communities. However the cuts were expected to disproportionately affect LGBT groups. This was because:

• There was felt to be a de-prioritisation of LGBT services due to the common misperception that there are no financially or socially disadvantaged LGBT people. Securing funding from other sources was thought to be difficult due to persistent discrimination among some members of the public that meant LGBT charities would be less popular to support.

• LGBT people were thought to rely more heavily on particular publicly funded support services such as those offering help around housing and welfare, unemployment, workplace discrimination, education, hate crime and a range of health issues. If specialist services were cut, some LGBT people would be reluctant to access mainstream services for fear of discrimination and prejudice, with clear detrimental effects.

Where participants said there were limited or no effects from austerity cuts this was for a variety of reasons including:

• There being few if any services for LGBT people in the area to begin with (particularly for bisexual people);
• Services being protected from the cuts (e.g. NHS) to date or until 2014;
• Low awareness of the effects of cuts through lack of personal experience of them or because organisations failed to collect information on service users’ sexual orientation or gender identity;
• Greater effects being felt by the poor and vulnerable rather than LGBT people per se (although some felt the emphasis on financial effects of austerity masked issues of discrimination);
• The possibility that services could be restructured to deliver them more efficiently (although this had negative effects on people delivering the service which was probably not sustainable long term).

Effects of the cuts on LGBT people and service users (chapter 3)
Although not all LGBT people discussed personal effects arising from austerity cuts, a wide range of effects were described on participants themselves or on others they knew personally or in the wider LGBT community. These can be grouped into 5 broad areas:

• **Financial hardships linked to redundancies, reduced earnings and benefit rules**, including difficulties paying for basics and being able to socialise. LGBT people working in public and community services experienced loss of jobs and/or worsening terms and conditions. Changes to benefits included the increased use of sanctions and the effect of the benefit cap. Financial difficulties were compounded by costs related to ‘transitioning’ for some transgender people.

• **Problems linked to finding LGBT-friendly housing and accommodation** when people were homeless linked to their sexual orientation or gender identity. If the only affordable option was shared accommodation this may not provide a safe or suitable environment to be ‘out’.

• **Increased feelings of invisibility and marginalisation** – this led to a feeling that LGBT people were treated as problematic because their needs differed from the norm in times of scarce resources. A result was that some LGBT people felt guilty about asking for their needs to be met; others felt more isolation as community resources were reduced.

• **A sense that positive attempts to address discrimination against LGBT were in danger of being reversed**, for example, through reduction in school anti-homophobic, biphobic and transphobic initiatives and hate crime reporting channels. In both cases this led to increased feelings that LGBT people would be unprotected against negative comments and hate crimes.

The view that sexual health and mental health needs of LGBT people were less likely to be met in a way appropriate to their needs due to the effect of cuts to LGBT-friendly services for sexual health and mental health, where LGB and T needs may not be easily addressed within mainstream services.

These issues were expected to be more acute for LGBT people with multiple minority identities (e.g. Black and minority ethnic and disabled LGBT people), who were already experiencing disadvantage and/or discrimination in other ways.

Effects on service delivery and providers (chapter 4)
Overall participants described a number of ways in which austerity cuts had an effect on service delivery, service provision and on providers.

In relation to **service delivery**:

• Loss of valuable and experienced staff able to deliver or give advice on appropriate, non-discriminatory service delivery;
• Inability to meet the rising demand for services due to cuts on resources and staffing and the failure to commission support services for LGBT people in some geographical areas;

• Reduced ability to be proactive and do outreach work because time for service delivery was taken up with fundraising;

• LGBT service delivery was treated as a 'nice thing to do' rather than as important resulting in:
  o reduced levels of training and engagement on LGBT issues by policy and decision makers leading to lower awareness of them;
  o reduced support for LGBT networks, forums and events leading to greater invisibility of LGBT people.

In relation to service providers:
• Some services had tried to keep going and protect users from the worst of the cuts through restructuring and voluntary work to gain greater efficiencies. However, there was generally little support for the view that this was sustainable in the longer-term.

• Increased workloads and worse terms and conditions for some participants had led to low morale and stress, which raised questions about retention of staff in the public and community sectors and about the quality of service delivery in the longer-term.

Responses to the cuts (chapter 5)
Participants described responding to the austerity cuts by individual activism, service-level restructuring and/ or attempts to make services self-sustaining through drawing on LGBT resources, networking, collaboration and volunteering.

Participants were highly appreciative of UNISON’s work to protect the LGBT community from the cuts. It was thought that UNISON could do more to protect public and community sector services to LGBT people in the future by:

 o assisting in the provision of information to services providers about changes in policy and related cuts that would affect them and co-ordinating a more strategic level response to cuts in specific localities or regions;

 o gathering evidence on the nature and effects of cuts on LGBT people and publicising this information through awareness campaigns and in the media. Evidence that contradicted stereotypes that all LGBT people are wealthy or that their needs are not a priority or deserving in relation to public funding was thought to be especially important;

 o stronger collective action by LGBT people by campaigning and lobbying against the cuts, recruiting and organising members and taking part in industrial action.
1 Introduction to the Research

This report presents the findings of qualitative research conducted by NatCen Social Research to provide detailed insight into the effects of austerity on lesbian, gay, bisexual and transgender (LGBT) people and the services they use. The research was commissioned by UNISON, one of Britain's largest unions representing public service workers, to explore whether and how austerity measures of recent years have affected LGBT people as service users and providers in the UK. The research provides an independent evidence base that UNISON can use to inform their campaigning activities and to help LGBT workers enjoy fairness and equality in the workplace. It may also be of interest to funders and commissioners of publicly funded services and equality professionals working with LGBT people.

1.1 Background to the cuts

Reducing the budget deficit

In May 2010, the Conservative-Liberal Democrat Coalition government began introducing a series of significant and sustained reductions in public spending intended to reduce the budget deficit1. Often referred to as austerity cuts these reductions are cuts in funding to or via government departments. Exceptions to the cuts were frontline spending in the National Health Service, non-investment funding in schools and spending on international development, which were ring-fenced and protected2. In 2010 it was planned that non-protected departmental spending would be cut by 10.6% by 2015. Other cuts have occurred through job freezes, changes to pensions and 1% pay cap in the public sector. One estimate by the Institute for Fiscal Studies suggests that around one million public sector jobs could be lost by 20183. The devolved governments are also receiving significant cuts in their block grants between 2010-2016 – which will be Northern Ireland (-13.2%), Scotland (-12%) and Wales (-12.6%) – which is expected to have widespread impacts on the public services in those countries4.

Local Authorities have received some of the biggest cuts in spending, with the Department of Communities and Local Government losing around one-third of its spending since 20105,6. This is important for this research in that many specialist LGBT services, including those in the voluntary and community sector, are funded or supported by local government.

---

1 London Voluntary Service Council (July 2011), The Big Squeeze: the squeeze tightens.
3 Ibid p.149.
4 Ibid. p.160
Spending Review 2013 and beyond

While it was hoped the cuts would address the deficit by 2015, poor performance in the economy and the fact that the deficit was not cut as fast as anticipated, meant that a further 2.8% cut in government spending was announced in the 2013 Spending Review. There are to be further spending cuts in non-protected government departments of around 2.5% in the fiscal years 2014-2016. The Prime Minister, David Cameron, has said that it is possible that austerity will need to go on until the end of the decade.

Particular concerns have been expressed by representatives in local government (e.g. Local Government Association, including its Conservative Chair; and the Society of Local Authority Chief Executives) about whether such cuts are sustainable without effects on front line services.

Notably, the government has made some attempts to ease or ameliorate the effects of spending cuts, particularly for the most vulnerable. This has included increasing the amount that can be earned before income tax to £10,000; tax relief for investments in social enterprises; and some investment in the building of affordable homes. It has also offered financial support to Local Authorities that agree to freeze their Council Tax over 2014 and 2015 or that take part in Community Budget Pilots to see if services can be delivered more efficiently. Yet, little attempt has been made to date to investigate what difference such initiatives make to the lives of vulnerable and stigmatised communities.

The Effects of Austerity Cuts

Despite the fact that not all austerity cuts have taken effect yet, there is growing evidence and commentary that they are already having effects for some people. Some commentators have tried to account for the fact that, although the scale of cuts has been significant, they have not been felt by the majority of the population. In an opinion poll Ipsos Mori found that, in 2013, 48% of the public agreed with the statement that ‘budget cuts have gone too far and threaten social unrest’; by contrast 65% said they had not noticed a change in the quality of local services personally and, in some cases, satisfaction with local authority services had gone up.

Part of the explanation may be that the public sector is less efficient when it has more money to spend and that public sector workers have devised ways to deliver services more efficiently so that they can be protected. Another argument, however, is that the effect of cuts is concentrated on sections of the population that are most vulnerable and least likely to complain (in this sense general population surveys may not be the best indicator of austerity effects). A diverse range of organisations have called for the effects of austerity cuts on service providers and users to be investigated before further cuts are made. Of particular significance are cuts in local authority spending that may...
also affect services in the voluntary and community sector, where many specialist LGBT services are situated. Some people have commented that the voluntary and community sectors are left to ‘pick up the pieces’ at the same time as their financial support is being removed or squeezed\cite{footnote6}.

1.2 Aims of the research

The evidence above and anecdotal accounts from UNISON’s members suggest that austerity cuts are having a significant effect on the lives of lesbian, gay, bisexual and transgendered people, yet to date there has been little substantive evidence to support this. The aim of this qualitative research was to explore perceptions of whether and how the austerity measures have affected LGBT people as service users and providers in the UK and to provide illustrative examples of any challenges.

The specific objectives of the research are to:

- Provide qualitative insight into the way cuts to public services may be affecting LGBT people from the perspective of service providers and LGBT service users;
- Provide illustrative case examples of the challenges arising from any public spending cuts for LGBT groups to inform UNISON’s campaigns and evidence base;
- Gather suggestions of ways in which UNISON, its members and LGBT people can respond to austerity.

1.3 Methodology, recruitment and sample

1.3.1 Methods

The research used two qualitative data collection methods:

- 101 individual written contributions via a secure website;
- 12 follow-up in-depth telephone interviews to explore specific issues in more depth.

**Written submissions** were based on responses to **six key questions**:

- whether services have been affected and in what ways;
- whether the cuts have affected individuals, including LGBT individuals, their friends, families and colleagues, and the wider LGBT community;
- examples of effects on individuals;
- examples of effects on income and expenditure of individuals;
- suggestions for ways to respond to cuts; and

\footnote{Ibid footnote 6 above}
Telephone interviews were also conducted using a topic guide covering themes such as whether and how austerity had affected LGBT service users and providers; responses to the cuts as a LGBT person, service provider or in another capacity; and key messages about the research topic (See Appendix B).

