

Understanding Lambeth's LGBTQI+ communities in times of COVID19

Final Report – October 2021



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About the study / Background

The study was conducted by a research team from the Global Diversities and Inequalities (GDI) Research Centre, based at London Metropolitan University and funded by the University's Transformation Fund. The research was designed and conducted in partnership with the London Borough of Lambeth, Black Thrive, Black Out, Lambeth Links and Opening Doors London. The research was reviewed and approved by the University's Research Ethics Committee.

The study began in January 2021 and was completed in July 2021.

The research team was led by Professor Louise Ryan, Director of the Global Diversities and Inequalities Research Centre, Donna Jones, Head of Social Work and Dr Karyofyllis Zervoulis, Senior Lecturer in Social Psychology.

The research assistants on the project were Cinar Aydogan and Anna Jakobczak. Dr Daniella Shaw worked on the study in its early stages.

Aims and objectives of the study

Overall research objectives:

1. To identify the needs of Lambeth's large LGBTQI+ communities, especially within the current challenges posed by Coronavirus and the associated restrictions
2. To develop new understanding of the experiences and needs of Black, Asian and people from other minoritised communities who have been under-represented in previous studies
3. To co-design solutions, with our research partners, on how the needs of these communities can be addressed within the current financial constraints across the borough and beyond

Project overview

Multiple sources of data were collected, consisting of three research approaches: survey, Photovoice workshops and focus group. Our comprehensive survey, conducted between March and June 2021, gathered responses from 190 people including two telephone interviews to include older participants (aged 70 and over). The Photovoice workshops involved 11 participants from Lambeth and other boroughs who are referred to as co-researchers. 9 of them also took part in the focus group.

Although the survey sample was skewed due to the above average response of highly educated, affluent LGBTQI+ males, the efforts of the research team and the advisory group helped to ensure additional diversity among respondents and represents a noticeable improvement from past surveys of this type (see Sigma 2005¹). Through carefully targeted recruitment strategies, more females, more diverse sexualities, a few more people of older age, and slightly more Black, Asian and people from other minoritised communities took part.

All dimensions of the research were conducted during Covid-19 restrictions. Hence, many group activities and organisations were not open for gatherings. These rules impacted the study's recruitment, especially among LGBTQI+ people from diverse backgrounds. To ensure greater diversity, the 3 Photovoice workshops were designed to develop new understandings of the experiences and needs of Black, Asian and people from minoritised communities who have been under-represented in previous studies.

¹ <http://sigmaresearch.org.uk/projects/item/project31>

Summary: Key findings and Recommendations

One project, three studies; one vision, three sets of data; two different samples complementing each other.



Key findings based on the project's LGBTQI+ respondents and co-researchers

- Most respondents reported that people closest to them (e.g. immediate family and friends) are aware of their LGBTQI+ identity. This was not so much the case for other contacts such as employers and colleagues. Also, compared to older respondents, our younger respondents report much lower numbers of people in general being aware about their sexual identity
- Of those who consider themselves to have a disability or long-term health condition, mental health issues and HIV are the two most prominent health issues
- Satisfaction levels with health-related support LGBTQI+ people with disabilities or long-term health conditions receive is relatively low; less than 4 in 10 are satisfied or very satisfied
- 47.2% of survey respondents agree or strongly agree that Lambeth Council is generally doing a good job
- 55.7% agree or strongly agree that Lambeth Council is managing the situation well during the pandemic

- 49.4% agree or strongly agree that Lambeth Council keeps residents well informed; this is lower than the 60% reported by heterosexual respondents in Lambeth Residents' Pulse Survey 2020²
- In terms of whether or not Lambeth Council does enough for local LGBTQI+ residents, 20% agree or strongly agreed that Lambeth Council is doing enough
- 16.5% agree or strongly agree that Lambeth Council involves LGBTQI+ residents in decision making
- However, it should be noted that there are high levels of neutral responses (neither agree nor disagree) which may suggest that many respondents were not sure what Lambeth Council does for LGBTQI+ residents
- Covid-19 has affected housing/employment/income of LGBTQI+ people but those who are least well off have been affected more
- Relatively good levels of health have been affected negatively by the restrictions posed by Covid-19 rather than Covid-19 itself
- Overall anxiety but also general mental illness are on the increase as a result of Covid-19 and its consequences
- Online technology can help overcome loneliness and facilitate access to services however our findings indicate the enduring relevance of the telephone
- Sexual health and testing are important for our participants even at times of Covid-19
- While, among our respondents, abuse at home does not appear to have increased during Covid-19, verbal abuse on the streets remains high and is directed more towards female or non-binary people
- LGBTQI+ physical spaces have been missed a lot; but LGBTQI+ provision is seen to be catering for White people and not for Black, Asian and other minoritised communities
- Although most of our study participants were relatively young, some older respondents raised particular concerns about social care, especially residential care needs, for aged LGBTQI+ people

Outcomes and legacy of this project

As well as working with key stakeholders and practitioners to disseminate the findings and recommendations to inform policies, the research team have also produced a detailed report, downloadable for free from the project website, and will write a series of academic papers. Together with the co-researchers from Photovoice, an exhibition of photographs will be co-curated. Despite the time-limitation of the Photovoice workshops, co-researchers continue to create a supportive, respectful and empowering environment with each other. They have embraced the opportunity to network beyond the workshops to meet socially, share information about events and resources as well as to seek support for their own projects. In making such lasting alliances, Photovoice co-researchers are transcending the original remit of the project and are actively pursuing solidarity with each other, building relationships and defining their own community to advance social change.

² <https://www.lambeth.gov.uk/coronavirus-covid-19/lambeth-pulse-survey>

Recommendations

The research team's and advisory group's recommendations to be taken forward

- **Lambeth Council needs to be an advocate for the maintenance and promotion of physical LGBTQI+ spaces.** There is a pattern of LGBTQI+ spaces disappearing across London and the Council should place effort to reverse this pattern within the borough. Community Asset Transfer initiatives could be utilised to address this recommendation.
- **There is a clear need for telephone-based communications with members of the LGBTQI+ community who are in need.** Dedicated helplines, instead of just online forms and information, may be a step forward.
- **Lambeth Council should raise the visibility of its services for LGBTQI+ residents.** LGBTQI+ residents, in the main, do not seem to be aware of any role the council may be playing in providing services for them.
- Through Lambeth Council and its **partners there is a need to create safe spaces and activities designed for older members of LGBTQI+ communities** to allow them to socialise with the younger generation.
- The **particular needs of older LGBTQI+ people, especially in terms of residential care,** need to be addressed in collaboration with local authorities, LGBTQI+ groups and care providers.
- Initiatives such as Pride in Practice in Lambeth, working with GP surgeries, need to ensure that the diversity of LGBTQI+ communities is recognised and taken on board in service provision.

Photovoice co-researchers developed a clear set of collective demands, recognising the multiplicity and complexities of their daily lived realities and experiences:

- **Involve LGBTQI+ people from Black, Asian and other minoritised communities in leadership decisions within London Councils including Lambeth Council. Along with other groups,** these communities should be equally included in mainstream decision-making within LGBTQI+ communities.

- **Fund safe and sober LGBTQI+ spaces.** Black, Asian and LGBTQI+ people from other minoritised communities need more cultural and social spaces where socialising is not focused around alcohol or different forms of substance use.
- **Fund a 24 hour LGBTQI+ specific sexual health telephone line and ensure staff have the required training.** Specific services should be provided to address the sexual health needs of Black, Asian and LGBTQI+ people from other minoritised communities. The first point of contact and other staff should be adequately trained and equipped to meet their needs.
- **All Councils need to recognise diversity within LGBTQI+ communities** and to both promote understanding of and provide spaces and services to cater for the needs of a wide range of identities and backgrounds, instead of labelling everyone under one umbrella.
- At the regional level, in order to provide adequate support for Black, Asian and LGBTQI+ people from other minoritised communities, all Councils should collaborate with and learn from other Councils or services that are more experienced and commissioned to meet the needs of these communities.
- At the national level, there is need for a fairer process for refugee and asylum seeking LGBTQI+ people. It was unanimously agreed that £35 a week is inhumane and that those seeking refuge and/or asylum should be able to work or better support should be provided.

Research Methods

A mixed methods approach was used. Overall, 201 people took part in the study.

An online survey was completed by 190 respondents including two respondents who took part in telephone interviews. These were added to increase the number of older participants, aged 70 and over in the study.

As this research sought to update and, in part, replicate the Sigma survey of 2005, the first part of the questionnaire mirrored questions used in the 2005 project by Lambeth Council and Sigma Research, and the Pulse survey of 2020³. The second part of the questionnaire mainly focused on the context of COVID-19.

The Photovoice Workshops were used to develop new understandings of the experiences and needs of Black and people from minoritised communities who have been under-represented in previous studies. The Photovoice workshops involved 11 participants and 9 of these also took part in a focus group. The workshops were supported by the specialist knowledge of a professional photographer, Em Fitzgerald. Co-researchers received input regarding some of the ethical considerations of taking photographs in public and of people as well as improving photographic skills such as composition, exposure and lighting.

The focus group enabled us to generate rich qualitative data on the experiences of participants during the pandemic and associated national lockdowns.

Recruitment strategies during a pandemic

An emphasis at the outset of the project was on Black and other minoritised people and lesser-heard groups within the LGBTQI+ demographic (e.g. trans and non-binary people, women, older and disabled respondents).

The recruitment strategy for all aspects of LamQ+ project entailed a multi-pronged approach, including partner organisations, existing contacts, developing a database of new contacts to disseminate the questionnaire to, new social media accounts with regular posts, paid social media advertising and paid

³ The Pulse Survey 2020 was carried out by Lambeth Council with a representative sample of 2000 residents in May 2020 to assess the impact of the COVID-19 pandemic and investigate the disproportionate impacts experienced by minoritised groups.

advertisements in media outlets and apps relating to the communities of focus (LGBTQI+, Black communities).

The entirety of this project was carried out under the prevailing Covid 19 restrictions. Although these eased somewhat during the project, nonetheless, the options for meeting people and organisations to discuss the research were severely limited. As a consequence, all publicity, dissemination and completion of the questionnaire took place virtually or via phone calls. This undoubtedly had implications on the number of responses to the survey.

Database of organisations:

Working closely with our Advisory group, we also compiled a dataset of contact organisations across the borough. The data base was expanded throughout the duration of the project, as a result of research and referrals. It included groups and networks representing an intersection of

LGBTQI+ identities and:

- Lambeth residents
- Health and disabilities
- Groups working with older people
- Trans groups
- London-wide networks
- Black, Asian and other minoritised communities
- Faith communities
- Refugee groups

There was a correlation between these mailings and responses. However, the response rate to the survey remained lower than hoped. One possible reason was that some staff in the organisations were furloughed or otherwise focussed, and many did not know large numbers of LGBTQI+ people in Lambeth.

Social media:

To ensure a wider audience was made aware of the research project, social media accounts were set up on Twitter, Facebook, Instagram and Reddit early on in the project. Followers were garnered with regular posts, containing visuals and related hashtags. There was a notable bump in traffic to the questionnaire landing page after posts went live, particularly on Twitter. After approximately 80 responses in the first month (of an initial six-week dissemination period), approval was given for a trial of a paid ad on Twitter. Paid ads boosted response rates to the questionnaire though we are also aware that this risked skewing our respondents toward younger and more social media active people. To boost the number of female participants we also paid for ads on the HER application.

Photovoice requires between 7 and 12 participants to be effective, and with an awareness of potentially high attrition rates, it was hoped to attract upwards of 15 interested applicants. The recruitment began through similar channels as the questionnaire, firstly connecting via the Advisory Group, then cascading information throughout project databases which included Lambeth based voluntary organisations and social media groups for LGBTQI+ people from Black, Asian and other minoritised communities on Twitter, Instagram and Facebook.

As with the questionnaire part of the LamQ+ project, recruitment via known contacts alone did not attract sufficient interest in the project. Due to unsatisfactory numbers showing an interest in signing up to participate, it was agreed to widen the target audience for Photovoice, from the London Borough of Lambeth specifically to LGBTQI+ people from Black, Asian and other minoritised groups across London to improve the prospects of successful recruitment. This means that findings of the Photovoice study are not specific to Lambeth residents and do not concern Lambeth Council only. The recruitment strategy included utilising the entire database of contacts across London through social media and a WhatsApp campaign. Paid social media ads were employed to widen the number of people hearing about the opportunity to take part in the Photovoice aspect of the project. A variety of publicity mechanisms were disseminated to include different ethnic, national and faith groups, in addition to those representing LGBTQI+ trans and non-binary people, women, those with disabilities and older people (see *further information about Photovoice and the way in which the workshops were organised in a later section of this report*).

About the Participants

Photovoice Participant Characteristics/Demographics

All participants - hereafter referred to as co-researchers - of the Photovoice Workshops identified as Black, Asian, and/or other minoritised LGBTQI+ communities. This was important to ensure that these 'voices' were captured in the study as they were previously under-represented and under-researched in the Sigma study (conducted in 2005). Of the initial 11 co-researchers, 9 attended all 3 workshops including the Focus Group which took place at the last Photovoice Workshop. One co-researcher left London where the workshops took place and another was required to self-isolate.

The co-researchers age range was from 20 to 52 years old. The majority of co-researchers were in the younger age group; 8 of them were below 40 years old. They identified themselves as female (n = 4), male (n = 3), nonbinary (n = 2), cis-woman (n = 1), and one responded with "n/a".

Before the Focus Group, co-researchers were asked to fill out a simple demographic form. (*Were you born in the UK? How would you describe your national identity? How would you describe your ethnicity? Do you consider yourself to have a disability or a long-term health condition? Do you have children? Are you currently working?*) Participation was voluntary with the possibility of remaining nameless while completing the form and with no obligation to respond to all questions. Of the nine co-researchers who took part in the focus group, seven decided to share information, and within this group, one person completed it anonymously.

Overall, five who completed the demographic form were not born in the United Kingdom. They described their nationality as British, Canadian/British, British Pakistani, Indian, and Portuguese. As for ethnicity, they identified themselves as Chinese, Indian, South Asian/Pakistani, Mixed Asian (Asian/White). Three indicated that they considered themselves to have a disability, or a long-term health condition and an equal number said that they do not have any health-related problems; one person chose the option 'prefer not to say'. Additionally, none had a child. For the multiple-choice employment question, five said that they were in employment. Two were students with 1 being unemployed at the time of completing this questionnaire.

Online survey participants

A total of 190 respondents took part in the survey. Of these 60% were aged between 20 and 39, while just under 30% were aged between 40 and 59. Thus our results are clearly skewed towards those who are young or middle aged with the median being 35 years and the mean being 38 years. Less than 10% of our respondents were aged 60 or older. Of these, one respondent aged early 70s and another aged early 80s were specifically recruited to take part by telephone. The median and mean age of respondents of the Sigma 2005 was 35 years.

Age of the LamQ+ Online Survey Participants

	Frequency	Percent	Valid Percent	Cumulative Percent
18 to 19	2	1.1	1.1	1.1
20 to 29	56	29.5	29.5	30.5
30 to 39	59	31.1	31.1	61.6
40 to 49	31	16.3	16.3	77.9
50 to 59	24	12.6	12.6	90.5
60 to 69	15	7.9	7.9	98.4
70 to 79	2	1.1	1.1	99.5
over 80	1	.5	.5	100.0
Total	190	100	100	

Figure 1 Age of the LamQ+ Online Survey Participants

Gender self-description of respondents: Survey respondents were asked to describe their gender. Just over half of respondents, (56.3%) identified as male, while just over one third (36.3%) identified as female. Note that in the Sigma 2005, 70% had identified as male, 29% as female and 1% as intersex. Nine respondents (4.7%) identified as “Non-binary” and four participants (2.1%) use another term, such as: Gender-non conforming, Genderqueer, Non-binary Trans femme, while one respondent preferred not to answer the question.

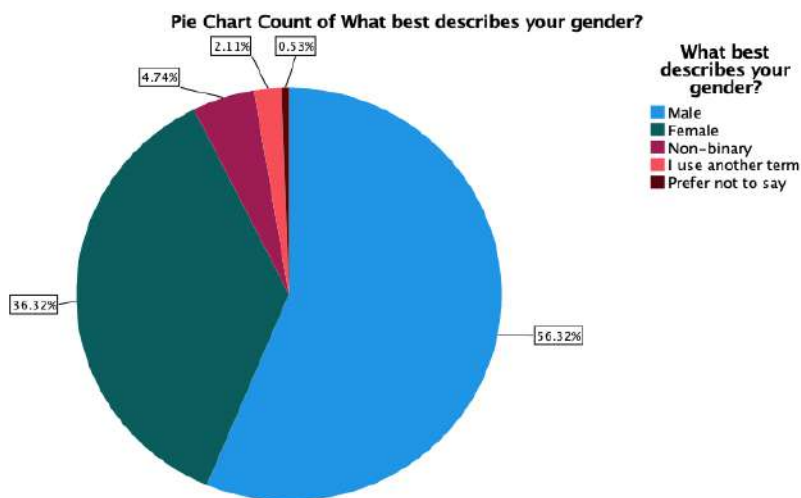


Figure 2 What best describes your gender?

10 participants (5.3%) responded that they consider themselves to be trans (5% in Sigma 2005). 176 participants (92.6 %) responded that they do not consider themselves to be trans; 4 participants (2.1%) indicated they would “prefer not to say”.

Sexual orientation: Just under one fifth (19.5%) of respondents identified as lesbian, while approximately half (50.5%) identified as gay (21% and 68% respectively in Sigma 2005). About one sixth (16.4%) of respondents defined themselves as bi-sexual (8% in Sigma 2005), while just over 7% identified as Queer (a term that was not used by Sigma 2005) and just over 3% defined themselves as heterosexual (1% in Sigma 2005). One participant selected “I use another term” and specified this as “Pansexual” (3% selected ‘other’ in Sigma 2005).

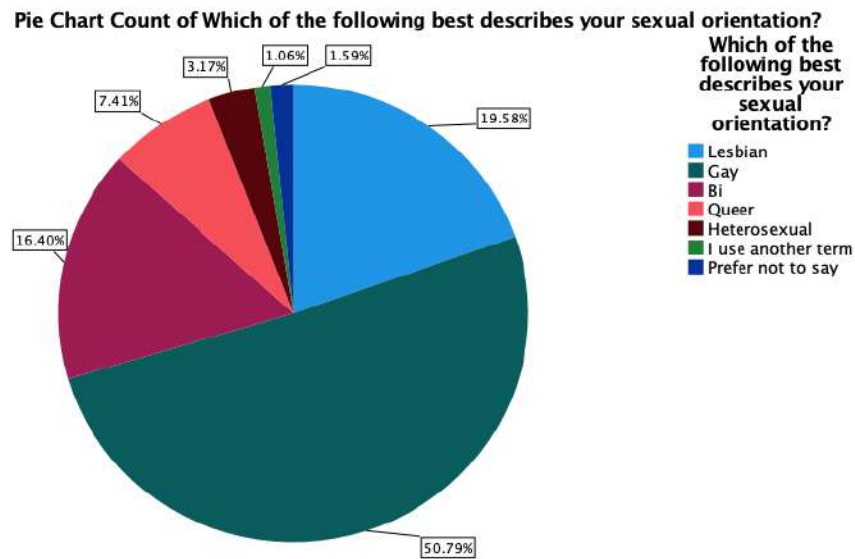


Figure 3 Which of the following best describes your sexual orientation?

Ethnicity: Despite our best efforts to reach a diverse range of survey respondents, as explained in the Recruitment section above, of the 190 people who completed the survey, over half (55.6%) were White British (70% in Sigma 2005) and a further fifth (21.2%) were White other (20% in Sigma 2005). Thus overall, over three quarters respondents were White. The remaining one quarter of respondents were spread over a range of ethnic groups including Black British, Latin American, Black British Caribbean and Asian as shown in detail in *Figure 4*.

Ethnicity of the LamQ+ Online Survey Participants

	Frequency	Percent	Valid Percent
Asian or Asian British - Chinese	3	1.6	1.6
Asian or Asian British - Indian	4	2.1	2.1
Any other Asian background	2	1.1	1.1
Black or Black British	4	2.1	2.1
Black or Black British - African	1	.5	.5
Black or Black British - Caribbean	5	2.6	2.6
Any other Black / African / Caribbean background	2	1.1	1.1
Mixed / multiple ethnic groups	5	2.6	2.6
Asian or Asian British and white	1	.5	.5
Black or Black British (Caribbean) and white	2	1.1	1.1
Any other Mixed / multiple ethnic background	1	.5	.5
Arab or Arab British	1	.5	.5
Latin American / Latinx or Latin American and British	5	2.6	2.6
White English / Welsh / Scottish / Northern Irish / British	105	55.3	55.6
Irish	5	2.6	2.6
Any other White background	40	21.1	21.2
Prefer not to say	3	1.6	1.6
Total	189	99.5	100.0
Missing System	1	.5	
Total	190	100.0	

Figure 4 Ethnicity of the LamQ+ Online Survey Participants

Country of Birth: The majority, almost three quarters of survey respondents were born in the UK, while just over one quarter (27.3%) were born outside the UK (22% in Sigma 2005). 1 respondent did not disclose whether or not they were born in the UK.

Age of arrival in the UK: Out of the 52 participants who were not born in the UK, 25% had arrived as children (aged under 18), while the majority 67% arrived as young adults between the ages of 19 and 29 years. The remainder had arrived in the UK between the ages of 30-39.

Religion: Almost a half of survey respondents (46.3%) stated that they were either an atheist or of no-religion, just under a quarter of people (23.2%) described their religion as Christian and just under one fifth (18.4%) described themselves as Agnostic. 77% of Sigma 2005 respondents reported to not be practicing a religion. As illustrated in *Figure 5* below, a small minority of respondents belonged to other faiths including Muslim, Jewish, Buddhist and others. Eight respondents described their religion as 'other' and answered included: "I have a faith, but it's not an organised religion"; "Spirituality";

"Yoruba"; "Non-practising Jewish"; "Humanist for many years"; "Pagan"; "Spiritual/Neo-Pagan". Six people (3.2%) stated that they would 'Prefer not to say'.

Which of these best describes your religion?

	Frequency	Percent	Valid Percent	Cumulative Percent
Agnostic	35	18.4	18.4	18.4
Atheist	43	22.6	22.6	41.1
Buddhist	2	1.1	1.1	42.1
Christian	44	23.2	23.2	65.3
Hindu	1	.5	.5	65.8
Jewish	3	1.6	1.6	67.4
Muslim	3	1.6	1.6	68.9
Other	8	4.2	4.2	73.2
No religion	45	23.7	23.7	96.8
Prefer not to say	6	3.2	3.2	100.0
Total	190	100.0	100.0	

Figure 5 Which of these best describes your religion?

Highest level of completed education: Our sample is skewed in terms of educational attainment with 72% of respondents having a bachelor's or a master's degree (67% in Sigma 2005). This is far in excess of the national average for the population as a whole in which approximately 40% of adults are educated to degree level.⁴ As illustrated in *Figure 6* below, less than one sixth (15.9%) of our respondents were educated below degree level.

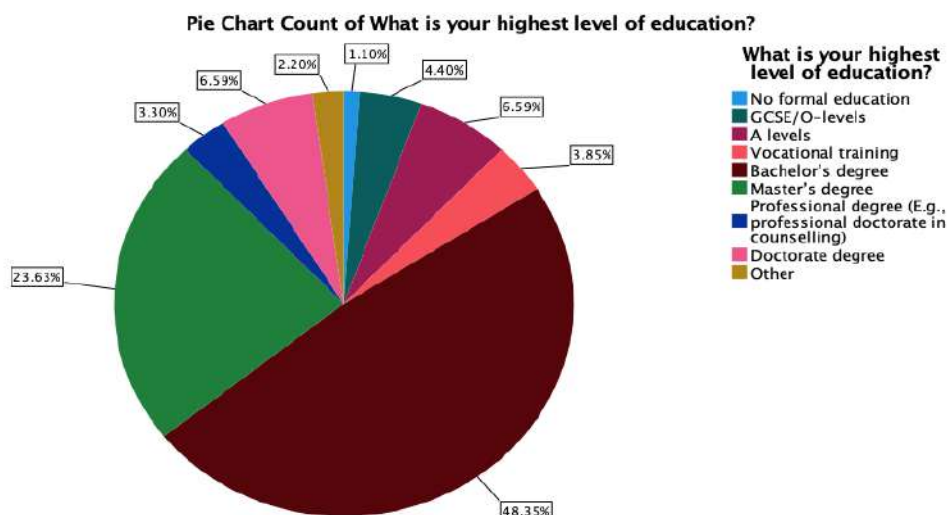


Figure 6 What is your highest level of education?

⁴ <https://www.statista.com/topics/6938/higher-education-in-the-uk/>

Household income: The high levels of education among our survey respondents were reflected in the high levels of household income. Just over 60% of those who responded to this question had annual household income of £40,000 or more, with almost one quarter (23%) declaring a household income in excess of £80,000 per annum. These figures are far in excess of average UK household income.⁵

What is your total household income?

	Frequency	Percent	Valid Percent	Cumulative Percent
Under £20,000	29	15.3	16.1	16.1
£20,001 – £40,000	42	22.1	23.3	39.4
£40,001 – £60,000	40	21.1	22.2	61.7
£60,001 – £80,000	28	14.7	15.6	77.2
£80,001 – £100,000	20	10.5	11.1	88.3
£100,001 or over	21	11.1	11.7	100.0
Total	180	94.7	100.0	
Missing System	10	5.3		
Total	190	100.0		

Figure 7 What is your total household income?

This pattern of data is met irrespective of ethnic background when all minoritised survey respondents are grouped together and compared to data from white respondents. Although respondents from minoritised backgrounds are more likely to have household income of under £20,000, they are more likely than their white counterparts to earn £40,000-£60,000 and £60,000-£80,000, though white respondents are over-represented in the highest income group. However, it should be noted the numbers of survey respondents in these ethnic categories are small.

⁵Average UK household income is approximately £30,000 per annum.
<https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/householddisposableincomeandinequality/financialyear2020>

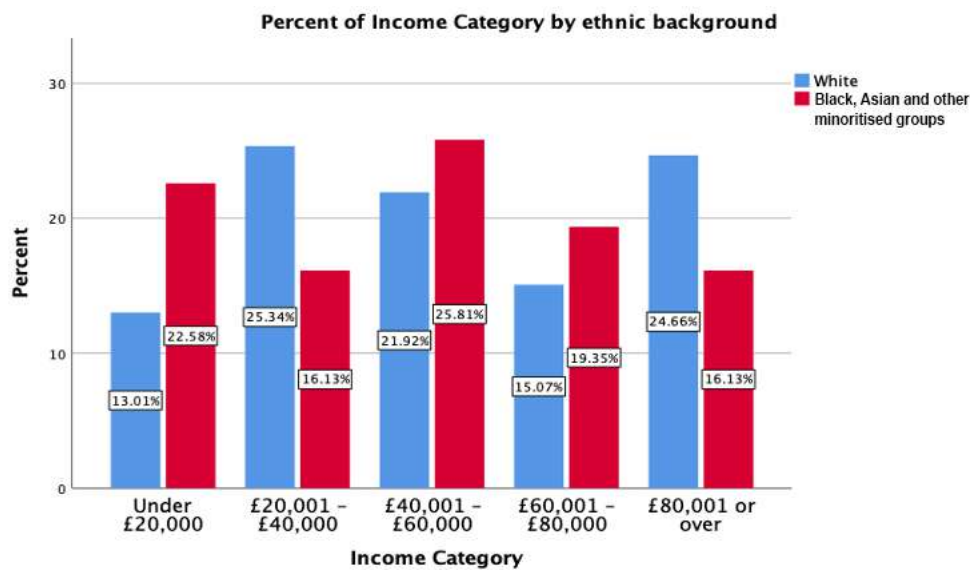


Figure 8 Percent of Income Category by ethnic background

Relationships and housing arrangements: A significant proportion of our respondents described their relationship status as ‘single’ (40.7%). This is a much lower figure than reported in Pulse 2020 which was 71%. Almost a quarter were in exclusive relationships (22.6%), with an additional 15.5% married or in a civil partnership, while 14.6% described their status as being in an ‘open relationship’.

What is your relationship status?

	Responses N	Percent	Percent of Cases
Single	81	40.7%	42.6%
In an exclusive	45	22.6%	23.7%
In an open	29	14.6%	15.3%
In a registered civil	13	6.5%	6.8%
Married	18	9.0%	9.5%
Separated	2	1.0%	1.1%
Divorced	4	2.0%	2.1%
Widowed	1	0.5%	0.5%
Other	1	0.5%	0.5%
Prefer not to say	5	2.5%	2.6%
Total	199	100.0%	104.7%

Figure 9 What is your relationship status?⁶

⁶ These totals exceed 100%, because respondents could tick more than one answer.

Children: The majority of survey respondents did not have children (86.8%) compared to 21 participants (11.1%) who indicated that they did have children. 4 participants (2.1%) replied that they would prefer not to say. Of those who did have children, 14 people had one child, while 5 people had two children and one respondent specified they had a stepson.

Types of housing: The most common answer of survey respondents (42.6%) was that they were renting from a private landlord, while just over one third of respondents (32.8%) were homeowners with or without a mortgage (44% of owner occupier in Sigma 2005). 14 respondents (7.4%) were council tenants, while a smaller proportion were renting from housing association or in shared ownership and two respondents were in a residential home. Four participants selecting "other" specified: 'Live with mum' or 'Live with parents'.