Written submissions were made via a secure website. The telephone interviews were conducted using a topic guide agreed with UNISON. Interviews were digitally recorded and the data organised thematically and analysed alongside written submissions using the Framework approach. Throughout the report written submissions are referenced as WS.

1.3.2 Recruitment

Email invitations with information leaflets were sent by UNISON to their LGBT network and to a number of their contacts including members networks like the Trans Members and Black LGBT networks, UNISON's external LGBT contacts and other stakeholders and advisory groups. Individuals were asked to forward the email to anyone else who they thought would have an interest in the research. Participants did not have to be UNISON members to take part. The email contained information about the study and a link to a secure website where they could find out more about the study, give their contact details if they wanted to take part in a telephone interview, and/or make a written submission. We selected interviewees carefully from among those who wanted to participate in a telephone interview to ensure diversity in the interviews. They were then contacted to schedule the appointment and provided with a confirmation email of the appointment details.

1.3.3 Sample

In total, we received written submissions from 101 eligible individuals from across the UK. Twelve participants were selected from those who volunteered to be interviewed by considering the capacity in which they were participating and the range of views included in their written submission. We monitored participants for a number of characteristics amongst those to be interviewed to ensure a diverse and robust sample, including: whether participants were responding as an LGBT person, LGBT service provider or both; whether they were a UNISON member or not; region they lived and/or worked in; sexual orientation and gender identity (transgender experience); age; disability; and ethnicity. Of those 12 interviews, nine had also contributed a written submission. (Further details of the achieved sample are given in Table 1.1). Throughout the report we refer to participants in the capacity in which they participated and/ or expressed their views; viz. service user, service provider or both.
1.4 Reading this report

This research offers insights into a broad range of views about whether and how austerity measures have affected LGBT people as service users and service providers in the UK. The inclusion of individuals who are not members of UNISON gives a wider view of austerity cuts. The strength of the report is that it provides in-depth understanding of the experiences and views of LGBT service users and providers about...
austerity cuts. It was not possible within the resources available to conduct an evaluation of the impact of austerity measures using quantitative information. We have purposely drawn out significant observations and concrete example from participants in an effort to move beyond anecdotal evidence. However, as a qualitative study we cannot say how prevalent the different views expressed were. The research therefore needs to be seen within the context of these strengths and limitations.

Chapter 2 of the report looks at the nature and the different types of austerity cuts discussed by participants. In Chapter 3 we specifically look at the type of effects felt by participants at a personal level; Chapter 4 looks at the effects on services used by LGBT participants and on the staff, including LGBT workers, providing the services. Chapter 5 looks at the responses that LGBT people as service users, providers and union members have made to the cuts and what they feel could be done in the future.
2 The Nature of the Cuts

The austerity measures of recent years have resulted in a wide range of cuts to public services and large-scale welfare reform. This chapter discusses participants’ views about these changes and their potential to effect LGBT people and services provided to them. It then explores the nature of observed cuts to both mainstream and specialist services from the perspective of service providers and users. In some cases participants said they had not experienced any cuts or effects from austerity and we explore the variety of reasons why this was the case.

2.1 Views of austerity

2.1.1 Views and concerns about the cuts

Perhaps unsurprisingly, the cuts in spending to public services and welfare were generally viewed negatively and met with concern and anxiety. While participants accepted the issue of a budget deficit, approaching it with cuts to public services, and therefore LGBT services, was widely considered a false economy. For example:

Cuts in public services are short-sighted
‘Tackling the budget deficit is clearly an important area for Government to focus on - however, doing so in a way which means support services for LGBT are having to close is a short-sighted and naive approach. It is clear that if a person is in need of emotional support and their services have closed, they are more likely to need to access more services more often in the future’ (WS53, Service Provider, Non-UNISON member, LGBT mental health service).

Participants were careful to communicate that the negative effects of spending cuts were not only felt by the LGBT community but affected society as a whole and particularly disadvantaged groups. There were, however, a number of ways in which the spending cuts were expected by participants to uniquely affect the LGBT community.

Firstly it was argued that the LGBT community face continued open discrimination, compared to many other marginalised groups. For this reason, LGBT people were thought to rely more heavily on particular publicly funded support services such as those offering help around, housing and welfare, unemployment, workplace discrimination, education, hate crime and a range of health issues.

Participants felt that there was a widespread lack of recognition of these needs which would mean that specialist LGBT services were at particular risk of spending cuts and a de-prioritisation of LGBT issues. This was thought to be fuelled by the perception that LGBT people were no longer in need of specialist services because of positive steps in equalities legislation over recent years along with stereotypical images of wealth and advantage for all LGBT people, for example the ‘Pink Pound’.

There was concern that without statutory funding LGBT services could not continue because they were less likely to attract funding from elsewhere due to discrimination. To add to this participants anticipated increased difficulty fighting the de-prioritisation of
LGBT services against the backdrop of rising levels of poverty and a government whose policies were not traditionally felt to be sympathetic to the LGBT community.

There was a view the shift from specialist to more generic services was inevitable under austerity. This was expected to have a negative effect on the LGBT community who faced additional barriers to accessing services due to historic discrimination and lack of acceptance by society. To add to this cuts in mainstream services, such as welfare and other provisions like Legal Aid, were expected to affect LGBT people who were argued to be disproportionately affected by issues such as discrimination at work or homelessness. This caused anxiety among participants.

**LGBT people having to pay to fight discrimination that disproportionately affects them**

‘I have never had to take an employer to tribunal over homophobic behaviour, but knowing that I would have to pay now if I did raises my anxiety in such a way as to impact on my wellbeing’ (Interview 5, Service Provider, Non-UNISON member LGBT youth group)

There was concern among participants that the implications of reduced specialist LGBT and mainstream service provision would be reinforcing negative trends in issues such as health promotion, unemployment and homelessness that already affected LGBT people.

Concerns were also raised about LGBT people who were part of other minority groups and could therefore face multiple disadvantages. To illustrate this, a participant explained that cuts to a service such as MESMAC, a gay/bisexual men’s health and advice service, could present a risk to gay men with nowhere else to turn for sexual health information, such as men from minority ethnic backgrounds whose communities often did not accept homosexuality.

### 2.1.2 Changes in views over time

While views of the cuts were initially fairly negative, the lived experience of the cuts appeared in some participants’ accounts to be worse than originally expected. This was particularly the case for people working directly with LGBT service users and for people who experienced adversity as a result of the cuts. For example, a participant who delivered housing support and advice, and who through this job observed the effects of the cuts on LGBT clients, described them to be harsher than he had expected. In another example an LGBT student, who had not lived through cuts before, said she had not realised how badly issues such as tuition fees, the availability of bursaries and future job opportunities in the public and community sectors would be affected. The personal effects of the cuts are explored further in Chapter 3 of this report.

It was however noted that some positive changes had taken place for LGBT people under austerity. For example the passing of the Marriage (Same Sex Couples) Act (2013) - giving virtually equal marriage rights to same sex couples relative to opposite sex couples - was highly valued. In addition there were some participants who did not observe any effects of the cuts to the LGBT community specifically. Some also speculated that while there had been cuts to some LGBT services, the community had not been hit as hard as other vulnerable groups such as disabled people. These issues are discussed in greater detail in Chapters 3 and 4.
2.2 Cuts in LGBT services

As discussed in the previous section, there were a range of ways in which LGBT people were thought to be uniquely affected by the spending cuts as users of mainstream and specialist services. Table 2.1 lists the mainstream and specialist services LGBT people were thought to have a particular need for. Participants were however less clear about whether the community was disproportionately affected in comparison to other disadvantaged groups.

Table 2.1 LGBT support needs and services needed to address them

<table>
<thead>
<tr>
<th>Employment</th>
<th>Health</th>
<th>Housing and welfare</th>
<th>Crime and communities</th>
<th>Youth/ education</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unemployment services, information and advice</td>
<td>• Sexual health services and information</td>
<td>• Homelessness services</td>
<td>• Hate crime services</td>
<td>• Sex education</td>
</tr>
<tr>
<td>• Workplace discrimination services</td>
<td>• Mental health services</td>
<td>• Housing related benefits services</td>
<td>• Hate crime reporting mechanisms</td>
<td>• Anti-LGBT/homophobia education</td>
</tr>
<tr>
<td></td>
<td>• Emotional health counselling and advice</td>
<td></td>
<td></td>
<td>• Support services around sexual identity</td>
</tr>
<tr>
<td></td>
<td>• Substance misuse services</td>
<td></td>
<td></td>
<td>• Financial support services for Higher Education</td>
</tr>
<tr>
<td></td>
<td>• Gender identity services and support</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.2.1 The types of cuts observed

Participants described a range of cuts that they had observed to mainstream and specialist LGBT services. The effects of these cuts on LGBT people’s lives and on service delivery and service providers are discussed in Chapters 3 and 4.

This section discusses perceptions of the cuts to services among participants, including both service providers and users. It should however be noted that it was not always easy for participants (and researchers) to attribute the observed reductions in funding and services directly to austerity measures and to disentangle the effects of austerity.
measures from effects of persistent homophobia, biphobia, transphobia and discrimination towards the LGBT community.

**Cuts in funding**

Some service providers said they had noticed a reduction or greater instability in funding of services since austerity had begun. This included statutory funding, charitable funding and donations from service users. In some cases, this was thought to stem from the fact that funding was simply harder to come by in such times, with smaller pots of money, increased competition for funds and increased demand from service users. However, difficulties in attracting charitable funding were thought to create greater problems for services targeted at LGBT people if these were not supported by the statutory sector. Homophobia, biphobia, transphobia and heterosexism were seen to make it less likely that such services would receive funding by charitable donation than other more popular causes, making them more reliant on state support.

**Limited charitable funding for specialist LGBT services**

‘LGBT services often require statutory funding because the ‘LGBT sector’ is less likely to be an ‘attractive’ option for many people to donate to… It is therefore potentially more ‘felt’ for LGBT services than other services which may attract a decent amount of money from other sources’ *(WS53, Service Provider, Non-UNISON member, LGBT mental health services)*

A combination of this unreliable nature of charitable funding and a reduction in statutory funding potentially put more emphasis on donations by service users. However organisations that relied on such donations reported a significant drop in contributions perhaps due to service users themselves being affected by austerity through pay freezes, real terms pay cuts and redundancies. For example, one LGBT charity explained:

**Reduction in donations from LGBT service users**

‘Our counselling services receive donations from service users to help support service delivery and this has reduced significantly. Demand on services overall has increased but capacity hasn’t’ *(WS80, Service Provider, Non-UNISON member, LGBT mental health services)*

For some services targeted at LGBT people this view of greater difficulties in funding was seen to be *compounded* by changes in commissioning in the areas of health and social care. For example, the move from Primary Care Trusts to Clinical Commissioning Groups had ‘disrupted’ funding for some services with negative consequences.