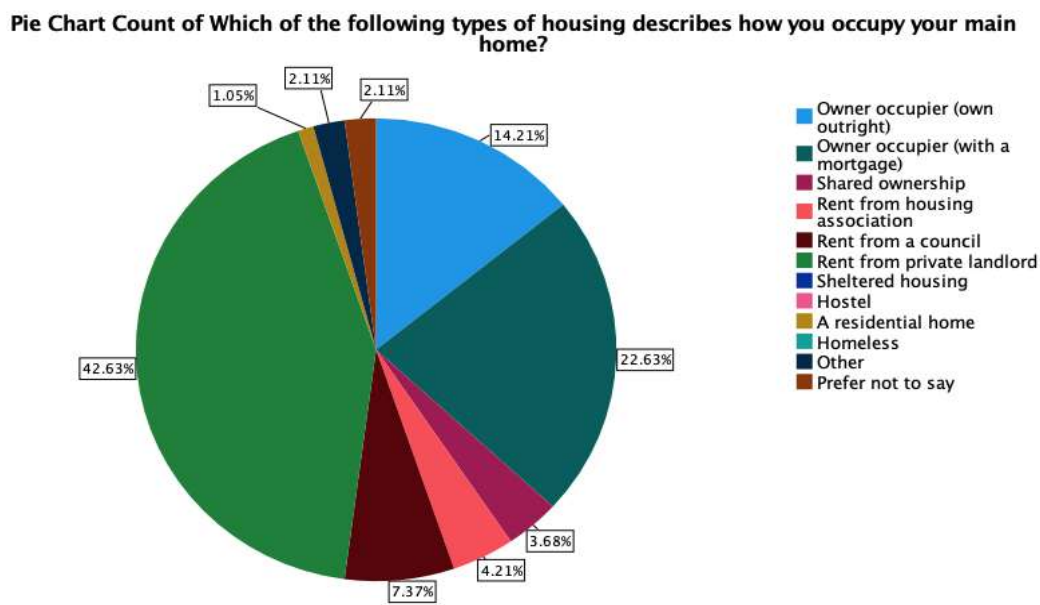


Figure 10 Which of the following types of housing describes how you occupy your main home?

Even though groupings on the basis of ethnic background are very unequal and having to combine all Black, Asian and other minoritised subgroups in one category is questionable⁷, Figure 11 shows that white respondents are more likely to own the property or rent from private landlord the property they live in and less likely to rent from a housing association or council.

⁷ Combining all Black, Asian and other minoritised groups in one category may suggest that 'Black, Asian and Minoritised community' perspectives are treated the same. This is not what we intend to do and these experiences have been grouped only because the numbers of each category are very small.

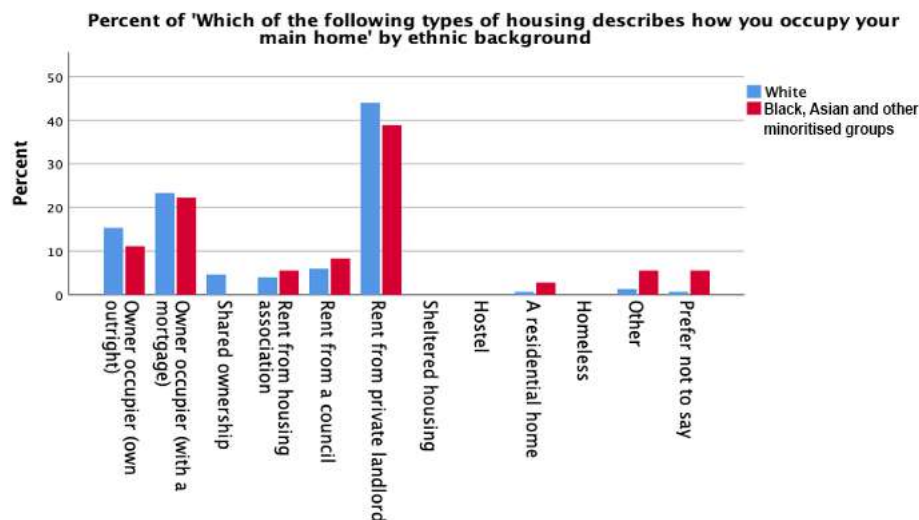


Figure 11 Which of the following types of housing describes how you occupy your main home by ethnic background

Disability or long-term health condition: Just over two thirds of respondents (67.9%), did not consider themselves to have a disability or a long-term health condition, while just over a quarter (27.4%) responded that they did have a disability or long-term health condition (15% in Sigma 2005) indicated they had a long-term illness, health problem or disability which limited their daily activities or the work they could do. Nine participants (4.7%) stated that would "Prefer not to say".

Of the survey respondents who did indicate a health issue, the conditions mentioned, as shown in Figure 12 below, were mental health issues, HIV, physical impairments and hearing loss. In addition, specific conditions were added in the open text box, e.g. Cardiovascular, Chronic pain and Type 2 Diabetes.

Which of these best describes the nature of your impairment or health issue?			
	Responses N	Percent	Percent of Cases
Physical impairments	7	8.6%	13.5%
Hard of hearing/ hearing loss	6	7.4%	11.5%
Mental health issues	25	30.9%	48.1%
Learning difficulties	3	3.7%	5.8%
Neurodiverse (e.g. Autism or Dyslexia)	7	8.6%	13.5%
HIV	15	18.5%	28.8%
Another long-term health condition	14	17.3%	26.9%
An impairment or medical condition that is not listed above	4	4.9%	7.7%
Total	81	100 %	155.8%

Figure 12 Which of these best describes the nature of your impairment or health issue?⁸

⁸ These totals exceed 100%, because respondents could tick more than one answer.

Satisfaction with Health Care Support: Those who identified as having a disability or a long-term health conditions were asked if they were satisfied with the support they received. Almost a third (32.7%) said they were dissatisfied or very dissatisfied, while a further quarter (28.8%) gave neutral answers; the most common answer (38.5%) among these respondents was that they were satisfied or very satisfied with the support they received.

Are you satisfied with the support you receive?

	Frequency	Percent	Valid Percent	Cumulative Percent
Very dissatisfied	3	1.6	5.8	5.8
Dissatisfied	14	7.4	26.9	32.7
Neither satisfied nor	15	7.9	28.8	61.5
Satisfied	13	6.8	25.0	86.5
Very satisfied	7	3.7	13.5	100.0
Total	52	27.4	100.0	
Missing System	138	72.6		
Total	190	100.0		

Figure 13 Are you satisfied with the support you receive?

Some survey respondents state that they did not know what services were actually available to them, e.g. 'All the support I currently receive comes from my consultant at Guy's Hospital. I have no idea whether or not Lambeth offers other HIV services.' 'Are there any support services in Lambeth for gay men with HIV?' Some other respondents specified that they would like to see more services, e.g. 'Better provision for counselling available; access to low cost exercise classes.' And 'Funding for queers to have queer therapists'.

Several respondents raised concerns about access to mental health provision: 'Mental health issues are easily dismissed by medical professionals. Many ignore the fact it can also impact my physical health and I think I haven't always received the best care possible.'

Some respondents mentioned services that existed in the past but which had been reduced due to funding cuts: For example, a man in his 70s who was interviewed by telephone described an earlier service that 'no longer exists': 'used to be a wonderful 'The Landmark' in Lambeth, for HIV+ people, but the financial support was removed.'

One older participant raised a particular concern about care homes. In a telephone interview, he shared the story of a friend who moved into a care home and experienced homophobic abuse. Our participant was very worried about his future care needs, as he got older and may need to move into a care home. He emphasised that care providers need to be sensitive to the needs of older LGBTQI+ people.

The extent to which people's LGBTQI+ identity is known by others:

We asked respondents about the extent to which significant others were aware of their LGBTQI+ identity. While 10 respondents (5.3%) stated that their immediate families were completely unaware, it is noteworthy that almost 2/3 of respondents (64.4%) said their immediate families were totally aware of their LGBTQI+ identities.

However, the numbers among wider or extended families were significantly lower. Less than one third (29.8%) saying that other relatives were completely aware, with just over 13% responding that extended families were completely unaware.

Respondents stated that the vast majority (80 to 100%) of their friends and acquaintances knew about their LGBTQI+ identity.

However, in terms of wider networks of colleagues, supervisors, classmates or tutors, the trends were quite variable, and it is significant that only one third of respondents (33.5%) stated that everyone at work or college knew of their LGBTQI+ identity.

The younger the respondents, the less likely others are aware of their sexuality, as shown in the scatterplot below. No difference between white and Black, Asian and other minoritised groups respondents was observed (with the caveat of group sizes being unequal).

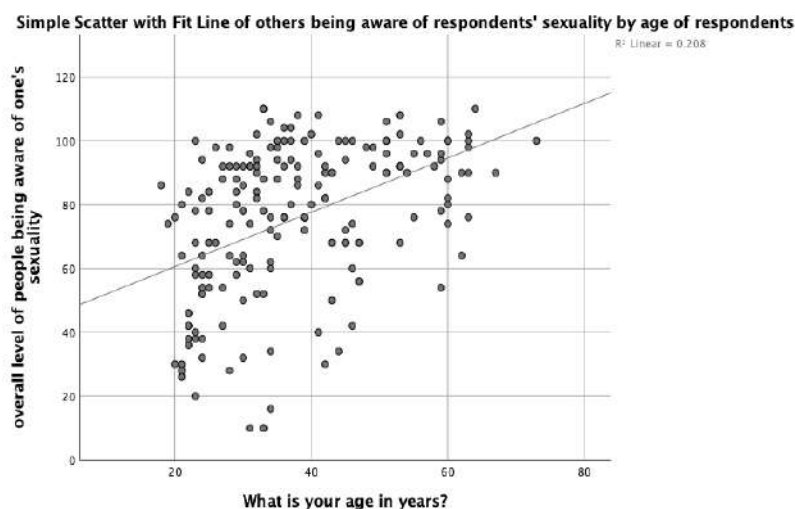
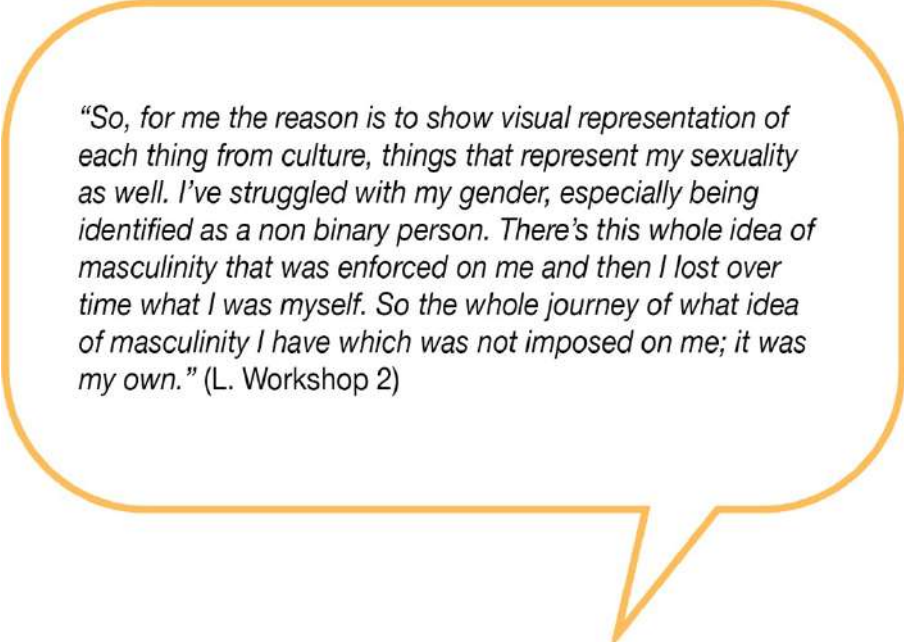


Figure 14 Awareness of one's sexuality

Findings from Photovoice

Identity: Following within the theme of sexual identity and its disclosure (active or not), identity was also a strong collective theme amongst the Photovoice co-researchers. Some struggled with ideas around their own feelings and definitions of masculinity/femininity, identifying as non-binary - how they were perceived by others and how they perceived themselves.



"So, for me the reason is to show visual representation of each thing from culture, things that represent my sexuality as well. I've struggled with my gender, especially being identified as a non binary person. There's this whole idea of masculinity that was enforced on me and then I lost over time what I was myself. So the whole journey of what idea of masculinity I have which was not imposed on me; it was my own." (L. Workshop 2)

For some of the Black women of African and Caribbean descent, their hair was an important part of their identity, signifying an outward projection of 'self' within a society that fails to recognise their agency - as well as strength, beauty and defiance.

"[...]For black women, their hair is seen as the epitome of self-esteem and quite sacred but over lockdown I didn't have my hair out and it was playing on this question, "Who is that sacredness for?" and what representations does it say and was I projecting myself onto my hair to hide the fact that society treats me like a triple minority that doesn't have any agency, so although you are using that hair to gain agency, feeling trapped within that dynamic with of something that is traditionally seen to have deep meaning in the Western world is it fit to mess hair because it becomes this archetype of identify." (N. Workshop 2)



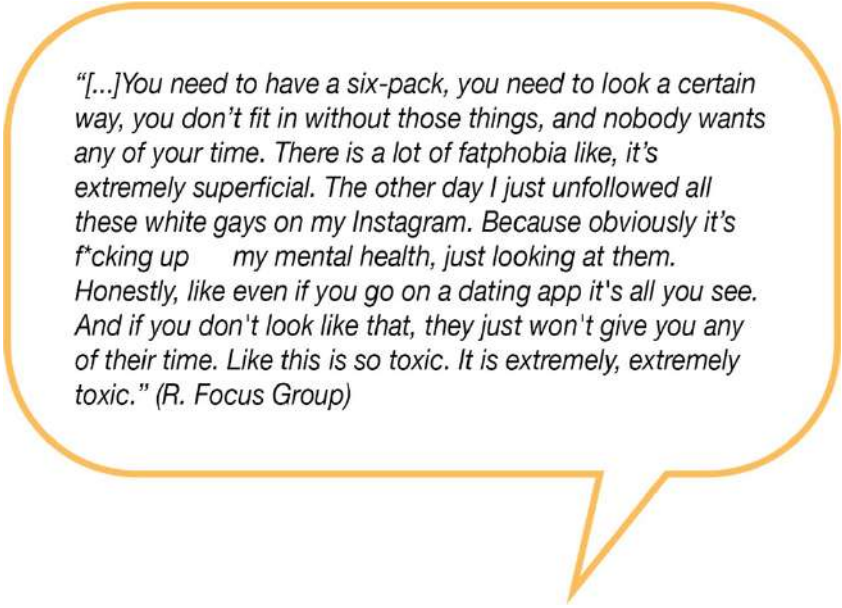
I might straighten the visible strands, but the root remains.

And yet again, they grow wild.

A lesson for life.

You may try to tame me but I am what I am, and still I rise .

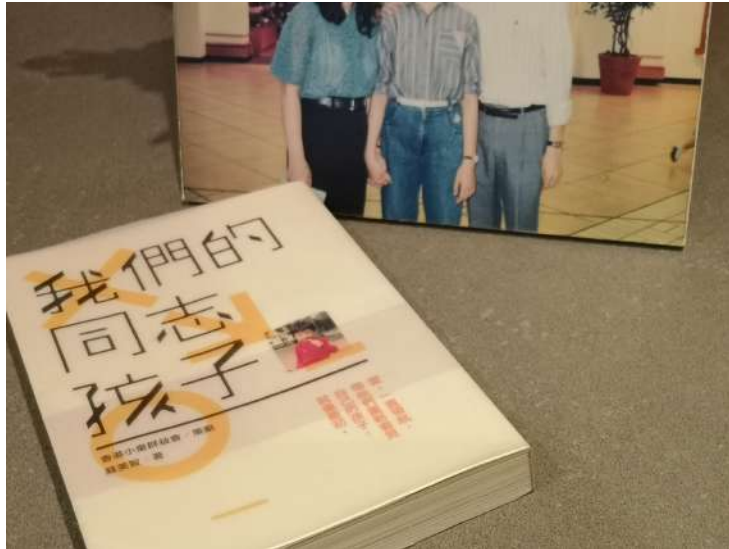
Shame: Photovoice co-researchers talked about feeling comfortable with and exploring their sexuality as well as of struggling to fit into LGBTQI+ spaces that were majority occupied by white people. As Black, Asian and people from other minoritised communities, co-researchers expressed feelings of exclusion from the spaces available to them either through their 'race', identifying as non-binary or not fitting a 'body perfect' stereotype perpetuated via unrealistic expectations on dating apps and other social media.



*"[...]You need to have a six-pack, you need to look a certain way, you don't fit in without those things, and nobody wants any of your time. There is a lot of fatphobia like, it's extremely superficial. The other day I just unfollowed all these white gays on my Instagram. Because obviously it's f*cking up my mental health, just looking at them. Honestly, like even if you go on a dating app it's all you see. And if you don't look like that, they just won't give you any of their time. Like this is so toxic. It is extremely, extremely toxic." (R. Focus Group)*

The majority of the group were not 'out' to their immediate families – in contrast to the survey respondents. The fear of losing familial, community and cultural support was an important factor in keeping their sexuality hidden, particularly as there was not a feeling of 'belonging' to a LGBTQI+ community which was experienced as being racist and exclusionary by some co-researchers.

Cultural Inside/Outside:



Most 'coming out' stories are from the perspective of the LGBTQIA+ person, so it was very refreshing when I came across this book, published in Hong Kong, sharing nine 'coming out' stories from the parents' perspectives. It gave me a better insight on how coming out to my parents would affect them, not just their feelings and their expectations of me, but also the pressures and questions from relatives, friends, and the community. Because of that, when I eventually came out to my mum years ago, I did it as gently as possible, and I gave her plenty of time and space to digest the news. I believe this mutual respect on top of the love we have for each other really helped us to avoid big fights.

"I'm recently coming towards myself more, my sexuality, and understanding it. I've found that since I've grown up in an Asian family, sexuality is very much considered a Western import. And I do a lot of reading and I realise that my sexuality is very much a product of who I am and it's very natural to me. It is not a protocol that I was raised in." (R. Workshop 1)

"My family are going to find out. I grew up in Muslim family so I was terrified of that for so long. So it is partially why I'm on the other side of the world, sort of subconsciously escaping or running away. I feel so hopeful now. I don't feel that same fear that I used to and really know that was once upon a time." (A. Workshop 1)

Life in Lambeth: Over half (52.1%) of survey respondents had lived in Lambeth for more than five years (41% in Sigma 2005). Of the remainder, almost one third (32.6%) had lived in the borough between one and five years, while almost 12% had lived in the borough for a year or less. Thus, our sample tended to be made up for long term residents.

How long have you lived in Lambeth?

	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 6 months	7	3.7	3.7	3.7
6 months up to one year	15	7.9	7.9	11.6
Over one and up to two years	30	15.8	15.8	27.4
Over two and up to five years	32	16.8	16.8	44.2
Over five and up to ten years	23	12.1	12.1	56.3
Over ten years	76	40.0	40.0	96.3
Prefer not to say	7	3.7	3.7	100.0
Total	190	100.0	100.0	

Figure 15 How long have you lived in Lambeth?

In terms of where in the borough they lived, there was a clear clustering of respondents in Brixton and Stockwell, 34.2% and 20% respectively. Thus over half of our respondents resided in these two neighbourhoods. This finding is broadly similar to the results of the Sigma survey in 2005, suggesting the enduring salience of these two neighbourhoods.

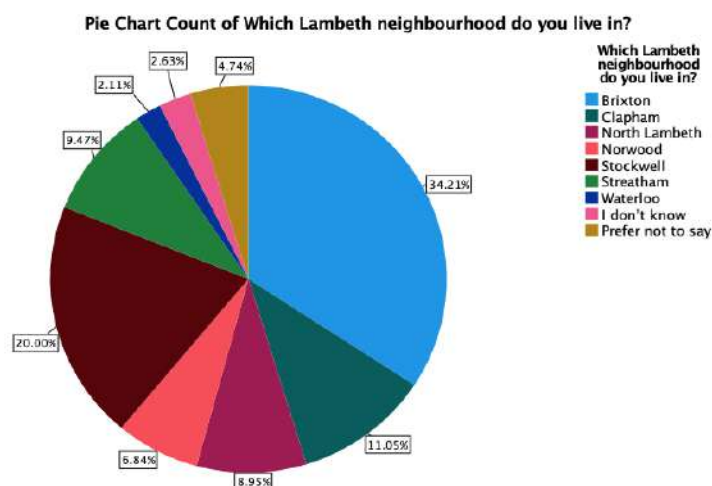


Figure 16 Which Lambeth neighbourhood do you live in?

Levels of satisfaction with the local neighbourhood: The vast majority of survey respondents stated that they were satisfied (42.1%) or very satisfied (32.6%) with their local neighbourhood (54% and 15% respectively based on Sigma 2005). This high level of satisfaction may partly reflect the fact that most respondents were long term residents of more than 5 years in the borough. Nonetheless, 12.1% of respondents stated that they were dissatisfied or very dissatisfied with their neighbourhood. It is noteworthy that a significant proportion of respondents (13.2%) gave neutral answers (neither satisfied nor dissatisfied) to this question.

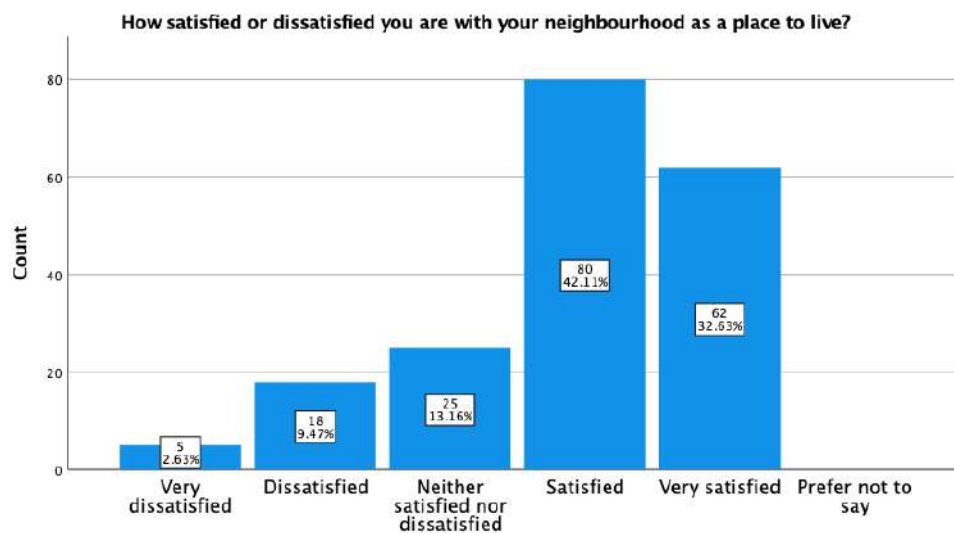


Figure 17 How satisfied or dissatisfied are you with your neighbourhood as a place to live?

Satisfaction appears to be associated on household income, though we cannot draw any direct causality.

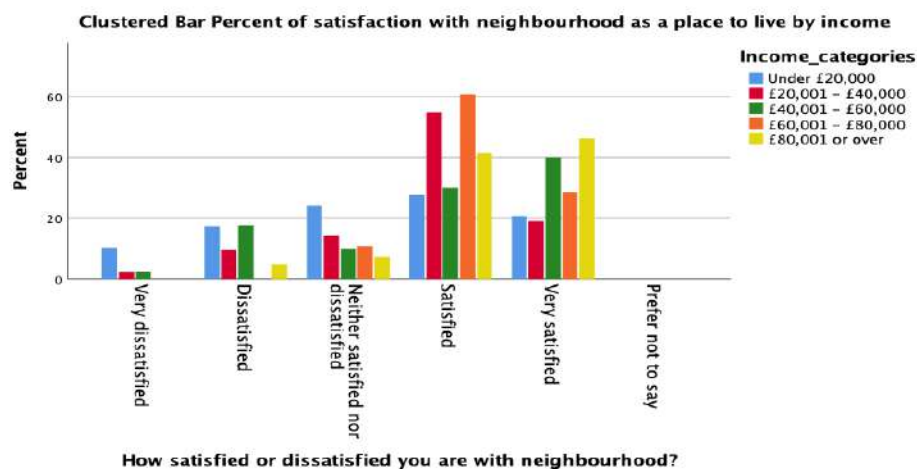


Figure 18 Percent of satisfaction with neighbourhood as a place to live by income

Satisfaction with Lambeth Council: The majority of survey respondents (47.2%) agreed or strongly agreed that Lambeth Council was generally doing a good job, over one third (35.6%) gave neutral responses – neither agree nor disagree – while 16.9% disagreed or strongly disagreed. The corresponding percentages in Sigma 2005 were 29%, 51% and 20%.

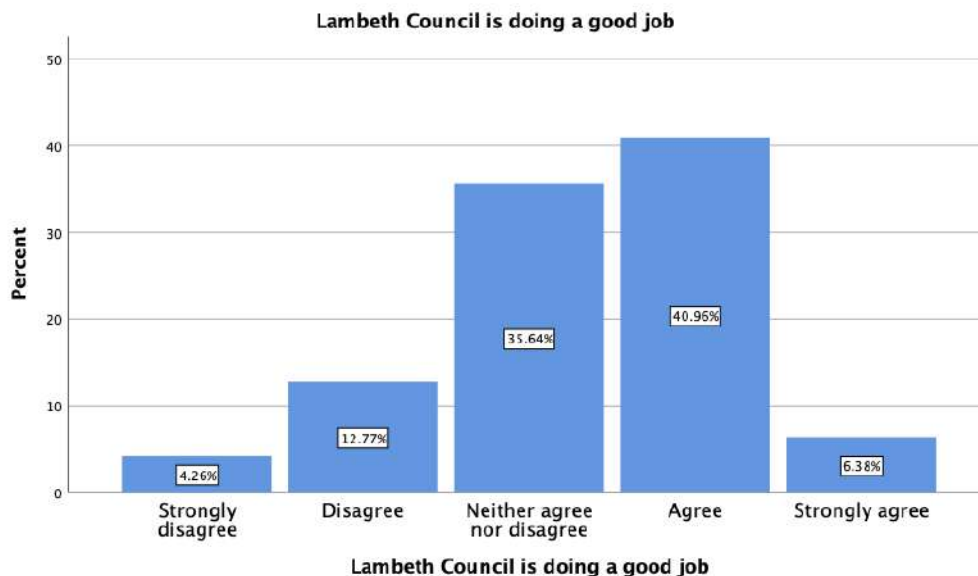


Figure 19 Satisfaction with Lambeth

In relation to the pandemic, the majority of survey respondents (55.7%) agreed or strongly agreed that Lambeth Council is managing the situation well (45% in Pulse 2020), just under 1/3 (31.9%) gave neutral answers, while 12.2% disagreed or strongly disagreed. The corresponding figures in Pulse 2020 were 45%, 26% and 9%.

We also asked if Lambeth Council provides value for money, again there were a high number of neutral answers (41%), with over one third (37.8%) agreeing or strongly agreeing and around one fifth (20.8%) disagreeing or strongly disagreeing. The corresponding figures in Sigma 2005 were 31%, 15% and 55%; this may be signalling a marked improvement.

In each case the high number of neutral responses may suggest that respondents were unsure or did not have a clear understanding of how the council operated. This is borne out in responses to the survey question about Lambeth Council informing residents about the services and benefits it provides. While just under half (49.4%) agreed or strongly agreed that the council did keep residents informed, over quarter (26.6%) gave a neutral response and a further quarter (23.8%) disagreed or strongly disagreed.

In terms of whether or not Lambeth Council does enough for local LGBTQI+ residents, almost half of survey respondents (46.8%) gave neutral answers, while one third (33.4%) disagreed or strongly disagreed. Just under one fifth (19.5%) agreed or strongly agreed. The corresponding figures in Sigma 2005 were 46%, 40% and 15%. We also asked if the council involved LGBTQI+ residents in decision making within the borough, only 16.5% agreed or strongly agreed, while the majority (52.1%) gave neutral responses and almost one third (31.1%) disagreed or strongly disagreed. The corresponding figures in Sigma 2005 were 12%, 52% and 37%.

As to whether Lambeth Council was making the borough a better place for LGBTQI+ residents, again over half (50.8%) gave neutral answers, while around one fifth (19.7%) agreed or strongly agreed and almost one third (29.3%) disagreed or strongly disagreed. The corresponding figures in Sigma 2005 which was about people in general living in the borough were 51%, 29% and 20%. The enduring proportion of neutral answers over the 15 years between these two studies suggests that relevant information about Lambeth council activities is not getting through to residents.

The impact of Covid Pandemic: We asked survey respondents what were their living arrangements prior to the first national lockdown in March 2020 and if that changed after the lockdown began. Almost one third of respondents (32.1%) said they housing situation had changed as a result of the pandemic and lockdowns.

**Prior to lockdown restrictions introduced on 24th March 2020,
who did you usually live with?**

	Responses N	Percent	Percent of Cases
I lived by myself	57	27.5%	30.0%
Partner(s)	58	28.0%	30.5%
Children	13	6.3%	6.8%
Parents	16	7.7%	8.4%
Brothers / sisters	3	1.4%	1.6%
Other family members	3	1.4%	1.6%
Friends / flatmates	53	25.6%	27.9%
Other	3	1.4%	1.6%
Prefer not to say	1	0.5%	0.5%
Total	207	100.0%	108.9%

Figure 20 Prior to lockdown restrictions, who did you usually live with?⁹

Of those people who stated their housing situation changed during the pandemic, the following reasons were given; almost one third (31.9%) now lived with their partner, while just over a quarter

⁹ These totals exceed 100%, because respondents could tick more than one answer.

(26.1%) now lived alone and a further quarter (26.1%) now lived with flatmates. So, the patterns of how people's living arrangements changed during the pandemic varied considerably. In Sigma 2005, 32% lived by themselves, 29% with a partner only and another 29% with friends/flatmates.

Work Situation: Before the start of the Covid pandemic, most of our survey respondents (65.3%) were employed full time (71% in Sigma 2005), with a further 4.7% employed part-time. In addition, 10% were self-employed, either full-time or part-time. Thus, overall, the vast majority of our respondents (80%) were in some kind of employment. A small minority (10%) were students or apprentices. The remaining 10% were either unemployed, retired, long term sick or preferred not to answer the question.

Which of these activities best describes what you were doing before the COVID19 lockdown began on 24th March 2020?