**Funding disruption and gaps**

‘Changes to commissioning structures for public health has resulted in instability and uncertainty for our services and loss of staff’ *(WS47, Service Provider, Non-UNISON member, LGBT centre providing many different services)*

The movement of commissioning of public health services from Primary Care Trusts to Local Authorities that were already financially stretched was also seen as creating problems in funding work related to specific health initiatives targeted at LGBT people (e.g. sexual health promotion, alcohol and drug harm reduction). Some participants said
that contracts were being given to more mainstream services that lacked expertise with the LGBT client group because this was a way of reducing funding costs.

Another problem was that greater localisation or ‘decentralisation’ of the planning and commissioning of services (e.g. greater control of budgets by school academies rather than Local Education Authorities) meant that services such as anti-homophobic and transphobic bullying initiatives in schools were less likely to be purchased as each school by itself may not have sufficient funds to do so. While these problems were not directly linked to austerity cuts, the disruption associated with them made gaps in the funding of services more problematic.

Cuts in services

Perhaps as a result of the loss of statutory contracts and difficulties securing statutory or charitable funding and private donations the following cuts to services were observed.

Family and health services

- **Sexual health services**: A number of different sexual health services were reported to have closed or to be under threat of closure. In particular it was reported that some sexual health services were now being commissioned through Local Authorities who in a drive to make efficiency savings had cut much of the service provision as well as outreach, health promotion and prevention work.

- **Mental health services**: Emotional and mental health services were observed to have reduced and some participants reported difficulties even finding a GP. There was a view that mental health services were not as well protected from cuts as other parts of the NHS.

- **Drugs and alcohol services**: For example a specialist LGBT harm reduction drug and alcohol service described having lost funding and as a result having to undergo restructuring, loss of staff and a change premises away from the gay community where LGBT people were less likely to access them.

- **Parenthood services**: There were now reported to be fewer specific rather than generic services available for prospective LGBT adopters and foster carers and a participant had reported the loss of a pilot project on LGBT parents.

- **Gender reassignment services**: Waiting times were reported to have increased for gender reassignment services over the last two years and services such as facial hair removal were reported to have been withdrawn and therefore were less accessible to transgender people (although sometimes it was unclear whether this was due to austerity or the often controversial way that gender reassignment is presented in society).

Information, advice and support services

- **Information services**: Were observed to have diminished under the funding cuts with the closure of libraries and inability of services to keep websites running and up to date. A participant explained that these means of accessing information were particularly important to LGBT people because they were ideally placed to provide
health advice, lifestyle support and general links to the LGBT community, particularly for those with barriers to accessing face to face support.

- **LGBT support networks**: cuts to local authority spending meant that some LGBT networks and advice services providing local help, support and confidential advice to LGBT people, such as a gay advice service and a lesbian support group, were unable to continue running and had in some cases been absorbed into generic advice services.

- **Help lines**: the withdrawal of mainstream workplace help lines, or their replacement with face to face support, had also been experienced by participants. While these may have been available to all employees they played an important role in providing anonymous, immediate and free help. This was preferred to face to face contact by some members of the LGBT community such as some people considering or going through gender reassignment.

- **Reduced outreach**: some LGBT outreach projects, for example a service offering information and advice on sexual health, had stopped due to lack of funding. In addition some part time Further Education outreach classes were reported to have been cut. Such classes were known for attracting adults facing discrimination including LGBT people.

**Youth and community services**

Difficulties in securing funding for youth services were reported to have been occurring for a number of years. However participants had noticed a more recent reduction in voluntary services available to work with young people experiencing issues with their sexuality, as well as the loss of Local Authority contracts for LGBT youth services. In the case of one mental health and wellbeing support service for young people experiencing issues relating to sexual orientation and gender identity this had meant merging services, by combining three youth groups into one new group.

**Cohesion projects**

There were also reports of community cohesion projects being curtailed due to cuts in public spending and of schools being unable to afford programmes such as anti-homophobic bullying programme.

### 2.3 No cuts or effects

Not all participants described effects of austerity cuts on themselves or the services they provided. There were five main reasons why participants thought that austerity cuts had limited or no effect on them or services to LGBT people, which can be organised under five main headings. These are summarised in Table 2.2 below.
**Table 2.2 Reasons for limited or no effects of cuts on service delivery and providers**

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Descriptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Few or no services for LGBT people to be cut</td>
<td>In some cases participants said that there were no ‘LGBT specific services’ in the first place and so austerity cuts had made, or would make, little differences to services provided in their area. This was felt to be especially the case for bisexual people where there was often no provision at all.</td>
</tr>
<tr>
<td>Services had not yet been cut because they were protected or cuts started in 2014-15</td>
<td>Participants working in statutorily funded health services (e.g. acute hospitals, residential mental health services) recognised that funding for frontline services had not been cut. Nonetheless, they felt that cost savings were often hidden through ‘job freezes’ and reductions in ‘back room’ management and administrative staff similar to the examples given above. In some cases cuts were not planned to take effect until 2014. In this sense it was too early to talk about austerity cuts affecting the service they provided to LGBT people.</td>
</tr>
<tr>
<td>No awareness of cuts personally or because of lack of information</td>
<td>Some participants were not aware of the effects of any cuts from their own experience. A typical statement was that they were not affected ‘as far as I know’; although they recognised that this did not mean there were no effects. A significant issue was that many mainstream organisations (where participants worked or accessed service) were not able to monitor change because they were not collecting data on the sexual orientation or gender identity of their service users, even in instances where these were relevant areas known to affect LGBT people (e.g. mental health, housing, local authorities).</td>
</tr>
<tr>
<td>The view that cuts only affected the most financially vulnerable</td>
<td>Some participants thought that cuts only affected the most financially vulnerable LGBT people, such as disabled people or people on low incomes. However, one provider argued that the emphasis on the effects of financial austerity cuts masked barriers based on non-financial ‘discrimination’ that affected LGBT people more generally.</td>
</tr>
<tr>
<td>Their service had been restructured and made more efficient to protect service users from cuts</td>
<td>Another view was that where services were able to remodel service delivery in new and more efficient ways then they could continue to meet the needs of LGBT people. This view was often countered by the additional stress and poor morale of staff meeting the same or higher level of demand with fewer resources, which was thought to be unsustainable in the longer term. This view is discussed more in chapter 4.</td>
</tr>
</tbody>
</table>

The view that cuts had not made a difference to some LGBT services and their users was not therefore as straightforward as it seemed. There were a variety of reasons for these views that didn’t always mean that LGBT people or services and their users weren’t suffering.

---

15 This may raise particular concerns in relation to the public sector equality duty where publicly funded bodies are expected to show what they have done to reduce discrimination, promote equality of opportunity and foster good relations in relation to ‘protected characteristics’, which includes sexual orientation and gender reassignment.
3 Effects on LGBT People and Service Users

This chapter looks at the many ways in which LGBT people and people providing services to them felt they had been affected by austerity cuts. Wherever possible we provide direct examples from LGBT people themselves but often participants talked about those they know, such as friends or clients, and the wider community. While some LGBT people felt that it was too hard to tell if the cuts had had an effect on them because of their sexuality or gender identity specifically, there was evidence that LGBT people were being negatively affected by spending cuts in a number of ways. The chapter concludes by discussing the effects of cuts on other intersecting experiences of LGBT people, such as being a disabled person or having a low income.

3.1 Financial hardship

A recurring message from LGBT people, for themselves and those who they knew in the wider LGBT community, was the actual or anticipated financial hardship caused by the cuts. Some participants expressed strong anxiety over reductions in their incomes arising from redundancies, below inflation pay rises and from benefit cuts. A number of service providers gave examples of the type of situations their users were dealing with in relation to employment, earnings and benefits.

3.1.1 Concerns related to employment and earnings among service users

It was clear from our findings that financial insecurity arising from austerity cuts did not discriminate. In relation to employment, shifts in employment patterns to zero hour contracts and people being moved from stable work to roll-over short term contracts by their employer was of concern to some in terms of current earnings and financial security. Other LGBT people worried about their longer term future financial security, for example, their inability to save towards major items like a house and their future job prospects. In some cases LGBT people described being ‘left out of pocket’ due to budget cuts by their employer, with one community worker having to fund their own travel expenses between visits.

LGBT people just like other groups were also facing redundancies and pay cuts and feeling the effects of these on their income and expenditure. Many in our research felt frustrated and concerned by their standard of living:

**Reductions in standard of living**

‘I’m forced to make reductions in purchases like social, groceries, heating bills because of reduced income’ *(Interview 20, Non-UNISON member, lesbian public sector mental health provider)*

There were examples where participants said that they *could not meet basic costs* such as paying their household bills, buying phone credit or bus tickets and being more likely to use pay day loans as a result. In some cases the effect went further, with the danger of significant impacts on health.
Unable to afford a prescription
‘I have gone without medication on occasion because cost has become prohibitively high’
(WS85, gay man and Service provider, non-UNISON member)

LGBT people also felt they were unable to afford social outings with friends and attend cultural events or LGBT support networks, activities which kept them engaged and connected to their community. This was explained as compounding feelings of isolation and exacerbating mental health issues.

As described in Chapter 4, some services have taken steps to reduce the effects of cuts in funding on their services, such as charging for services that had been free before. This move had a negative effect on some of the LGBT people accessing these services. Financial hardship was sometimes made even more difficult for transgender individuals because of the additional costs that ‘transitioning’ can bring thereby compounding their experience of economic insecurity. This not only affected their general ability to make ends meet but also caused particular difficulties for some individuals.

CASE EXAMPLE: Economic hardship compounded by the costs associated with ‘transitioning’ A person transitioning struggled with earning less from zero hour contracts which meant she couldn’t pay for prescriptions or hair removal treatment for transition, or afford to eat the appropriate diet or pay for a gym in order to lose weight required before the surgery (WS57, trans woman, non-UNISON member).

Alongside personal examples of the financial effects of cuts, service providers also gave reports of their LGBT service users using food banks more often and being less likely to attend mental health support group appointments because of cost of travel from rural areas. In the worst cases service providers gave examples of LGBT clients in severe financial hardship using soup kitchens and even suffering from malnutrition, although we did not encounter examples of this kind directly within the research.