	Frequency	Percent	Valid Percent	Cumulative Percent
Employee in full-time job (30	124	65.3	65.3	65.3
Employee in part-time job	9	4.7	4.7	70.0
Self-employed - full time	10	5.3	5.3	75.3
Self-employed - part time	9	4.7	4.7	80.0
On a government supported	2	1.1	1.1	81.1
Full-time education or training	13	6.8	6.8	87.9
Part-time education or	4	2.1	2.1	90.0
Unemployed and available for	5	2.6	2.6	92.6
Unemployed and not available	3	1.6	1.6	94.2
Long term sick	2	1.1	1.1	95.3
Wholly retired from work	6	3.2	3.2	98.4
Doing something else	1	.5	.5	98.9
Prefer not to say	2	1.1	1.1	100.0
Total	190	100.0	100.0	

Figure 21 Which of these activities best describes what you were doing before the COVID19 lockdown began on 24th March 2020?

However, it was apparent that the pandemic impacted on the employment situation of many participants. 14.7% had been furloughed, while 5.8% had been made redundant, 14.2% had their working hours reduced, while a small number (3.2%) said they had stopped working due to the pandemic. The corresponding values in the Pulse 2020 Survey were 14% furloughed, and 3% made redundant.

As a result of these changes to their employment, just over one third of respondents (33.7%) indicated that their household income had reduced during the pandemic (50% in the Pulse 2020 Survey). While many of those stated that they could cope with the reduction in income, almost 5% indicated that they were 'struggling to cope' with the reduction in earnings (11% in the Pulse 2020 Survey). It should also

be noted that approximately one sixth of respondents (16.3%) stated their household income had improved during the pandemic. This may be as a result of reduced expenditure on travel, for example, during the lockdowns.

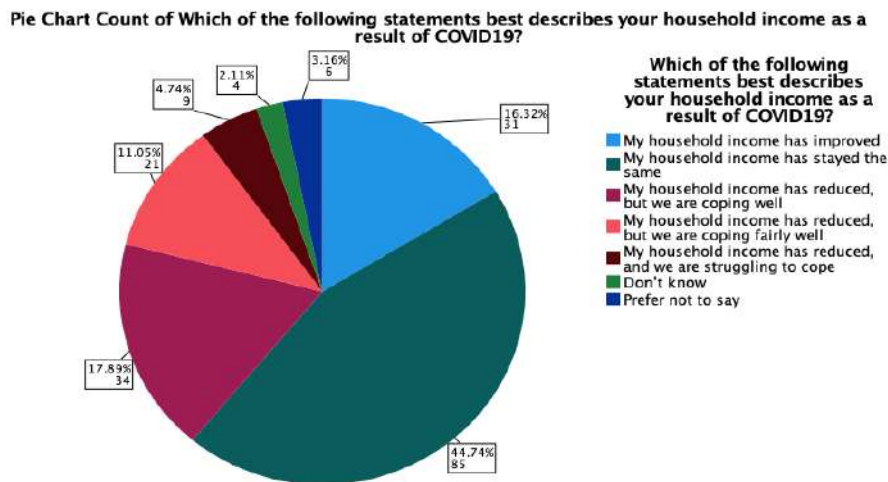


Figure 22 Household Income as a result of Covid19

Wealthier respondents (i.e. those with the highest household income) appear, in general, to be less negatively affected compared to less wealthy respondents.

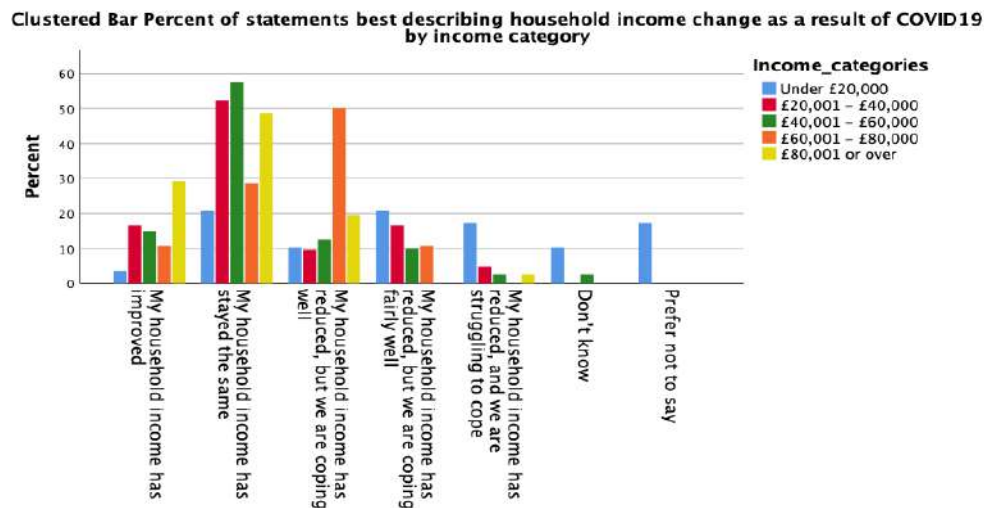


Figure 23 Household Income as a result of Covid19 by income

Although, as noted earlier, many respondents had above average household income that is not to suggest that our respondents were all financially well off. 14.2% stated that it will be very difficult, difficult or fairly difficult for them to pay for essentials such as rent and utilities (26% in the Pulse 2020 survey with 41% being the corresponding value among Black residents only).

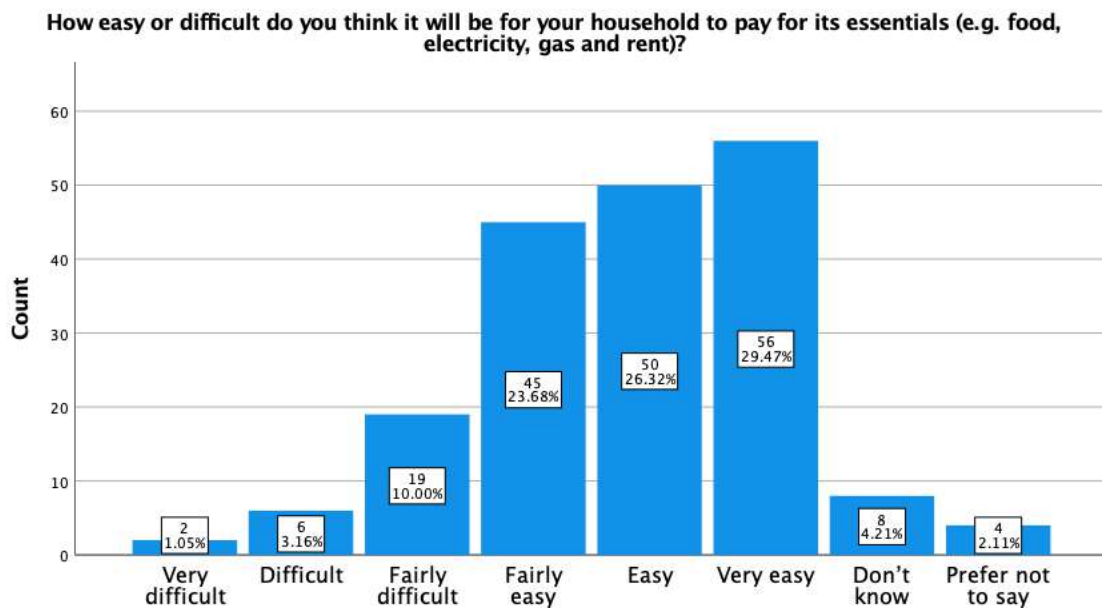


Figure 24 Paying for household essentials

Health: Given the age profile of our survey respondents, it is hardly surprising that many enjoyed good health with two third defining their health as good, very good or excellent. Nonetheless, it should be noted that one third of respondents, as shown in *Figure 25* below, described their health as poor or fair. The equivalent Pulse 2002 survey figure was close to one fifth of respondents.

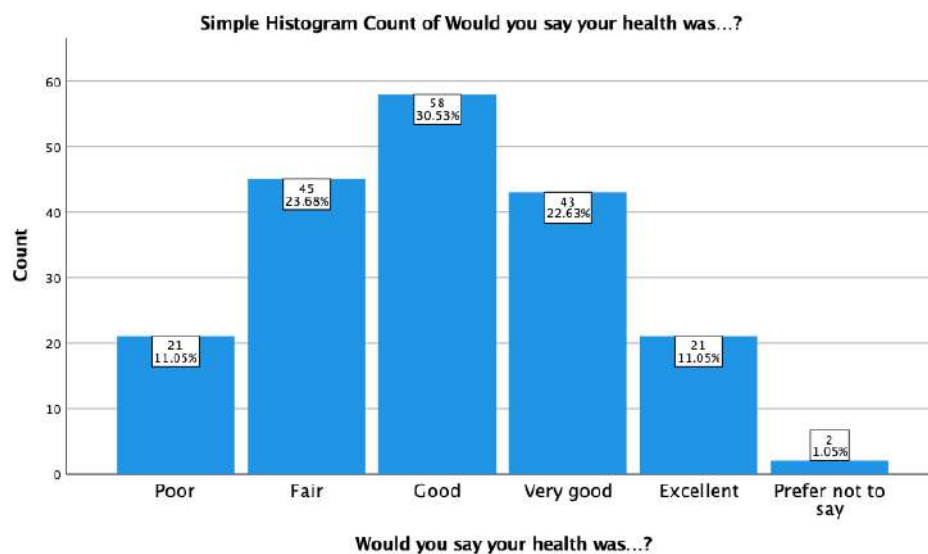


Figure 25 Would you say your health was... ?

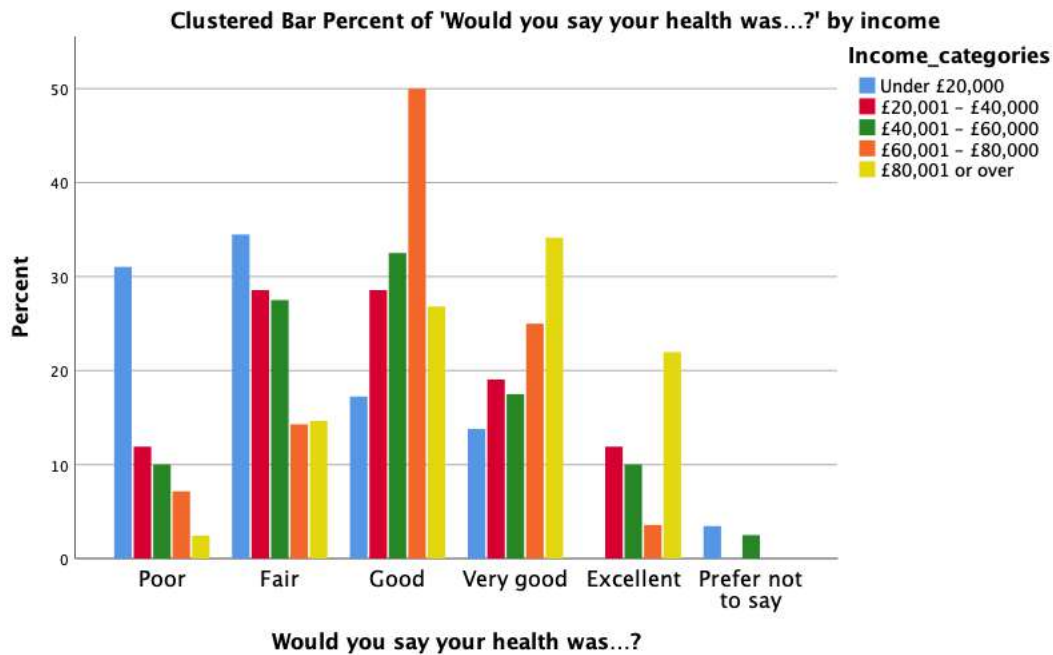


Figure 26 Would you say your health was... ? by Income

The *Figure 26* highlights the association between annual household income and health. Those survey respondents on the lowest income were most likely to describe their health as poor or fair.

Interestingly, many respondents stated that their health had changed since the start of the pandemic. While one third considered their health to have remained the same, and 14.2% considered their health to have actually improved, it is noteworthy that over half of respondents (52.1%) felt less healthy since the first national lockdown began in March 2020. This contrasts with the Pulse 2020 survey where 29% reported to have felt less healthy.

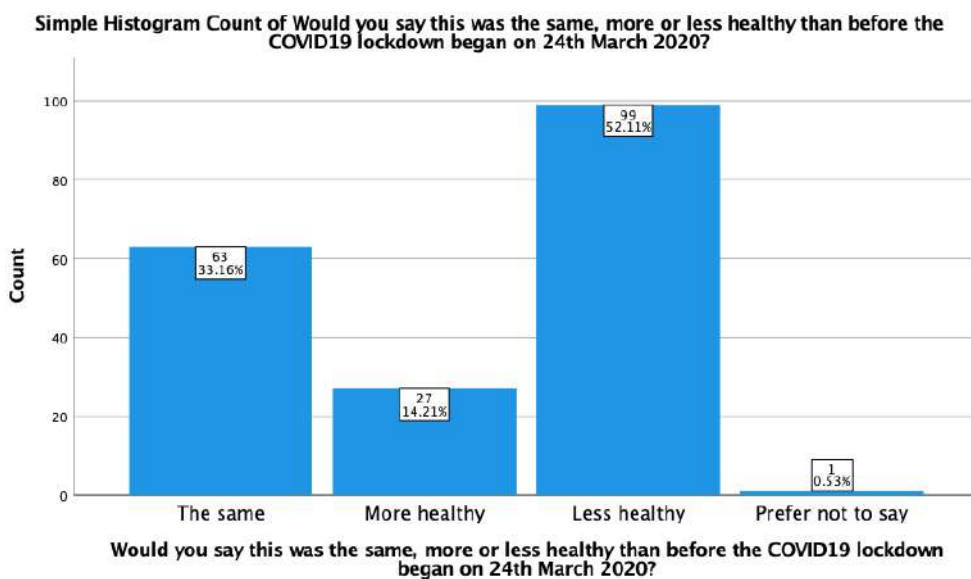


Figure 27 Health more or less healthy than before Covid19 lockdown

Levels of anxiety: To understand current levels of anxiety, we asked survey respondents how anxious they felt during the previous day on a scale of 0 (not anxious at all) to 10 (extremely anxious). Approximately a third of respondents (36.8%) reported low levels of anxiety. However, almost half (45.3%) of participants rate their anxiety high (6 to 10); the equivalent figure in the summer 2020 Pulse survey was 32% showing that either anxiety increased since then or that our LGBTQI+ respondents report higher levels of anxiety compared to the general population.

How anxious did you feel yesterday?

	Frequency	Percent	Valid Percent	Cumulative Percent
0	17	8.9	8.9	8.9
1	10	5.3	5.3	14.2
2	18	9.5	9.5	23.7
3	25	13.2	13.2	36.8
4	23	12.1	12.1	48.9
5	10	5.3	5.3	54.2
6	25	13.2	13.2	67.4
7	26	13.7	13.7	81.1
8	23	12.1	12.1	93.2
9	8	4.2	4.2	97.4
10	4	2.1	2.1	99.5
Prefer not to say	1	.5	.5	100.0
Total	190	100.0	100.0	

Figure 28 How anxious did you feel yesterday?

Worried about becoming seriously ill with Covid: Almost half of respondents (44.1%) stated that they were not at all worried about becoming seriously ill with covid, while a similar number (41.9%) said they were a little worried. However, it is noteworthy that 13.3% of respondents worried a lot about becoming seriously ill with the virus.