3.1.2 Concerns relating to employment and earnings among LGBT service providers

LGBT service providers who were in the public or voluntary sector also talked about financial hardships and difficulties created by austerity cuts for them. Some noted the extent of the cuts in terms of the level of redundancies, with one person saying it was the first time that she had been unemployed in 19 years. A recurring theme was that LGBT employees in the public and voluntary sectors had already had no pay rise or below inflation, real terms reductions in pay over the last 3-4 years, and/ or increased pension contributions prior to the full effect of austerity cuts over the coming years. This was worse for people who were already on or below average income and/ or where their jobs had be re-graded/ downgraded so that they were paid less.

Worse pay by downgrading
‘Due to working in local government, I have not had a pay rise in three years, despite earning under £21,000. Plus, my job has been re-graded and I now earn less money’
(WS25, UNISON Member, Trans woman working in local government)

In addition to the signs of financial hardship described above, the effects of low wages and unstable terms and conditions also made it harder for participants to try to save for
a deposit to buy their own home or to have a ‘decent lifestyle’ as discussed above. No one in the study mentioned the possible counter effects for lower paid workers of the rise in the amount a person is allowed to earn before income tax, either suggesting that it is not uppermost in their minds or that it is experienced as having little effect.

3.1.3 Concerns related to benefits
Although we did not find direct examples, LGBT service providers described users being worried about changes to benefits such as payment for Universal Credit going directly to their bank just once a month. In these cases, LGBT service users with a history of drug use and/or who struggled to budget told service providers about their anxiety about new monthly payments, regardless of what they might want. With advice and support services closing or running a ‘skeleton’ service this added to users’ anxiety as they felt they were unlikely to receive the support they needed to budget their finances properly.

LGBT users of a housing advice service were described as facing considerable threats to financial stability as a result of the benefits cap, changes in housing benefit and sanctions resulting in weeks without income until appeals are heard. One provider gave an example of the effect of benefit sanctions with some of the people attending a support group ‘turning up hungry’. While not an issue unique to LGBT people, LGBT people expressed considerable concern about this in the context of the cuts.

3.2 Homelessness and Safe Housing
Participants talked about problems associated with homelessness and finding a safe place to live experienced by LGBT people in light of the cuts. LGBT people, particularly young people, were thought to be more likely to face homelessness because of issues associated with their sexuality or gender identity, which might result in being kicked out of the family home or having no family support. They therefore had a greater need for safe accommodation in areas where they could access LGBT support communities and networks, as explained below.

The need to live near LGBT support networks for LGBT people without family support
‘This is due to it being harder for LGBT people to access safe and affordable accommodation near to where they can access support and advice services, which they are more likely to rely on because they may not have the support of friends and family that they come out to’
(WS114, gay man, non-UNISON member)

One housing advice service for LGBT people explained that calls for support were at an all time high, with people presenting with more complex needs like physical and mental health problems, and 25% of their callers already ‘street homeless’, in squats or sofa-surfing. They also noted the way in which the increasing use of fixed term and less secure tenancies as well as lack of affordable housing added greater housing insecurity for already vulnerable groups.

LGBT young people were seen as facing multiple difficulties because of changes to housing benefit. Concern was expressed about those under 35 and single, only being eligible for a shared accommodation rate or for bedsit accommodation. This was particularly relevant to young LGBT people as they may find it difficult to find a safe and comfortable shared accommodation with flatmates accepting of their sexuality or gender identity.
Related to this was a worry about where LGBT teens could find safe housing after a service was cut. A dedicated shared house for LGBT teens who had fled parental abuse over their sexuality or gender identity had closed its doors and one participant explained that, now they have nowhere to turn to. LGBT teens in such a situation had fewer support networks and their housing options were minimal - they could not go home and they faced the risk of discrimination in general shared houses. The following example demonstrates the link between sexuality or gender identity and homelessness and the importance of specialist housing services.

**LGBT peoples’ greater risk of homelessness and discrimination in the search for accommodation** After coming out to her wife, a transgender woman was forced out of her marital home and both local and ‘private’ housing services, such as letting agents, could not offer support because they claimed it was intentional homelessness. It came to light that she also could not stay in a local shelter because it was all men and mostly ex-offenders so there were concerns for her safety – likelihood of facing transphobia and discrimination were high. Instead, she moved away from the town she grew up in to stay with a friend until she could gain some stability (Interview 10, trans woman, non-UNISON member).

### 3.3 Invisibility, marginalisation and discrimination

An increased sense of anxiety about the availability of services to LGBT people meant that some LGBT began to see themselves as an 'afterthought' to policy makers and councils or that their needs were being marginalised. There was also a concern that cuts would begin to have an effect on increased discrimination in the form of feeling unsafe on the streets, hate crime and homophobia, biphobia and transphobia. Fewer non-scene LGBT friendly spaces and support groups meant some LGBT people thought they had less opportunity for socialising. Views about the effects of marginalisation and invisibility in the community were often expressed alongside an increased sense of isolation.

#### 3.3.1 Marginalisation, guilt and isolation

LGBT people we spoke with expressed views that their needs were not being considered and that they were beginning to feel less important than other protected groups. As one LGBT individual said, ‘people in power are not taking my community seriously’. The closing of or reduced offer from LGBT services reduced the visibility of LGBT people (e.g. an online information service not being kept up to date). A view emerged that the LGBT community was gradually being disconnected from public services as there appeared to be a decline in community engagement.

Individuals expressed feelings of guilt for asking for their needs to be met in a climate of austerity. As one participant explained, she felt that LGBT needs were beginning to be seen as a ‘luxury’.

**The marginalisation of LGBT needs making people feel guilty to ask for help or support** ‘… like wanting LGBT groups or adults is somewhat of a luxury at work when there are so many other pressing demands’ (WS99, Lesbian, UNISON-member)

One participant described the way in which she thought that apparent under resourcing at her Jobcentre had affected the attitude of staff towards her as a trans woman:
Cuts lead to less acceptance of people who don’t fit the norm
‘… issues like changing my legal name and having staff at the Jobcentre filling in my forms incorrectly due to mistaking my gender are made difficult. If they have no time for you they have even less time for you if fitting you into their system is difficult’ (WS48 trans woman, non-UNISON-member).

Another effect of greater invisibility and marginalisation was that LGBT people said they sometimes felt more isolated and less connected from the LGBT community. This was particularly felt as a result of support groups closing and fewer LGBT events, such as Pride events, taking place in local settings. When a council-funded outreach and social project for gay men closed the majority of its services, HIV positive men were ‘left in limbo’ as they lost a safe place to gather and garner support with others in a similar situation. Another gay man also described greater feelings of isolation because of a reduction in a service.

Greater feelings of isolation from reduced access to services
‘[I] don’t feel as connected to the community; have lost network of support; more isolated. Don’t feel able to reach out for help when I need it. Not able to access services as readily because they’re not as available’ (WS85, gay man and Service Provider, non-UNISON member).

A sense of greater isolation was found where there was reduced access to services and information. For example, a lesbian described the way which cuts in library funding meant that it was more difficult for her to gain access to information on lesbian parenting. She noted that the reason she needed to access this information via her library was because it wasn’t provided through mainstream health and parenting services.

Overall participants also thought that ‘queer spaces’ and public support for LGBT events were in decline. Apart from national Pride events and a council hanging a rainbow flag outside its offices there was thought to be less backing for LGBT community activities. This further contributed to feelings of isolation for some people.

3.4 Reversal of Positive Challenges to Discrimination

There were also a number of areas in which cuts were starting to be felt as a reversal in support for initiatives that helped to challenge discrimination against LGBT. In particular two areas were mentioned: (a) less support to challenge discrimination in schools and the wider community; (b) a decline in support for initiatives related to hate crime reporting.

3.4.1 Discrimination, bullying and acceptance

Participants felt that there had been a general move away from discrimination against LGBT people over the past decade, with the repeal of ‘Section 28’ and the introduction of anti-homophobic and/or anti-transphobic bullying initiatives being sighted as positive examples. Cuts in funding in funding to such initiatives, however, were seen as one way in which greater acceptance of LGBT people was in danger of being reversed. One gay male participant thought there was a greater chance that homophobia would impact on the well-being of young people as funding for ant-homophobic bullying
initiatives and safer sex outreach work declined. The move from funding for such initiatives through Local Education Authorities to academies and free schools was thought to be potentially problematic as individual schools may not be able to afford to buy in such resources.

There were also concerns that work related to sexual health promotion and coming to terms with one’s sexual or gender identity were also being jeopardised by cuts. One participant thought there were larger class sizes and schools provided less time for teachers to spend with students who might be coming out and who needed to be able feel comfortable about being themselves.

A view was expressed that schools, colleges and universities offered an important space for young people to come to terms with their identity, especially where they came from an unsupportive family or household. However, the discussion above, coupled with the fact that there was thought to be fewer youth services available, suggests there may be fewer opportunities for young people to negotiate their identity and feel comfortable than before.

### 3.4.2 Feeling unsafe and vulnerable to discrimination

Austerity cuts were also felt to be making LGBT feel unsafe or potentially unsafe in a number of ways. Firstly, there was concern that valuable initiatives that helped LGBT report hate crime were being cut back or lost. There were comments among some participants that reduction in liaison between the police and the LGBT communities had led to less trust that the police would do anything when hate crime was reported. Of particular note was withdrawal of channels in some areas. One lesbian service provider gave the following example:

<table>
<thead>
<tr>
<th>Nowhere to refer hate crime to</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘… a community member who reported being verbally abused on the street relating to their sexual orientation and the attending officer [at the scene] has no one to refer to so he informed the person there was nothing they could do’ (Interview 20, lesbian service provider, UNISON-member)</td>
</tr>
</tbody>
</table>

This lack of expertise on LGBT issues and handling hate crime was felt to be due to the police force cutting the post of equality and diversity advisor. Time for officers to deal with hate crime specifically in the other area had been cut.

Perceptions of reduced police presence in the LGBT community and fewer staff on public transport also made participants feel less safe in their community while others talked about incidents of hate crime going unpunished by the police. Feelings that homophobic and transphobic incidents were on the rise also made LGBT people anxious about what may happen to them in public spaces in the future. Individuals had specifically noticed reduced staffing on train stations and platforms, and as one LGBT person and provider explained:

<table>
<thead>
<tr>
<th>Feeling less safe due to cuts on staff on stations and police</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘… I feel less safe and have been sexually harassed and verbally abused on trains’ (WS87, lesbian service provider, UNISON-member)</td>
</tr>
</tbody>
</table>

Others raised feelings of concern that LGBT discrimination was creeping back into society and this made LGBT people feel frustrated, unhappy and worried about more
confrontation. An incident went unchallenged by other co-workers when a trans woman was called a ‘poof’ in the workplace, while a woman was sexually harassed on a university campus because of her sexual orientation. The view was expressed that, despite the fact that the LGBT community had made a great deal of progress over the years with raising awareness and combating discrimination, this progress was now in danger of being eroded.