In terms of losing someone they loved to Covid, almost one fifth of respondents (18.6%) stated they worried a lot, while almost half (44.1%) say they worried a little. Thus, it seems that overall, respondents had more concerns about their loved ones than about themselves becoming seriously ill with the virus.

Mental well-being: In reply to the question about how concerned people were about their mental health and well-being during the previous week, almost half (43.6%) of survey respondents stated that they were concerned a lot. While only 11.7% of respondents said they were not concerned at all. Note that in Sigma 2005, 41% of all respondents reported difficulties with mental and emotional health in the last year prior to completing the survey.

Similarly, we asked people about any concerns regarding their physical health in the previous week. Over one third of respondents (38.3%) stated they were concerned a lot about their physical health. Taken together these data suggest that participants were far more concerned about the impact of the pandemic and lockdowns on their overall mental and physical wellbeing than about actually becoming seriously ill with the virus.

Regarding the wellbeing of children and other close relatives, approximately one quarter of respondents (25.5%) stated they were concerned a lot during the previous week. Moreover, almost one third of respondents (30%) reported feeling concerned a lot, during the previous week, about their relationship with friends and family.

While almost one fifth (18.1%) stated they were concerned a lot about relationships with partners. This is discussed in more detail later when we explore relationships during the lockdown.

In terms of any concerns, during the previous week, about their children's education, 11 survey respondents stated they were concerned a lot. However, it should be noted that most of respondents did not have children so the number of respondents reporting no concerns may be skewed.

We also asked respondents if, during the previous week, they had any concerns about being able to access enough food. While most respondents had no concerns at all, it should be noted that almost one quarter of respondents (22.8%) did report some concerns ranging from a little to a lot.

Regarding concerns about losing their jobs, it is noteworthy that over one fifth of respondents stated they were concerned a lot, while a quarter stated they were a little concerned. This may reflect the widespread concerns about an economic recession associated with the global pandemic. Relatedly, almost one quarter of respondents stated that they were concerned a lot about their finances during the previous week, while a further third were concerned a little. Less than one third of respondents had no financial concerns.

Are you Sick Enough?

Turning now to Photovoice, some co-researchers spoke about the increase of their mental health problems during the Covid-19 pandemic, feeling that for LGBTQI+ people of colour, access to timely support and resources appropriate to sexuality and race was even more difficult than in pre-pandemic times. In some cases, with no other social, cultural or community outlets, this has increased the feeling of isolation and exacerbated a deterioration of mental health and wellbeing.



Sometimes I can't bear to let the world see the enormity of my pain. Sometimes I can't put on a smile and fake it.

"When we're talking about mental health, they give you a stack of forms to fill out that you're going to get somehow, and they purposefully deny each one of them knowing that you're not going to have the strength to fight back, but if you do have the strength to fight back, according to Citizen's Advice, you'll have a chance of getting through. It's like, "Do you understand that I'm dealing with mental health and anxiety?" That you ask all of this is shameful as a minority - as a guest in someone else's country, and our parents have taught us 'why are you asking for handouts in the first place?' (S.Workshop 2)

"Lockdown has been a lot about the world kind of closing around and I think people who are struggling with mental health are struggling more and I think that impacts communities that are already marginalised more". (J. Focus Group)

One co-researcher was seeking asylum in the United Kingdom and described particular factors that impacted on her mental health due to her status. These included poverty which reduced her access to social spaces where she could meet and be with other women pre-Covid, the sense of having to leave behind important aspects of her cultural identity in order to fit in to British society and not having secure, safe housing or the ability to settle in one place in order to develop relationships and meaningful social connections. This co-researcher had to move to Wales after contributing to one workshop. The collective group ensured she felt valued by continuing to include discussions of her images, as well as their inclusion in the exhibition.



The pictures of me in the dark room with my hands tied depicts isolation, my voice not being heard when it comes to mental health issues, it depicts how depressed I was during the lockdown. I was depressed already but it became worse with the pandemic because I had to at some point leave the house I was in London to Cardiff due to the hateful remarks about my sexuality from family.

Timely access mental health support was highlighted as a problem during lockdown.

*"I've been asking for mental health support from my doctor for eight months. At one point, I explained to my doctor who is not an Indian and LGBTQ, that I would like someone who understands LGBTQ issues. Nothing. I waited two months to get 12 appointments. And they could only give me 12 appointments with a student. They didn't really get my PTSD complex, at all. So that's the level of service again."
(S. Workshop 2)*

Caring responsibilities: In the survey, only 15 participants had primary caring responsibility for a child aged under 16 years (this is quite similar to the Sigma survey in 2005 where 16 respondents had a child under 16 years). Almost one sixth of our survey respondents (15.3%) were involved in care for a sick, disabled or elderly relative, friend or neighbour.

Moreover, since the start of the pandemic in 2020, 19 participants (12.8%) stated that they had started to provide regular care for a sick, disabled or elderly relative, friend or neighbour. This trend is line with other research which shows that people have become involved in additional forms of care, including for neighbours, during the national lockdowns¹⁰. Still, the number is lower compared to the corresponding figured reported by the Pulse 2020 survey that includes a lot more households with children.

Shielding during Covid pandemic: Almost one fifth of respondents (18.9%) stated that they had been shielding since the start of the pandemic. This is a lot higher than the 5% reported in the Pulse 2020 survey. Those who were shielding gave the following reasons: 19 participants have been shielding because of concerns about their health, with a further 9 shielding because of concerns about the health of someone they care for or live with. Three participants have been shielding because of having been informed that they are Clinically Extremely Vulnerable.

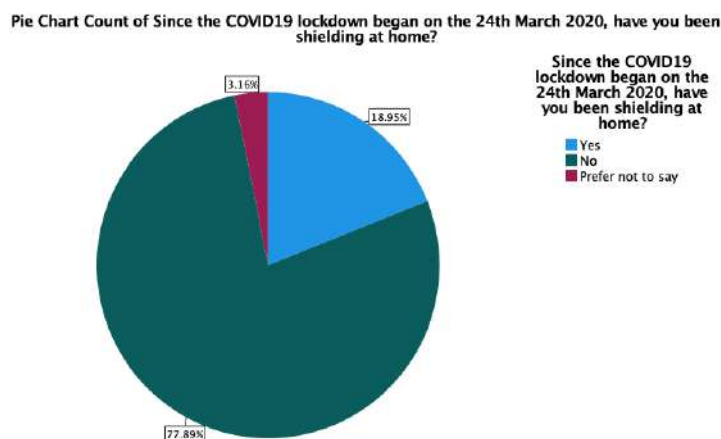


Figure 29 Shielding at home during lockdown

¹⁰ Life in Lockdown study <https://lockdownnetworks.files.wordpress.com/2021/02/life-in-lockdown-preliminary-report-february-2021-1.pdf>

Relational changes within households during the lockdowns:

While almost one quarter (22.6%) of our survey respondents lived alone, for those who lived in shared households, there was evidence of some relational changes during the lockdown. Almost one third of respondents (31.1%) stated that their relationships had improved during the lockdown. In describing with whom relations had improved, respondents mentioned parents, flatmates, partners and children. In explaining why relations had improved respondents mentioned that spending more time together, such as by working from home, they had ‘more time to connect’, ‘supporting each other through the difficult times’ and that ‘Brought us closer together’.

However, just under one fifth of people (17.9%) replied that relationships within their households had deteriorated. This finding is in line with other research which has indicated high levels of relational tensions and breakdowns during the lockdowns in the UK¹¹ and elsewhere in the world¹². In explaining with whom relations had deteriorated respondents mentioned: housemates, partners and family. The reasons given for worsening household relationships included the stresses and strains of being confined with people for such a long period of time during lockdown: ‘Being in lockdown at home has strained our relationship’, ‘stuck inside tiny flat’, ‘seeing them and only them 24/7’.

We also asked if respondents had felt they were struggling to cope with the care of a dependant. Most people responded no but 17 people (8.9%) indicated they did sometimes struggle with caring responsibilities and a further 6 people replied that they would ‘prefer not to say’.

**Since the COVID19 lockdown began on the 24th March 2020,
have there been times when you struggled to cope with the care of a dependant?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	17	8.9	8.9	8.9
No	167	87.9	87.9	96.8
Prefer not to say	6	3.2	3.2	100.0
Total	190	100.0	100.0	

Figure 30 Coping with the care of a dependant during lockdown

¹¹ See Life in Lockdown report <https://lockdownnetworks.files.wordpress.com/2021/02/life-in-lockdown-preliminary-report-february-2021-1.pdf> and newspaper coverage such as Financial Times <https://www.ft.com/content/cd26b729-951e-4a39-bb1e-fb4e3b91e7f5> and the Guardian <https://www.theguardian.com/lifeandstyle/2020/aug/04/coronavirus-sexual-couples-love-lockdown-relationships>

¹² See for example, Günther-Bel, C., Vilaregut, A., Carratala, E., Torras-Garat, S., & Pérez-Testor, C. (2020). A Mixed-method Study of Individual, Couple, and Parental Functioning During the State-regulated COVID-19 Lockdown in Spain. *Family process*, 59(3), 1060-1079 and Sachser, C., Olaru, G., Pfeiffer, E., Brähler, E., Clemens, V., Rassenhofer, M., ... & Fegert, J. M. (2021). The immediate impact of lockdown measures on mental health and couples' relationships during the COVID-19 pandemic-results of a representative population survey in Germany. *Social Science & Medicine*, 278, 113954.

Of those 17, about half said they were able to access the necessary support while the other half indicated that they could not access the support they needed.

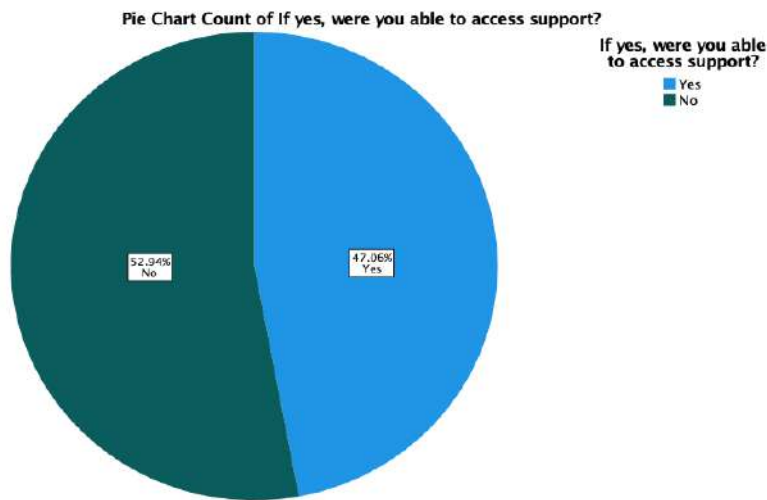


Figure 31 If yes, were you able to access support?

For those who did access support, the sources varied from friends and family to GPs and other formal services: 'A&E, SLAM acute support', 'Carers Hub', 'some friends and a cousin', 'school, CAMHS, GP'.

Loneliness: Our survey asked about loneliness during the previous week. Interestingly, there was a remarkably even spread with almost one third of respondents (32.4%) feeling lonely a lot, while a further third (33%) felt a little lonely and just under one third (29.8%) not feeling lonely at all.



The toughened cobbles, interconnected and in their different shades and sizes, represent our community and its struggle. The contrast of the petals calls to our need for spaces not just to be resilient but also to also be delicate, open and vulnerable. The shoes represent the journey towards this.

To be Seen - Visibility/Invisibility: In Photovoice, some co-researchers experienced an increase in loneliness during the lockdown with limited access to inclusive LGBTQI+ spaces/communities where a feeling of belonging and safety could be developed. The intersection of 'race', sexuality and inability to be able to talk openly with family and friends about mental health struggles were highlighted as particular issues that created barriers to mental and emotional wellbeing and exacerbated feelings of isolation. Negotiating feelings of 'unbelonging' in a white country as an LGBTQI+ person from a Black, Asian and/or minoritised community further compounded feelings of shame with some co-researchers.

*"[...]I currently can't go to my GP, I can't go to my family, I can't really go to my friends. I feel really frustrated. And I'm getting a lot of stigma around, I have very few opportunities for me to actually talk about it. And I'm not an extremely open person, but it's just there, literally. No one is listening."
(R. Focus Group)*

"[...]Dealing with mental health, especially in COVID, like for instance, saying you're not entirely sure of your sexuality, or dealing with that you're left at home in a space where you have to reconcile with yourself, and your own sort of shame. You don't really have the space to articulate what that level of shame is on what that sense of disassociation is with yourself in that space. Let alone in the outside world where there aren't safe spaces to do that, then to compartment not have a safe space in your own mind to do that as well is actually quite distressing. (N. Focus Group)

"I've always been raised that we are guests in a white country. Don't ask for too much, you'll be asked to leave. And so I'm mindful. And I'm triggered talking about this. Yeah, and in the gay spaces. Just being alone, and being a person of colour, you have this phone, to connect with people. And when you're on the bottom of the totem pole, in terms of sexuality, people don't want to talk to you. So the way I would connect with people is by going outside and imagine I was talking to people, I would watch other people talking and I'd imagine I had people to talk to." (S. Focus Group)

Means of Connecting with others during lockdown: In the survey, we asked respondents how they had been connecting with others since the lockdown began in March 2020. Respondents could name several different forms of communication. There was a fairly even distribution of texting (22.3%), phone calls (23.6%), social media apps (21.3%) and video calls (23.3%). However, it is noteworthy that people also mentioned 'writing'. Moreover, several people also used other methods, such as chatting face to face for example with neighbours and going for walks for a friend.

**Since the COVID19 lockdown began on the 24th March 2020,
how have you been connecting with others?**

	Responses N	Percent	Percent of Cases
Texting	156	22.3%	83.0%
Telephone calls	165	23.6%	87.8%
Chatting on social networking apps or websites	149	21.3%	79.3%
Video calls	163	23.3%	86.7%
In writing	45	6.4%	23.9%
Other methods	21	3.0%	11.2%
Prefer not to say	1	0.1%	0.5%
Total	700	100.0%	372.3%

Figure 32 Since the lockdown began, how have you been connecting with others?¹³

¹³ These totals exceed 100%, because respondents could tick more than one answer.

Access to services: In terms of how concerned survey respondents were about being able to access the services they might need during the previous week, most (57.9%) said they had no concerns at all, while almost a quarter (23.4%) were a little concerned. However, 13.3% of respondents reported feeling concerned a lot about being able to access services.