3.5 Impact on health and wellbeing

While front-line NHS health services are not supposed to be affected by austerity cuts, some participants said they had felt a difference in the services they had used. Both LGBT people and service providers said that they felt that cuts in health services were having negative effects. Restructuring in the NHS and public health meant that health services have felt the pressure of high levels of need far longer than austerity measures have been in place. However, LGBT people felt strongly that austerity compounded existing difficulties in health services and cited examples such as worsening service conditions, longer waiting lists, inflexible appointment times, shorter treatment periods and overburdened staff unable to provide caring and tailored support. Sexual health and mental health services were mentioned specifically and are discussed here.

3.5.1 Sexual health

Those participants who had accessed or delivered sexual health services had a common perception that the availability of LGBT-friendly and appropriate sexual health support and information had been reduced. The perceived lack of available sexual advice for the LGBT community was of real concern, and meant that some LGBT people did not know where to go to access information or support. This led to a fear of a rise in unsafe and risky sexual behaviour.

Some service providers discussed reductions in the services they offered or reduced hours of operation and the effect of this on their clients, particularly increased demand for remaining services, increased risky behaviours and undiagnosed sexual infections. Concern was expressed about the effects of cuts on local sexual health clinic services like HIV testing and STI testing. There was a worry among some participants that fewer people were testing for HIV and other sexual infections. The long term implications were thought to be an increase in people going undiagnosed and being more likely to transmit infections to others and not accessing the care they would need.

Participants expressed concern about the likelihood of finding a service where they would be able to feel comfortable about their sexual orientation or gender identity in relation to specific health needs. This was expressed aptly by a gay man who said: ‘you won’t get advice on healthy anal sex from your granny’. This view was shared with another LGBT person who said they would feel more ‘vulnerable’ and ‘uncomfortable’ with someone not sensitive or knowledgeable about the sexual health needs of the LGBT community.
CASE EXAMPLE: Reduction in LGBT-friendly and appropriate services
When a South London sexual health clinic cut their specific LGBT service a lesbian woman had to use a mainstream GP since the nearest LGBT specific clinic was in the city and inconvenient to access from where she lived. She felt the GP was not sensitive to her sexuality, instead presumed heterosexuality, asked irrelevant questions given her sexuality and was borderline offensive. She preferred a clinic that catered to [her] needs and run by people that know what they are talking about' (Interview 9, lesbian, UNISON Member)

For those who may need sexual health services, awareness of where to go to access a service or information is important. Participants who were already connected with such services felt they knew where to go if they needed sexual health information, but that this was not the case for all people. This was thought to be particularly the case for more marginalised groups with the LGBT community, such as young people, those not yet publicly out and people from black and minority ethnic groups. The result would be that they would be at greater risk of poor mental health.

Some people also explained that the service they previously accessed or were aware of no longer existed and so they no longer knew where to access services. As one LGBT person (who was also a service provider) said: ‘If I needed to provide information to others who access independent advice and support, I would need to search to see what is available. Similarly, locality was raised as an issue with rural-based LGBT people having limited or no local services, which put a strain on their finances as they needed to pay to travel to services.

3.5.2 Mental health

Mental health service users and providers thought that LGBT people would be more anxious, frustrated and concerned as a result of cuts to services. Their sense of well-being may decline because of growing feelings of isolation and greater feelings of financial security.

Although it was a generally held view that cuts must have an effect on the mental wellbeing of LGBT people, no one in the sample provided first hand examples. Nonetheless, they were able to give clear examples of people they knew. The view was that LGBT people were ‘probably’ experiencing greater mental health issues given the known existing high rates in the LGBT population. One LGBT provider noted that 45% of the clients of a LGBT-specific housing service were living with mental health problems.

Participants felt that LGBT people were not receiving the same quality of mental health treatment as they had in the past and that this was affecting their mental health. Poorer quality mental health services included reduced availability of appointments, early discharge from services, lack of relevant service or staff such as counsellors trained in LGBT issues, and cutting of essential services like help lines.
CASE EXAMPLE: Mental health service users being discharged earlier than appropriate
Higher case loads and amended criteria for accessing secondary mental health services resulted in one LGBT person being discharged much earlier than she felt was appropriate especially with her history of relapse. She is no longer receiving the care and support she feels she needs and because of the early discharge it is more likely she will need to access the service again (WS54, lesbian mental health service user, UNISON Member).

The lack of available specialist support and knowledge of issues specific to LGBT people resulted in some instances in individuals going untreated or being ‘bounced’ around the health system. A gay man described the way in which he was denied a referral to a new support group with a specialist psychologist because his ‘needs were too complex’. Long waiting lists and restriction of referrals to new patients meant he could not access a mental health service he had used previously.

CASE EXAMPLE: Ending of helpline that met a trans person’s needs
A trans woman spoke specifically about cuts leading to an anonymous telephone counselling line shutting down. The anonymity offered by the helpline, and the immediacy of access to essential support by phone when considering suicide, were two aspects of the service that were of particular importance to her. The limited, ‘by appointment’, face to face counselling service that replaced the helpline was problematic for her; ‘walking through a surgery in a busy waiting room dressed as a woman, it was difficult. Instances of harassment and laughter—it doesn’t put you in the right frame of mind for counselling’ (Interview 10, trans woman, non-UNISON member).

3.6 Intersection with other protected characteristics

We recognise issues experienced by our participants are not exclusively related to their sexuality or gender identity. The interaction of other identities, such as disability, ethnicity, asylum seekers, gender and poverty, often means it is difficult to separate out when an experience was linked to sexuality, gender identity or another aspect. Indeed, some explained that their difficulties as a result of cuts had nothing to do with their sexuality but instead was a result of their disability, ethnicity or something else. Some individuals provided direct examples of how their sexuality or gender identity interacted with other characteristics, while people often spoke of others and how various aspects of their identity would intersect with, and in some cases, compound the difficulties experienced by cuts.

Having to attend an office for advice rather than being able to access a free helpline
For one LGBT person who was unemployed and a disabled person the cuts meant getting rid of a freephone line. Because of his financial situation he could not afford the price of the call to book an appointment and instead ‘had no choice but to trek in each morning to join the queue and wait for support’. This coupled with his health condition created a further difficulty as he found it physically challenging to cope with the commute and waiting around all day (Interview, gay man on low pay, UNISON Member).

Service providers, and LGBT people alike, generally felt people in the lowest income bracket, regardless of LGBT status, were hardest hit by the cuts. Others expressed concern about age and sexuality intersecting, with concerns being expressed especially for the young, the very old and for disabled people. One BME participant thought that
the problems he faced at work could be due to his sexuality and/ or due to racial discrimination but that it was often hard to tell.
4 Effects on Service Delivery and Providers

This chapter looks at the effects of austerity cuts on service delivery and paid and voluntary staff providing services to LGBT people. It looks first at the effects of austerity cuts on service delivery and then the effects on service provision and providers themselves.

4.1 Service delivery

In addition to the effects of austerity on LGBT people at a personal level (Chapter 3), we also explored the views of service providers. This included providers of LGBT targeted or specialist services and more mainstream providers who were aware that they had LGBT clients. Some of these LGBT providers were LGBT people themselves and expressed their views as service users too. In Chapter 2 we explored the nature of cuts in the funding of services. This section explores the corresponding effects and implications.

4.1.1 Loss of valuable LGBT staff and specialist advice

One effect of reduced funding for services was thought to be that valuable staff and staff with specialist knowledge were lost as they were made redundant or their role was taken over by someone with a wider remit. In some cases participants emphasised the personal qualities and experiences of service providers who lost their jobs and who would be difficult to replace:

Loss of a service provider with valuable experience
‘The worker who frankly deserved an OBE..., who had the best part of two decades of youth work as a dedicated youth worker for LGBT teens was laid off’
(WS97, Service User, non-UNISON member, discussing a local LGBT youth project)

However, the loss of such valuable experience and specialised knowledge also affected services more widely as less experienced and knowledgeable staff were left not knowing where to turn to for advice on dealing with LGBT service users. An example was a participant who used to work for the police advising officers about how to deal with reports of hate crime as part of her role.

CASE EXAMPLE: Loss of specialist advice leading to negative impact on services
The participant had acted as an equality adviser including LGBT issues within her police force. Her role was changed and she was redeployed. There was now one person who acted as an equality adviser across a number of police forces and who dealt with all protected characteristics. This person wasn’t able to cover all of the work and wasn’t sufficiently well grounded in LGBT issues. She felt this led to some officers getting into a ‘muddle’ when dealing with LGBT hate crimes and potentially approaching them less sensitively due to lack of advice (Interview 20, Ex-Service User, UNISON member, Police)

A number of participants thought that the consequence of not having people with the correct experience and knowledge of LGBT issues would mean that the service would be less likely to be delivered in non-discriminatory ways.
4.1.2 Inability to meet demand for LGBT services

Reduced funding and the loss of expertise meant that it was also more difficult to try to meet the needs of LGBT people. Participants discussed cases in which access to services were reduced as a result of:

- cuts in staff at a time when there was rising demand for the service;
- failure to commission services for LGBT people at all in some areas leading to a knock on rise in demand in neighbouring areas.

Rises in demand for services occurred at the same time as there were, for example, shorter opening hours of services and removal of ‘drop in’ sessions when people could informally seek advice or support. Increased demand in services, because of and at the same time as cuts, meant that sometimes potential services users had to be turned away.

Less access to services at a time of rising demand

‘We have had to close a number of groups/services we provided as funding has ceased. For example, we had to close three youth groups we provided and combine them into one group… We have noticed a rise in the demand of certain services and have had to turn large numbers of people away who we would previously have been in a position to help’ (WS53, Service Provider, Non-UNISON member, mental health services).

The fact that services for LGBT people were not commissioned by funders in some localities, or only commissioned to cover defined geographical areas, meant that some participants talked about cases where there were gaps in important services to LGBT people, for instance, sexual health promotion for gay and bisexual men:

CASE EXAMPLE: Free condoms were no longer provided in a specific area.

A sexual health service for gay and bisexual men could no longer provide condoms and lube across the gay scene in one area and reported an increase in risk taking behaviour in that area since no other organisation was funded to deliver such a service (WS87, lesbian service provider, UNISON Member).