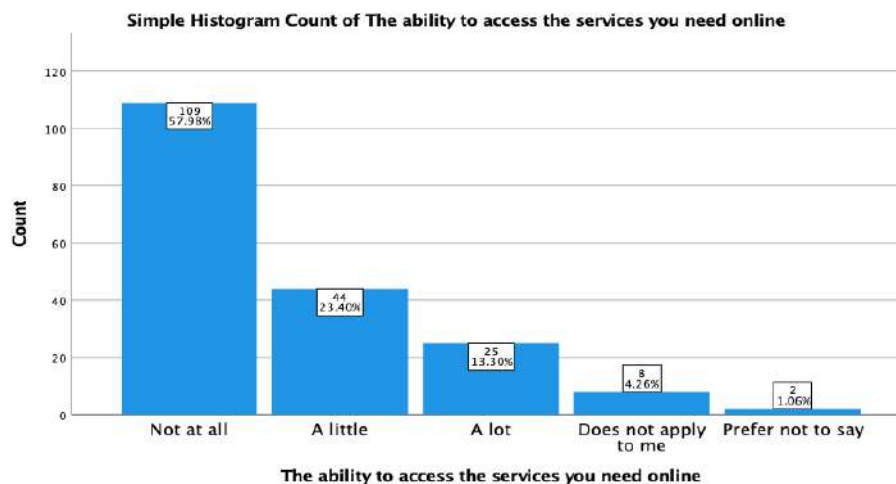


Figure 33 Ability to access online services

Of those survey respondents who accessed social support services during the lockdown, it is noteworthy that the main means was via telephone or video calls rather than online, as shown in Figure 34.

How did you get in contact with such service(s)?

	Responses N	Percent	Percent of Cases
Texting	1	3.4%	5.0%
Telephone calls	14	48.3%	70.0%
Video calls	6	20.7%	30.0%
In writing	1	3.4%	5.0%
Online	5	17.2%	25.0%
Other methods	2	6.9%	10.0%
Total	29	100 %	145.0%

Figure 34 How did you get in contact with such service(s)?¹⁴

¹⁴ These totals exceed 100%, because respondents could tick more than one answer.

Sexual Health Testing: In the survey over half of respondents (51.4%) stated that they tested regularly, at least once per year, for sexually transmitted infections.

Do you usually test regularly for sexually transmitted infections (STIs)?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes, at least every 3 months	30	15.8	16.6	16.6
Yes, at least every 6 months	27	14.2	14.9	31.5
Yes, at least once a year	36	18.9	19.9	51.4
Yes, at least once every 2 years	14	7.4	7.7	59.1
No, I do not test regularly for STIs	68	35.8	37.6	96.7
Prefer not to say	6	3.2	3.3	100.0
Total	181	95.3	100.0	
Missing System	9	4.7		
Total	190	100.0	100.0	

Figure 35 Do you usually test regularly for sexually transmitted infections (STIs)?

We also asked if this had changed during the pandemic. As shown in *Figure 36* below, while just over half (53.3%) stated that their rate of testing had not changed at all, just over one fifth (21.7%) stated that testing had decreased significantly. Moreover, a number of respondents used the open text box to inform how their method of testing had changed during the lockdown such as, for example, using postal home testing kits.

Has there been any change in the frequency you test for STIs since the first COVID19 lockdown of March 2020?

	Frequency	Percent	Valid Percent	Cumulative Percent
Testing for STIs decreased significantly	39	20.5	21.7	21.7
Testing for STIs decreased a little	24	12.6	13.3	35.0
There has been no change in frequency	96	50.5	53.3	88.3
Testing for STIs increased a little	6	3.2	3.3	91.7
Testing for STIs increased significantly	4	2.1	2.2	93.9
Prefer not to say	11	5.8	6.1	100.0
Total	180	94.7	100.0	
Missing System	10	5.3		
Total	190	100.0	100.0	

Figure 36 Change in frequency for STI testing

In Photovoice, some co-researchers found access to services around mental health, sexual health, physical health - in contrast to the survey respondents - problematic due to a lack of sexual and cultural appropriate expertise, understanding and resources. This has led to a lack of trust in the ability of current mainstream services to adequately meet the needs of members from the Black, Asian and other minoritised LGBTQI+ communities.

"[...]...around minority groups within cultures there's not enough understanding of mental health especially around sexual health. And also when someone somehow gains strength to go out, to obey these services, they're not designed to be capable for people of colour to be able to get access to them. For example, social services you were talking about has a lot of people living with families who are not out, they cannot order sexual health services at home and then because of Covid, they couldn't go to the clinic[.]"
(L. Workshop 2)

"During the pandemic it was extremely inaccessible to get sexual healthcare, it was impossible. Everything was closed, it was just impossible. I was not able to get in, and I was desperate in need of sexual healthcare. I couldn't really go to the GP, he knew my family. I managed to get to a sexual health clinic and the GP literally said, "this is not a problem compared to COVID"."
(R. Focus Group)

It was felt that services were not able to address intersectional identities and needs that extended beyond sexual health and that also offered social and cultural spaces. The compartmentalised, rationing of support by local authorities excluded those from outside of particular boroughs who could have benefitted from services. Postcode boundaries were felt to be unhelpful, and created unnecessary barriers to already marginalised people, further cutting off avenues of help and connection to others.

*"I think there's a general perception that with mental health services, and if you go into them and say, this is my sexuality, they're not really dealing with those combined issues. They're not really dealing with the cultural ramifications of that. The idea of never really having a space within the LGBT community or the POC community, because they don't really intersect. So I think a lot of it was happening online, but also, recognizing that being part of the LGBT community isn't just a sexual thing. Sexuality is important but it is actually like a social and cultural thing that no services really understand or are dealing with."
(N. Focus Group)*

"And then, being a person of colour, you're also some sort of pushed away from the outer society where you don't really fit in there either. So that creates a very isolated environment, especially for queer people of colour. I think that sort of brings a lot of challenges in regards to a lot of different things that could be sexual health, mental well-being or physical health as well. I think COVID isn't like the first epidemic or pandemic that queer community has faced, there have been others before as well. Which equated to us still struggling, especially queer people of colour, where HIV cases overall in the country are quite low now, but in communities of people of colour, they are actually rising. Those kinds of things do show that queer people of colour are always neglected by the government and the overall society." (L. Focus Group)

"London is not as gay friendly as people would think. Because I'm not part of Lambeth, they won't help you. You can't access their services. Say it's just like, you know, you're not our problem. And I think that's really sad, if you've got a huge gay community in your council, and you're turning people like me who are desperate to be a part of a community. They're like, 'Well, too bad until you could be part of our community'." (S. Focus Group)

Economic wealth played a factor in both access to health and mental health services and co-researchers ability to contribute to and benefit from effective social capital through 'bonding' - the development of connections and relationships with people who have similar interests and/or characteristics.



The basic items I can get with £35 a week from the Home Office. Every person seeking asylum in the UK is faced with this decision on what to buy and what you cannot buy. As a lesbian woman who tried getting into relationships I was ridiculed when I could not get drinks for myself and so on.

"My boss is a white, female American woman living in London working for a big company. She woke up one morning and she couldn't feel her little toe. She called the GP and they told her, 'Come in!'. She went in the next day, she was at St. Thomas doing x-rays. And the fact in the week her problem was solved. I've been waiting for almost two months to see a gynaecologist because of fibroids and when I called them they were like, 'You know, how are you managing?' I'm like, 'I don't want to manage it. I want to fix it'. Unfortunately, this is the reality which shocks me but I am not from London and I know that black people suffer with health care in London, but I'm actually experiencing it in my own skin and it's just unbelievable that the United Kingdom things like these are happening to black woman, queer people, minorities like it literally happens in front of your eyes. I just don't understand. " (E. Focus Group)

Personal safety at home: During the national lockdowns, there has been a dominant public narrative that people should stay safe and stay at home. However, evidence from charities and academic research shows increased levels of domestic abuse and questioning the view that being at home is necessarily the safest option for everyone¹⁵.

Among our survey respondents, almost one third (32.4%) stated that they were concerned – ranging from a little to a lot – about their personal safety at home.



Figure 37 Your personal safety at home

¹⁵ Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. International journal of mental health nursing. <https://onlinelibrary.wiley.com/doi/full/10.1111/inm.12735>

Male respondents appear to have the least concerns about safety at home but the differences are small.

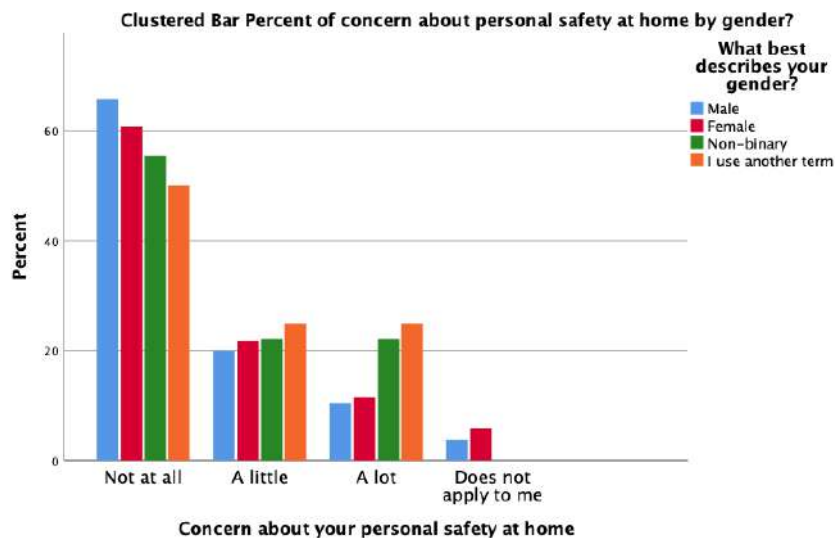


Figure 38 Personal safety at home by gender

Staying with the theme of personal safety, we also asked about any concerns regarding crime or anti-social behaviour in their neighbourhood. Almost one quarter (24.4%) of survey respondents stated that this issue concerned them a lot.

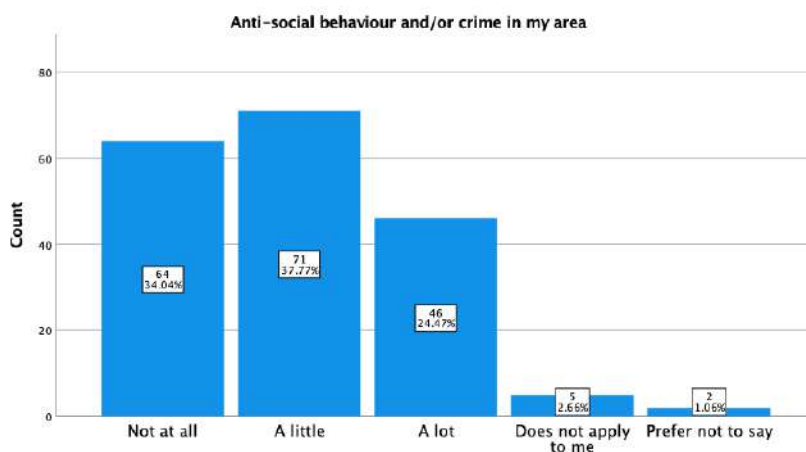


Figure 39 Anti-social behaviour and/or crime in my area

Experiences of abuse: In the online questionnaire, we asked a series of questions about experiences of abuse. We acknowledge that these were highly sensitive questions and we were very mindful that these might be upsetting to respondents. We provided a warning to respondents before they came upon this section of the questionnaire and we also added links to various organisations where they could access support, if needed. All respondents had the option not to answer these questions if they so wished. It should be noted that these questions were focused on ‘the last year’ and so did not specifically focus on the period since the start of the pandemic, though given that the questionnaire ran from March to May 2021, the ‘last year’ did cover the pandemic period.

The vast majority of respondents (91.1%) stated that they had not experienced any attack or assault because of their sexual orientation or gender identity in the last year. However, 12 respondents indicated that they had experienced such an assault.

Pie Chart Count of In the last year, have you been physically attacked or assaulted because of your sexual orientation or transgender identity?

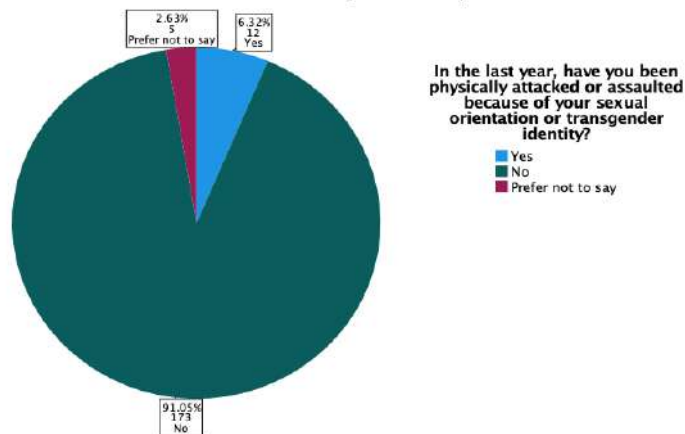


Figure 40 In the last year, have you been physically attacked or assaulted because of your sexual orientation or transgender identity?

In terms of where such an assault took place, 7 people said it had occurred in the street, 2 on public transport, 2 in a straight pub or club, one at work/ college/ school, one in an LGBT venue, and one in their own home. 7% of the Sigma 2005 respondents reported to had been physically attacked with 45% of those saying the attack took place in the street.

We asked if the incident had been reported to the police and of those who answered that question, 7 people said yes and 4 people said no. Of those 7 responses, 5 thought the police had handled the incident poorly or very poorly, while 2 thought the police handled it well or quite well. A similar pattern of police reporting was shown by Sigma 2005 although more respondents were satisfied by how the police responded (note that the numbers are very small).

Of those who did not report the incident to the police the following reasons were given in open text: 'Didn't think anything would be done & I don't support the police', 'I wasn't feeling safe reporting this to police - they could be abusive too.', 'No point. Guy got off bus & wearing a hoodie. Slapped in face.'

We also asked people about any verbal abuse because of their sexual orientation or gender identity in the last year. Here the incidents were much higher than for assault. One third of respondents (33.6%) stating that they had experienced verbal abuse (49% in Sigma 2005).

Pie Chart Count of In the last year, have you been verbally abused because of your sexual orientation or transgender identity?

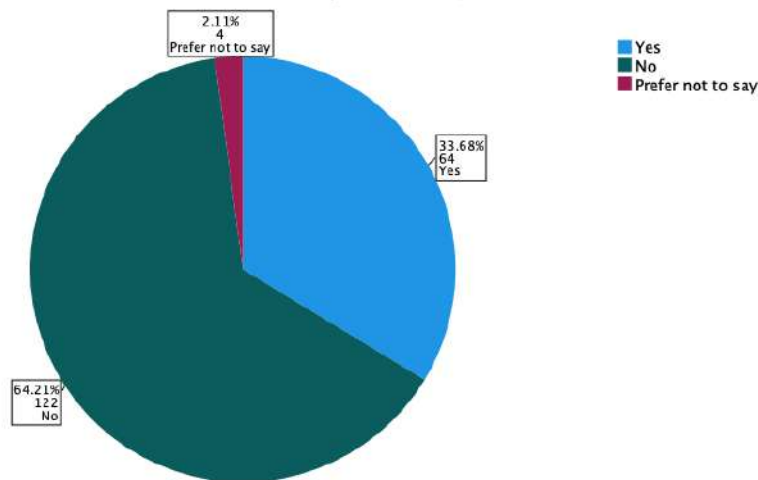


Figure 41 Verbal abuse because of sexual orientation or transgender identity

Verbal abuse appears to be affecting male respondents a lot less.