In other cases LGBT people had been turned away from services because they did not live in a specific geographical area. In one instance a service provider stated that this was not because they were unwilling to help but because they were unable to fill ‘the void’ left by closure of services for LGBT people in neighbouring areas. They simply could not take on the additional load leaving some LGBT service users with nowhere to turn.

4.1.3 More Time on Fundraising, Less on Delivery

A specific issue that was mentioned was that having less funding also meant there was less time and resources to do ‘outreach’ work or to meet LGBT needs in a ‘proactive’ way. Much greater time had to be spent in some services on fundraising. A consequence of greater instability and uncertainty of funding was therefore that service providers were more torn between providing the service and the need to continually look for funding.
Torn between fundraising and service delivery

'[There was the] pressure to get more done in the same number of hours... [my] job description didn't change and I didn't stop running the youth club but on top of that was the added pressure of fundraising'

(Interview 5, Service Provider, Non-UNISON member, service for young LGBT people)

In another example, a project aimed at LGBT young people was facing closure with the result that the staff time was taken up having to undertake 'radical fundraising' in order to stay open. Several participants discussed greater 'continual worry' about the funding of services that took them from other work.

4.1.4 De-prioritisation and marginalisation of LGBT concerns

There was growing concern that recognition of LGBT needs and concerns in public policy was being eroded. The Equality Act (2010) and other legislation giving rights to LGBT people were intended to give sexual orientation and gender identity a greater priority in terms of policies and service delivery. A number of factors had made service providers and service users feel that this good work in making the needs of LGBT people a part of public policy making was beginning to be reversed.

Reduced Training, Engagement and Awareness

At a general level, there was a sense that work related to LGBT needs was a ‘nice to have’ rather than something that should be given priority. An example came from a man who provided LGBT awareness training to police officers.

De-prioritisation of LGBT awareness training

‘Within the police service diversity and awareness training support to officers and staff was seemingly given high priority. However, in these austere times diversity teams have been got rid of all together or reduced by 50 per cent. I very much feel the police see diversity as a ‘nice to have’ rather than a necessity’ (WS67, UNISON Member, bisexual man providing LGBT awareness training)

At a more specific level, several issues were raised as signs that equality and freedom from discrimination for LGBT people were seen as less important than for other protected characteristics. This included:

- cuts in the number of equalities staff within organisations, which represented an area in which many LGBT people worked;
- the reduction in engagement by public bodies with the LGBT community;
- reduced money available for LGBT awareness training;
- that some public bodies were less concerned about collecting information on the number of LGBT employees or service users (compared to other groups).

To some extent, participants thought that their managers believed there was no longer any stigma or discrimination attached to LGBT people because equalities legislation was in place to protect them. However, this was not the view of LGBT people or LGBT service providers. For instance:
Less emphasis on LGBT equality in decisions on public services

‘Diversity in general seems to have less emphasis and funding under the current government… all minority groups are seeing less importance placed on … equality and diversity in public services and decisions on public spending… Public service providers have less money to spend on equality training and so their staff have, and display, less awareness and sensitivity, which can make you think twice about using services at all’

(WS86, UNISON Member, bisexual woman)

The effect for some service users was that they felt policy makers were trying to ‘marginalise’ them.

Another way in which LGBT equality appeared to be treated as less of a priority and therefore marginalised, was that some service providers had not been able to attend LGBT staff networks or forums because of increased workloads. It was also the case that time to attend and other financial support had been withdrawn. This meant it was harder to maintain a focus on how service delivery or policy formation might require a different approach for LGBT service users and staff.

Reduced LGBT Representation and Increased Invisibility

In some cases attempts to make savings had involved integrating LGBT representation and concerns alongside other groups relating to ‘protected characteristics’ into one group. For example, in one mainstream organisation a participant discussed the way in which there were financial pressures to return to a single advisory group, which had not worked well in terms of ensuring LGBT issues and concerns were able to be voiced in the past. The likely result was thought to be that valuable LGBT representation in the organisation’s decision-making structure would be lost.

Loss of valuable input from LGB and T networks into organisational decision-making

‘There are pressures for the LGB and T network to become part of a wider advisory forum. We feel that LGBT issues have tended to get lost in that forum before… It's interesting that one person said to me, “to be honest I stopped going because I didn’t feel there was enough focus on LGBT issues to make worth going, to my mind”’ (Interview 1, Non-UNISON member, gay man who was part of an LGBT advisory forum)

The marginalisation and de-prioritisation of LGBT services was also raised in relation to experiences that funding for services and events that identified the importance and existence of the LGBT community were not being maintained. In this respect some participants thought LGBT people were becoming increasingly ‘invisible’. One lesbian participant put this succinctly in her contribution:

The danger of LGBT invisibility

‘LGBT issues are traditionally out of sight and easily removed or placed in a ‘nice to do if we could afford it, never, never’ category and this only increases in times of austerity’

(WS91, Lesbian Service User, UNISON member)

Signs of increasing invisibility included closure of LGBT focused community websites or failure to update them, inability for staff from services to attend local Pride events, or the focus only on the people with the greatest needs within the LGBT community (e.g. a
focus on the sexual health of HIV positive gay men over LGBT sexual health more broadly as a result of prioritisation of limited funding). The overriding feeling was that LGBT staff and service users were being treated as less important than other parts of the wider community.

4.2 Service provision and providers

4.2.1 Restructuring or Worse Terms and Conditions?

It is debatable to what extent it is possible to restructure public services and service provision to LGBT people without a detrimental effect on the people who provide the services and their service users (see Chapter 1). Our sample included both the views of managers and front line staff delivering services. From the management point of view some providers said that they had tried to restructure or remodel their services to be more efficient and to protect service users as far as possible from the worst of austerity cuts effects. An example of the remodelling or restructuring approach to services is shown below:

**Remodelling services to try to maintain the service**

‘Since support services have been reduced we have remodelled our services, restructured our staff team and introduced a new case management system... We have weathered the storm of uncertainty over the past 4 years but fear worse may be to come … staff have had to spend more time on each case while coping with more demand’

*(WS115, Service Provider, non-UNISON member, Housing Service)*

This showed that in some cases it may be possible to reorganise service delivery to ‘weather’ the cuts. However, even those who held this view recognised that it usually created greater workloads for staff in the medium to long-term until further funding could be found. Without future funding some service providers echoed the views of the Local Government Association and the Society of Local Authority Chief Executives that such ‘weathering’ in the long-term would be ‘unsustainable’.

From the view of front line providers restructuring or remodelling was often experienced, not only as increases in demand for services, but also as worse pay and worse terms and conditions. More specifically they described changes to terms and conditions that meant they had reduced or less stable employment and income. The case below was a good example of one of the worst cases.

**Worse income, terms and conditions**

‘I was made redundant as a result of the cuts when I worked in local government. Since then I have worked in the community and voluntary sector, which has also received funding cuts resulting in me being employed on 3 month rolling contracts for the past .. months, being paid less and having my hours reduced. As a result I am facing severe financial hardship and on two occasions this year have had to rely on pay day loans. I am also behind with my utility bills… Some months I have had to rely on food parcels’

*(WS84, UNISON Member, Lesbian working in the voluntary sector)*
Although restructuring could, therefore, sometimes be weathered temporarily, there were doubts that this could be done indefinitely without detrimental impacts on staff the public and community sectors.

4.2.2 Increased workloads, low morale and stress

Together, reductions in funding of services, restructuring, lower numbers of staff and the seeming reduction in the priority of issues facing LGBT people combined to have a number of knock on effects for service providers many of whom were LGBT themselves. These effects were focused around three main areas: increased workloads, low morale and additional stress.

Increased workloads

A recurring theme was that there were increased workloads for providers delivering public and voluntary sector services. These increases sometimes stemmed from additional work arising from the personal effects of austerity on LGBT people and increases in demand for services discussed in Chapter 3 (e.g. an Advice Worker who said her team had become more ‘stretched’ that usual as a result of the government’s benefits reforms). A more prominent theme, however, was that a smaller number of staff were expected to maintain the same or similar workloads despite job cuts or job freezes on recruiting new staff as other staff left. The example below was typical:

**Meeting the same targets with fewer staff**

‘…we have had to make a large number of redundancies and/or reduce staff hours which means many staff have the same targets to meet within half the time they had previously’

*(WS53, Service Provider, Non-UNISON member, Public Sector Mental Health Provider)*

Participants described this type of effect on staff in mental health services (in the public and voluntary sectors), local authorities, higher education and the NHS. In higher education there were said to be pressures to have ever larger staff-student ratios. Another issue was that cuts in frontline services were only prevented by making cuts in ‘back room’ staff. For instance, one participant discussed the way in which it took six weeks for a letter about a meeting with an NHS health professional to be dictated and typed up.

Low Staff Morale

Participants stated that staff morale among people providing services had also declined because of changes in working conditions, for example, where some staff had been made redundant or had been re-graded. For example, one lesbian working in mental health services said that for people who were left behind when the number of jobs in her organisation was cut by a third, it felt as if the job was ‘soulless’. This had a further negative effect as long-serving, loyal and experienced staff looked to leave the organisation. Those remaining felt unable to fulfil their job fully and to meet the needs of service users.

**Poor morale from feeling unable to help service users**

‘We simply don't have enough staff to run the service. So what we find now is that we're being asked by management to maybe close cases that aren't seen as viable anymore…’
they’re not focused on the people side, which is what our service is about. It’s about providing services for people, supporting people, or improving peoples’ lives’

(Interview 7, Service Provider, UNISON Member, mental health support services)

Increased Stress

A second effect of changed conditions and increased workloads was that participants felt increases in stress for themselves and the others with whom they worked.

Increased feelings of stress at work

‘I work in Local Government. There used to be four people doing my job. Now I am the only full-time person plus one part-time locum. This puts me under pressure when I am alone at work’ (WS90, Service Provider, UNISON member, local government)

In some cases the stress of meeting increasing demands had also led to depression and staff having to take time off work. Others referred to the effects of the instability of funding and how the uncertainty this created for their employment and income affected their well-being. This suggests that the Institute for Fiscal Studies may be correct in calling for a review of the effects of austerity cuts to date on the retention of public and voluntary sector staff and on effects on service quality before further cuts are made. Our findings also suggest that austerity cuts may be having detrimental effects on service providers and the quality of provision.
5 Responses to the Cuts

This chapter discusses the ways in which UNISON members and non-members have responded to the cuts to services used by LGBT people. It then presents participants’ suggested strategies for improving the situation further.

5.1 Individual and service-level responses

5.1.1 Individual responses

Both UNISON members and non-members described responding to the cuts by undertaking activism and campaigning activities, individually and collectively. These activities took four main forms:

- **Participation in marches, rallies and protests:** UNISON members described attending anti-austerity marches such as those organised by the TUC. In addition they attended protests and rallies about the cuts and about associated changes to their terms and conditions, such as their pensions.

- **Membership of political and campaigning groups:** participants had taken up membership of political and LGBT campaigning groups. This included charities trying to raise the profile of LGBT issues, anti-cuts groups, LGBT sections or networks within political parties and local LGBT forums which had been campaigning against the cuts through the press and social media.

- **Organisation of new advice and support services:** There was also evidence of LGBT people working together to set up new support forums, particularly in areas where nothing similar existed. For example a participant described setting up a drop in centre aimed at providing local and more accessible support to LGBT people in poorer, rural areas who could not easily afford or access basic items (although this usually depended on being able to access resources and skills from projects in neighbouring areas).

- **Petitions and objections:** Another response to the spending cuts was the signing of petitions and the submission of formal objections against the closure or shrinking of public services. In relation to the latter, one participant explained that he had started regularly seeking out and disseminating information on recent cuts and encouraging others to object to them.

Using official procedures and appeals processes to object to cuts

“I’ve started looking at consultation responses, or commissioning, on the local authority website, as I have realised that for every supposedly new service being ‘commissioned’ there is actually an existing service which is being decommissioned, like the home for LGBT youth, or the women’s crisis centre […] and so on. Each time I see a consultation, I read it, look for what’s being cut, and then object. I email my friends, I have them object too. I have distribution lists I email consultations to now, just to get as many objections as possible to services which affect our community being cut’

(WS97, gay man and Service Provider, non-UNISON member)
Notably, while some participants were enthusiastic about these ways of responding as individuals, others felt they had already tried them without very much effect. For a number of participants this meant that their focus was on service level or collective responses. Others were more despondent and felt the only options were to fall back to a time when LGBT services had to be self sufficient because they received no public funding due to discrimination or, as one lesbian put it, ‘to emigrate’ somewhere better.

5.1.2 Service-level responses

As discussed in Chapter 4 there was evidence that some services had taken the view that they had no choice but to address cuts in funding by adapting their practices to cope with the pressure of increased demand and less resource. This was done by making ‘efficiencies’, as described below, albeit with arguably detrimental consequences for staff and service users. ‘Efficiencies’ included:

- Restructuring – with demotions, redundancies and compulsory retirement
- Pay freezes and pay cuts
- Recruitment freezes
- Increased workloads, expanded roles, and increased use of unpaid work
- Shrinking geographical remit
- Merging services and
- Withdrawing or limiting specialist services.

Such changes were not made willingly but instead seen as the only way to ensure that the service continued in some form and that their users were protected from the effects of the cuts as far as possible. As in the case below, such accommodations seemed to be more likely in larger national charities or public sector services where there was arguably more scope for restructuring than in smaller LGBT community sector projects.

**Adapting and responding to the cuts by remodelling services**

A national charity described carrying out strategies for minimising the effects of the spending cuts. This included reviewing its strategic plan to identify new business opportunities and fundraising avenues; negotiating with local authorities to protect projects, such as a supported housing project for young LGBT people; and developing partnerships with other voluntary organisations to protect advice services. It had also started a new project to address the housing challenge arising from austerity. Other service providers said they had made more funding applications and carried out additional fundraising activities to bring in more money *(W114, gay male Service Provider and User, non-UNISON member)*

Working in partnership with other organisations or ‘joining up’ services was also suggested as a key way for LGBT services to mitigate against the effects of further cuts. The view was that LGBT voluntary groups and agencies should support one another to access other funding opportunities and to develop key services with providers from other sectors.
Aside from this, evidence provided by participants about willing strategic organisational responses to the spending cuts was limited. Among participants who were not UNISON members there was some frustration about the apparent lack of an organisational response and strategies to protect vulnerable employees and LGBT service users. For example service providers working in charities and local authorities described either no response or ‘tokenistic’ discussions about maintaining LGBT services with fewer resources, which had in practice led to little change.

At a more individual level, some service providers described playing an information-giving role in response to the cuts. These participants proactively researched and circulated information about the cuts, providing details such as what the cuts were, when they would be happening and their possible effects. Others raised awareness of available LGBT services that remained and some participants had noticed a higher demand for information on available services from LGBT clients in this respect.

Public sector UNISON members also described responding to the cuts with efforts to protect fellow LGBT employees and their rights as part of their role as union members. This included attempting to ensure LGBT colleagues were represented and supported.

5.1.3 Self-sufficiency responses

Reflecting an earlier time when discrimination meant that few LGBT services attracted any public funding, another way of counteracting the effects of austerity suggested was for LGBT people to support each other and avoid reliance on government resources all together. There were a range of different ways in which participants thought this had happened or could occur, for example by:

- Playing an active part in delivering LGBT services though volunteering;
- Helping LGBT organisations to secure funding;
- Joining or setting up local self-organised groups particularly where there are gaps;
- Creating more non-commercial and free communal LGBT spaces;
- Advertising house shares as being benefits-friendly and;
- Providing free support such as advocacy services for those who can't afford to pay for it.

One participant believed the LGBT community could go some way to becoming self-sufficient, and said:

**LGBT people support services themselves**

'I think the LGBT community should be pulling together, supporting ourselves and solving the problems we are facing with our own resources. The pink pound is significant and I wonder, if the LGBT community consciously focussed its spending back at itself and its services, whether it could free itself from reliance on a Government that seems determined to marginalise us' *(WS35, gay male Service Provider and User, UNISON Member)*

However, this approach to service provision to LGBT was widely criticised during similar cuts in the 1980s as an approach which could only be delivered by those with free time, financial resources and skills (sometimes referred to as ‘social capital’) themselves.
Consequently, while it may be part of the solution others felt that it could never completely replace the need for publicly funded services.

5.2 What more can be done?

There were a number of suggestions for what else could be done to help counteract the negative effects of recent austerity measures on LGBT people.

5.2.1 Raising awareness of the ways in which LGBT are affected by the cuts

Participants thought that it was difficult to talk about how cuts had affected LGBT people without direct experience themselves or a good evidence base. Awareness-raising emerged as a key priority in two areas: among LGBT people and among the wider public.

Among LGBT people

There was felt to be a need to communicate more and better information about austerity to LGBT services and service users in order to maintain services and help meet the needs of LGBT communities. The types of information needed included: the nature of the spending cuts, particularly in local areas; changes to welfare entitlements; and remaining available services. Providing information of this kind was considered to be high priority given the rapidly changing landscape of available support and entitlements. One participant explained,

**Information and support in the changing policy and practice context**

‘So many changes are implemented locally, such as Social Funds and Housing Allocations Policies. Keeping organisations and individuals aware of the changes in all boroughs is very important. Organisations need support in gaining the necessary information and developing links to support our clients more positively’ (W114, gay male Service Provider and User, non-UNISON member)

Among the wider public

Raising public awareness of the issues faced by LGBT people under austerity, using media and public information campaigns, was widely felt to be important. There was support for awareness-raising activities to be underpinned by research evidence to establish if and in what ways LGBT people are negatively and disproportionately affected by the cuts. This was important to participants who had not experienced any negative impacts from the cuts themselves or who were uncertain about whether LGBT people were being affected.

There was a view that publicising evidence would be helpful in challenging the perception that LGBT people are not a disadvantaged group or are less discriminated against than other ‘protected’ groups. Participants commented that LGBT people tend to be characterised as comparatively better off than other minorities and that due to equality legislation, they are no longer seen as in need of specific support to address discrimination. Communicating the combined effects of austerity measures and the continuing effects of homophobia, biphobia and transphobia, discrimination at work, lack of sex education in schools and barriers to health care and other public services,
was felt to be important in highlighting the continued need for specialist LGBT services and support.

Participants believed LGBT services and individuals had an important part to play in raising public awareness of these issues but there was also a role for unions in gathering and providing information to help ensure a strategic approach to resisting austerity cuts to LGBT provision within a specific locality or region. For LGBT individuals, suggestions for raising public awareness of LGBT issues involved formulating a coordinated response to communicating the impacts of the cuts to MPs, Councillors and service providers in an organised way, through community and political groups, hospital panels and trade unions.

5.2.2 Stronger collective action

UNISON members valued the work UNISON has been doing around challenging and exploring the effects of government austerity cuts in relation to LGBT people. This included commissioning research exercises such as this one. They wanted UNISON to continue work in this area.

There was a feeling among members and non-members that more could be done by UNISON, and the trade union movement more generally, to counteract and minimise the effects of the cuts on LGBT services. A range of union activity was mentioned:

- Posing an alternative economic policy;
- Actively campaigning against and challenging funding cuts;
- Recruiting, supporting and organising members;
- Lobbying political parties and the government and;
- Organising marches, protests, demonstrations and rallies.

There was strong support among some participants for the LGBT community taking collective action via trade unions and participation in campaigns, demonstrations and protests. Industrial action, such as a national or general strike and protests, were also suggested as a way to oppose the spending cuts by those who felt that there were few remaining options for change and by participants who had been directly affected by the cuts. One participant said:

**Support for protests and strikes to challenge cuts**

‘Other than a more public protest...i.e. manning the proverbial barricades, I cannot see a way forward. This government seems only to take notice when actual protests take place and no amount of writing and studies will change that’ (WS60, gay male Service Provider and User, UNISON Member)

Another female participant argued that there should be; ‘a little less conversation and a little more action’.
5.2.3 Targeted UNISON campaigns on LGBT issues

There were a number of areas in which participants thought UNISON could concentrate targeted campaigns and activities to minimise the effects of austerity and oppose the cuts to LGBT services.

- **Direct support to LGBT organisations:** participants thought UNISON could do more to support the work of local LGBT organisations by helping them connect with other LGBT services facing cuts in their area and assisting them with rooms for meetings and other resources; and by helping to alert or connect them with other existing specialist LGBT services.

- **Localised support:** Although the national campaign for LGBT issues was recognised and highly valued, the provision of more comprehensive and stronger local support for LGBT UNISON groups was raised as an area for development. There was felt to be insufficient local branch resource for LGBT issues (and other minorities) which meant that change was not led from the ground up. Support was also expressed for better use of the public sector equality duty, Equality Impact Assessments or Freedom of Information requests by branches to challenge cuts at a local level. More direct action resistance from local branches to address changes such as bedroom tax was also called for. Participants felt that UNISON could work directly with LGBT people at the local level by delivering services and outreach work.

- **Lobbying in relation to issues affecting the LGBT community:** participants suggested that UNISON could do more to lobby government to put across the message that cutting rather than investing in specialist LGBT services is a false economy. Here they emphasised the potential long term damage and unintended consequences resulting from key social needs not being addressed. There was also support for lobbying work around minimum budget levels for services and further challenges arising from the outsourcing of NHS and local authority services. This was to reduce the risk of the negative effects on the LGBT community of smaller voluntary sector LGBT specialists disappearing due to loss of funding.

- **Generating and publicising evidence:** Participants and most notably, non-members felt there was a greater role for unions in enhancing and disseminating learning about how cuts are affecting LGBT and other minority groups. UNISON as well as other trade unions were thought to have an important role to play in encouraging media reporting of the effects of cuts upon LGBT people. One idea was for UNISON to develop and circulate real examples or case studies of LGBT people’s experiences of the cuts to illustrate the issues faced. There was also support for UNISON to explore evidence related to LGBT students’ education outcomes to provide an evidence base for campaigns against cuts in student support (if performance is lower among disadvantaged LGBT students).

Consequently, there were a number of ways in which participants thought UNISON could respond to the effects of cuts on LGBT. Notably, the promotion of the findings of this research and other evidence was a prominent theme among them.
Appendix A

Aims and Objectives

- Provide qualitative insight into the way cuts to public services may be affecting LGBT people from the perspective of service providers and LGBT service users.
- Provide case examples of challenges arising from public and community sector spending cuts for LGBT people to inform UNISON’s campaigns and evidence base.
- Gather suggestions of ways in which UNISON and its members can respond to austerity.

Introduction

- Thank them for agreeing to be interviewed.
- Explain the purpose of the study in line with aims and case above.
- Emphasise that participation is voluntary and they can opt out any time.
- Explain recording for accuracy and to ensure we can listen properly.
- Emphasise confidentiality and anonymity (e.g., not use their name or the name of the organisation where they work).
- Say that the interview will last 30-45 minutes.
- Any questions.
- Check that they are happy to go ahead with the interview.
- If yes, START THE RECORDING.

1. About them/the service

Check in what capacity they are taking part from the participant database and any interesting details to explore.

As a LGBT person

- Where they work, (mention) what it is like being an LGBT person in the area.
- Whether "out" as a LGBT person to whom?
  - "Out" at work, what that is like.
- What services they have used in the last two years?
  - Services specifically for LGBT people.
  - Services they have used where being an LGBT person played a part, was relevant.
- Why the services are important to them?

As a service provider

- What is the service?
  - Specifically for LGBT people?
  - Relevance 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.
2. Affects of austerity

As a LGBT person

For each service used:
- Have austerity cuts had an impact?
If NO, why do they think this is the case?
If YES, what are the effects? Explore fully for each different affect:
  - Services no longer available/accessible
  - Visiting times (increased/reduced)
  - Availability/locality of service/Information/resources
  - Staff have less time available for them
  - Cut in benefits
  - Changes in income/expenditure
- Affects of cuts for them personally - what difference it will make to their lives
- Affects for other LGBT people they know
- Affects for them as an LGBT and other characteristics/identities (e.g. gender, trans, poor pay, adversity, disability, etc.)
  - Relative importance of sexual orientation and other characteristics

As a service provider

For each service provided:
- Have austerity cuts had an impact?
If NO, why do they think this is the case?
  - Too early? Any anticipated affects?
  - How accommodated cuts.
    - Why took this approach?
    - How?
If YES, what are the affects? Explore each affect fully:
- Difficulty securing funding
- Loss of recession in service
- Reduction in information to LGBT people
- Less visibility of LGBT service into
- Loss of outreach
- Relocation of services to less appropriate area
- Less time to address prejudice/homophobia
- What are the affects of the cuts on their services users?
  - Explore fully and ask for case examples
  - Affects on them and other staff?
    - Job/contract reduced or changed
    - Capacity to deliver the service
    - Wage cuts/ freezes
    - Increased work pressured
    - More time spent on fundraising than service provision
    - Uncertainty or anxiety about the future
    - Staff sickness/mental health problems

Wider affects – Ask all participants
- Views on affects on taking homophobic and discrimination
- Views on ability to address LGBT needs
- Any other negative affects of austerity cuts
3. Response to cuts

As a LGBT person
- Initial feelings about the cuts
- Changes to feelings over time
- Anything they have done to try prevent the cuts
  - As a union member (if applicable)
  - In another capacity?

As a service provider
- Initial feelings about the cuts
- Changes to feelings over time
- Responses to date
  - Restructuring
  - Campaigning
  - Securing new funding
  - Anticipated future problems and responses

Ask for all
- Any other ways of responding to austerity cuts based on their experiences?
- Anything else that can be done?
  - As a union member (if applicable)
    - Specific campaigns
    - Joining group or forum
    - Community engagement/organisation
    - Argument that specific LGBT services are needed
    - Other

4. Closing remarks
- Key message(s) would want to give?
- Any specific message for UNISON?
- Any other comments about the implications of austerity cuts?

End the interview
- Thank them for the time
- Reassure them about confidentiality and anonymity
- Tell them the findings will be published online in November 2013 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

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

Implications of austerity on LGBT people in public services.

Thank you for your interest in taking part in this study on the implications of austerity (cuts in public and voluntary sector funding and budgets) on lesbian, gay, bisexual and transgender people. We are interested in hearing from people with personal experience of austerity cuts in their lives and from those who have used LGBT+ services in the past two years.

In order to assess the impact of austerity, we are interested in hearing from people who have used LGBT+ services in the past two years.

There are three ways that you can take part in the study:

1. Make a short WRITTEN SUBMISSION in response to 6 questions.
   - You will be asked to write short answers (maximum 100 words in response to questions) that take up to 30 minutes. This will be through a secure website. Submissions can be made at any time up until midday on 30th September 2013.
   - Please complete your written submissions at one go, as the website will time out after 20 minutes. You may want to prepare your answers in a Word document before clicking on the start button below, and then copying over your answers into the answer box.
   - Note: Making a written submission is viewed as your consent to take part in the research and for your anonymised responses to possibly be used in our final report. If you decide not to take part, you can remove all identifiable information from your responses so UNISON cannot determine who said what.
   - You will be asked about your views on public spending cuts in relation to the following areas:
     - Public or community services you use as an LGBT+ person OR provide to LGBT+ people.
     - Whether and how the services you use OR provide have been affected by austerity cuts in the last two years.
     - Whether and how austerity cuts have affected your income and expenditure or the income and expenditure of a LGBT person that you provide services to.
     - Suggestions of ways LGBT+ people, service providers or UNISON members can respond to austerity cuts based on your own experiences.

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.
   - We will monitor who else 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. It may not be possible to include everyone who would like to take part in an interview. If you do not hear from us by 30th September, 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 freephone number 0808 178 9664.

3. Make a WRITTEN SUBMISSION AND take part in a TELEPHONE INTERVIEW
   - Simply click on the start button and follow the questions.

Confidentiality and data security

We will need 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 us will be treated in strictest confidence and stored securely on a NatCen computer server in accordance with the Data Protection Act.

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 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.

Participation is voluntary

Submitting a written submission or giving us your contact details to take part in a telephone interview does not mean you have to commit to participate in this study. You can change your mind at any time and can easily stop your participation. If you want to opt out of the study, simply contact the research team and your...
B. 95+
9. Prefer not to say

**[variable: disease]**
Do you have any long-standing physical or mental impairment, illness or disability? *By ‘long-standing’ we mean anything that has affected you over a period of at least 12 months or that is likely to affect you over a period of at least 12 months.
1. Yes
2. No
3. Prefer not to say

**[variable: alien]**
What category below best describes your ancestry?
White
1. British
2. Irish
3. Other white background
Mixed
1. White and Black Caribbean
2. White and Black African
3. White and Asian
4. Other mixed background
Asian or Asian British
1. Indian
2. Pakistani
3. Bangladeshi
4. Other Asian background
Black or Black British
1. British
2. Jamaican
3. Jamaican
4. Other Black background
Chinese or other ethnic group
1. Chinese
2. Any other ethnic group
3. Prefer not to say

**[variable: income]**
What is your total annual household income before tax and other deductions?
1. Less than £10,000
2. £10,000-£20,000
3. £20,000-£30,000
4. £30,000-£60,000
5. £60,000-£90,000
6. £90,000-£120,000
7. £120,000-£150,000
8. £150,000-£200,000
9. £200,000-£250,000
10. £250,000-£300,000
11. £300,000+
12. Prefer not to say

**[variable: service]**
If you use services for LGBT 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: benefit]**
If you use services for LGBT people, do you receive any benefits or tax credits?
1. Yes, I receive benefits and/or tax credits (please specify)
2. No, I do not receive benefits or tax credits.
3. Not applicable. I am taking part in the study as a service provider only.

**[variable: sex]**
If you have used any services or provided services to LGBT people in the last two years, please state what they were. By services, we mean any publically funded body delivering services that may be important to LGBT people.
1. I have used or provided any services in the last two years
2. Prefer not to say
3. The services I have used or provided are... (please specify in the box below). Please limit your response to 500 words.

**[variable: part]**
In what way would you like to take part in the study?
5. 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 SECTION B BELOW]

**Variable label: cuts**

In what ways, if any, have the services you have used or provided been affected by austerity cuts in the last two years? If the services you use or provide have not been affected, please write ‘Not affected’ with an explanation why this is the case.

Please limit your response to 500 words.

**Variable label: impact**

What impact, if any, have austerity cuts had on you as a LGBT person? Do any of the LGBT people in whom you provide services? If austerity cuts have not impacted on you or services you provide to LGBT, please write ‘Not affected’ with an explanation why this is the case.

Please limit your response to 500 words.

**Variable label: example**

If you would like to, please use this space to give a more detailed example of a way in which austerity cuts have affected you or an LGBT person to whom you provide services. If you do not want to give an example, please write ‘N/A’ in the box and go on to the next question.

Please limit your response to 500 words.

**Variable label: impact**

Have there been any ways in which austerity cuts have affected your income and expenditure? Are the income and expenditure of the LGBT people you provide services to?

1. No
2. Don’t know
3. Prefer not to answer
4. Yes, and an example is… (please write your response in the box below)

Please limit your response to 500 words.

**Variable label: suggest**

Do you have suggestions of ways in which LGBT people, service providers or UNISON members can respond to austerity cuts based on your own experiences?

1. No
2. Yes, and a suggestion is… (please write your response in the box below)

Please limit your response to 500 words.

**Variable label: other**

Are there any other comments you would like to make about the implications of austerity cuts on LGBT people?

1. No
2. Yes, and a suggestion is… (please write your response in the box below)

Please limit your response to 500 words.