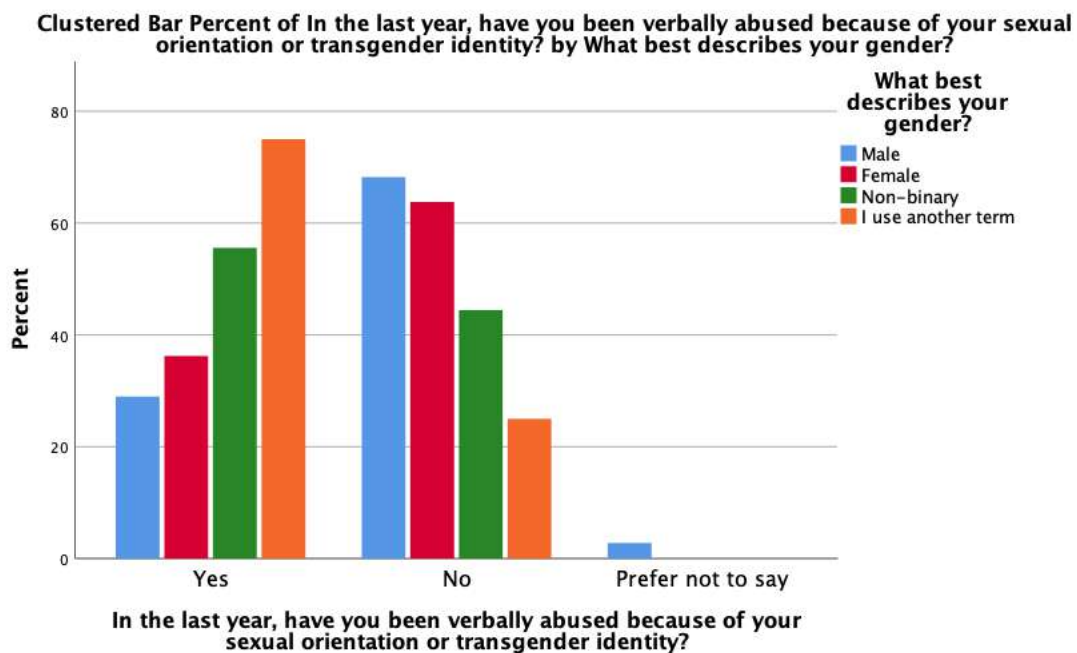


Figure 42 Verbal abuse because of sexual orientation or transgender identity by gender

In terms of where verbal abuse had occurred there was a tendency towards public spaces such as the street, parks and public transport as shown in *Figure 43*.

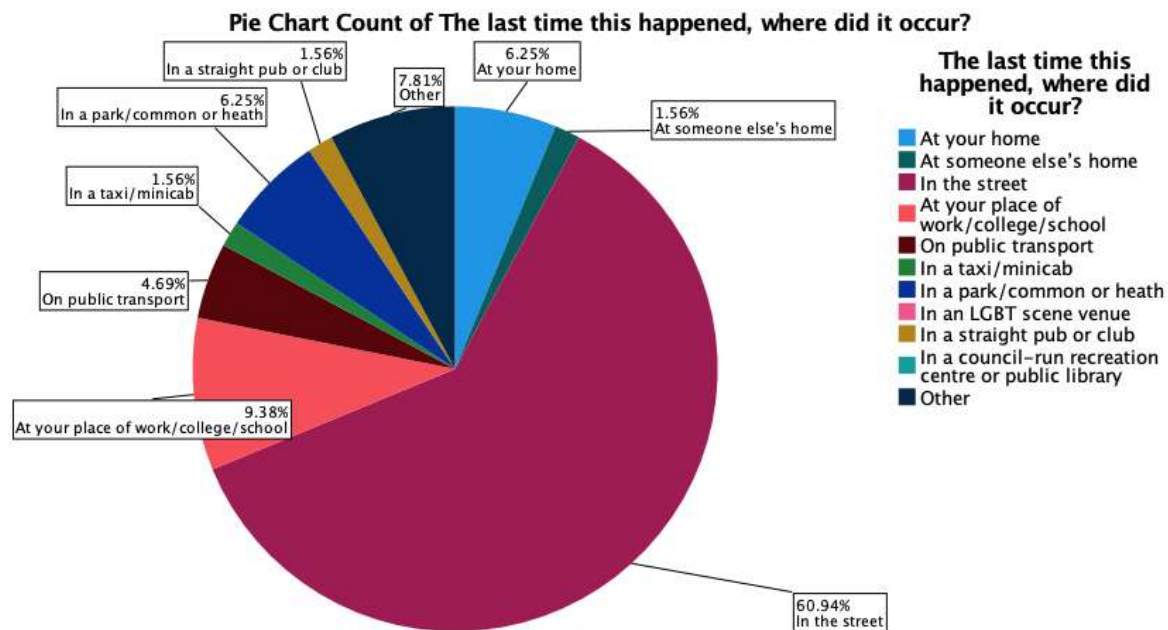


Figure 43 The last time this happened, where did it occur?

In the Sigma survey, conducted in 2005, the street was also reported as the place where most verbal abuse occurred (67% of instances).

Despite the prevalence of this kind of abuse, the rates of reporting were very low with only 8 of the 64 (16 of the 223 in Sigma 2005) people who had this experience making a complaint to the police. In explaining why they did not report verbal abuse, survey respondents wrote things like: 'can't imagine calling the police every time someone shouts lezza!' Several people said it would be a waste of time reporting to the police: 'As it was verbal seemed like a waste of time' and 'Can't be bothered. It won't make them stop and it won't make my day better'.

Moreover, some survey respondents stated that the police did not take such incidents seriously: 'It wouldn't be taken seriously and would be a waste of my time'; 'I can't imagine the police would do any more than record it'.

In addition, some respondents expressed distrust of the police: 'I wasn't feeling safe reporting this to police - they could be abusive too.'; 'I don't trust the police with lesbian issues'; 'I don't believe that the police deal with such issues effectively'; 'I have little faith in the police to a) safely store information and b) effectively act upon such reports.'

Abuse in the home: Our survey also asked questions any form of abuse they had ever experienced within the home. As shown in *Figure 44*, while most participants stated that they had never experienced that kind of abuse, a significant proportion, almost one fifth (17.4%), indicated that they had this experience. The corresponding figure in Sigma 2005 was 23%.

Have you ever suffered physical, sexual or psychological/emotional abuse or financial or coercive abuse or violence from anyone in your home?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	33	17.4	17.4	17.4
No	150	78.9	78.9	96.3
Prefer not to say	7	3.7	3.7	100.0
Total	190	100.0	100.0	

Figure 44 Abuse in the home

In terms of who the abuser had been, there was a range of answers with partners being involved in the majority of such cases (17 cases, 51.5% - that was only 14% in Sigma 2005), as shown in *Figure 45*.

Who from?

	Frequency	Percent	Valid Percent	Cumulative Percent
Your partner	17	8.9	51.5	51.5
Your parents	6	3.2	18.2	69.7
Your siblings	2	1.1	6.1	75.8
Your flatmates	4	2.1	12.1	87.9
Someone else	3	1.6	9.1	97.0
Prefer not to say	1	.5	3.0	100.0
Total	33	17.4	100.0	
Missing System	157	82.6		
Total	190	100.0	100.0	

Figure 45 Abuse in the home: Who from?

Those respondents who experienced abuse indicated that they had sought support from a range of service providers including Women's Aid, Broken Rainbow, Solas Anois, other domestic violence projects, as well as the police.

Turning to the period during the Covid pandemic, we then asked about any experiences of abuse within the home since the start of the lockdown in March 2020. The vast majority of respondents stated that they had not experienced any form of abuse in their homes, but seven people stated that they had such experiences.

Since the COVID19 lockdown began on 24th March 2020, have you suffered physical, sexual or psychological/emotional abuse or financial or coercive abuse or violence from anyone in your home?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	7	3.7	3.7	3.7
No	178	93.7	93.7	97.4
Prefer not to say	5	2.6	2.6	100.0
Total	190	100.0	100.0	

Figure 46 Abuse in the home since the COVID19 lockdown

Of the seven people, four indicated that it was flatmates who had abused them, while one person mentioned parents, one siblings and one friend. The forms of abuse varied from insults and belittling, to monitoring and financial coercion, with one person mentioning a physical assault.

Access to LGBTQI+ spaces during the pandemic: In the survey, over half of respondents (52.6%) stated that they missed a lot being able to access LGBTQI+ physical spaces, while a further 30% of respondents stated that they had missed such spaces a little.

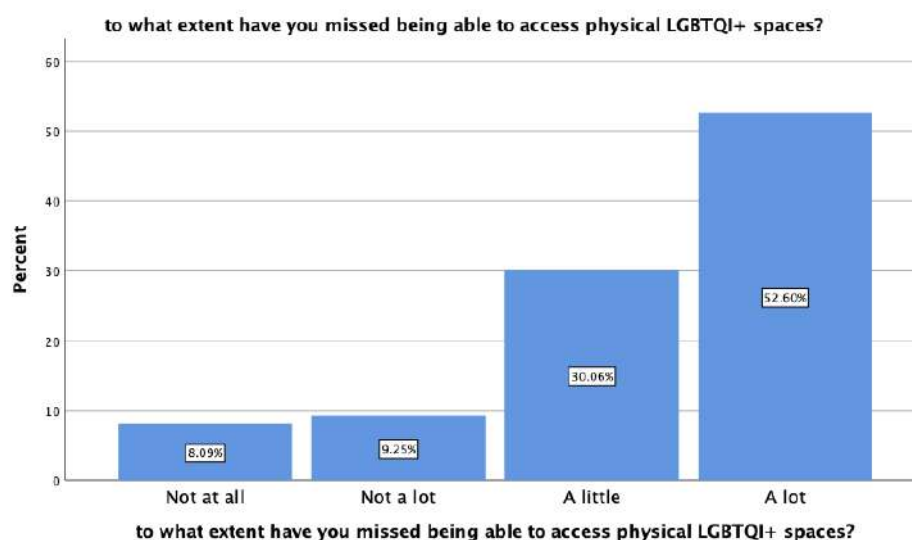


Figure 47 To what extent have you missed being able to access physical LGBTQ+ spaces?

Thus, clearly, LGBTQI+ spaces were important to many of our respondents. One man in his 80s, who was interviewed by telephone, lived alone and spoke very powerfully about how much he missed the LGBTQI+ groups he used to attend prior to the lockdown. With his regular activities and meetings no longer possible, he had spent much of the lockdown alone. However, he did appreciate the weekly phone calls from a volunteer befriender.

However, it should be noted that while the vast majority of our survey respondents were white, turning to photovoice, it is apparent that LGBTQI+ spaces may not be perceived as welcoming and inclusive.

Are you White Enough?

In Photovoice, considerations of 'race' and culture formed two important collective themes for the co-researchers. Navigating social, cultural, statutory and queer spaces was problematic for all on differing levels. Whilst views and experiences diverged, all expressed feeling some form of 'otherness' in terms of their identity as Black, Asian or other minoritised LGBTQI+ people whether in relation to society in general or queer spaces specifically.

Excluded

"Being excluded but there's an expectation of "You're in a Western country, this is how white people do things. Why are you not doing things like this?" (S. Workshop 2)



The System

The begging, the grovelling... the "please sir can I have some more sir".

The cheating, the skiving, the nose diving, the Conniving.

Is this what i have been reduced to?

What will I do to in order to get my Golden Ticket?

I'm too old to sell my body,

Too well to be sick — that's what they keep telling me anyways.

Yet I am never too old to turn a trick, to spin a tale and to magically transform the cotton into gold... it is the system that you have designed that has turned against me, a system I will in turn BREAK.... For I AM THE CREATOR OF IT ALL.

Am I not?

"I feel dominated and left out in the gay spaces when everyone is the same. And I'm this weird squiggly thing in the corner." (S. Workshop 1)

Hiding

"For the majority of us, our culture is very different from white, Western culture and we all have that really strong community background. We have loads of aunties and uncles. [...]if you go to a gay bar or holding hands in the street, I'm constantly worried about if my parents' friends saw me and then kick me out the closet back home[...]" (E. Workshop 2)

"You're almost hiding a part of you. You were saying how you're afraid of being seen outside in case you get outed." (K. Workshop 2)



Trying to find my reflection, so I can see something, anything. And here I am, not even visible, obscured, holding on. The reality - hiding my identity. The reality - hiding him, a part of my life that's holding on to me so I don't fall. My support. (K.)

Sense of belonging in the LGBTQI+ communities or space It became apparent that the Photovoice co-researchers felt there were not enough inclusive and safe spaces for Black, Asian and other minoritised LGBTQI+ people and that they were constantly being made aware of that. When speaking of the 'queer community', this often did not apply to them due to the overwhelming 'whiteness' of the scene and queer spaces where some encountered racism plus the emphasis on the body beautiful image, substance and alcohol use, clubbing and bar culture. The need for the LGBTQI+ community to recognise and embrace difference was expressed so that the multiplicity of experience, interests, cultures and viewpoints were represented and not necessarily lumped under an umbrella term. In order for a sense of community to be fulfilled, some co-researchers found 'little pockets of community that intersect with each other on different angles'.

*"One thing that I noticed, there's a lot of queer communities going on in London, actually. But they all face one problem. They all struggle to have funds, resources to put on events."
(E. Focus Group)*

"The gay scene is very much nightlife oriented so it's really easy to lose that sense of belonging... I don't really identify as a LGBTQI+ or queer, I just say I'm a gay man. There's only so many people you can push under one umbrella. Even here we are all so different, we don't have the same experience. I just think that when you see straight people, you don't say, "Oh look, they are part of the straight community." (R. Focus Group)

"We do need sober spaces. We do need to deconstruct this culture, which was mainly created by white gay people, and you know, going out naked with your leather underwear. But then that's not a valid representation of what being gay, or lesbian is. In the end we are humans. And we just need safe spaces." (E. Focus Group)

"[...] I identify as queer. Having said that, I don't necessarily feel part of the LGBT community. Because I think when you say that, without any other descriptors, it's default 'white'. And it's so exclusionary... I have been to queer board game nights, and unless it specifically says, like, it's for POCs or something, you will walk in the door, it will be like, 99% white. So I feel like I find my little pockets of community that intersect with each other from different angles and things..." (J. Focus Group)

"[...]I think there was a lot of queer people who were respecting not seeing other people for sexual encounters. Like you're on your own. But I was talking to myself. I do talk to myself. It's normal now. Like in that movie Castaway, because that's what I needed to do to survive. And I think a lot of what was, what I'm used to this, a lot of the press, a lot of the government of the council - it was always family focus, you have your family, what family, where, where's my family? They were on Zoom. What other family do I have? but they didn't get that. And so locking people in is essentially solitary confinement. That's what you're putting people in. And there was very little support for queer communities to come together and get any sense of organised. That is why we organise ourselves, which is something I've done for other people."
(S. Focus Group)

Although the numbers of people from minoritised groups who took part in the online questionnaire were small and we are reluctant to produce data that might not be entirely accurate, it is nonetheless interesting to look at the survey data regarding LGBTQI+ subgroups. Moreover, it should be noted that the Black and other minoritised respondents in the survey appear to be in relatively high income brackets, as discussed earlier. Below in *Figure 48* is a graphical representation of the finding in one of the 25 items of the 'psychological sense of LGBTQI+ community'.

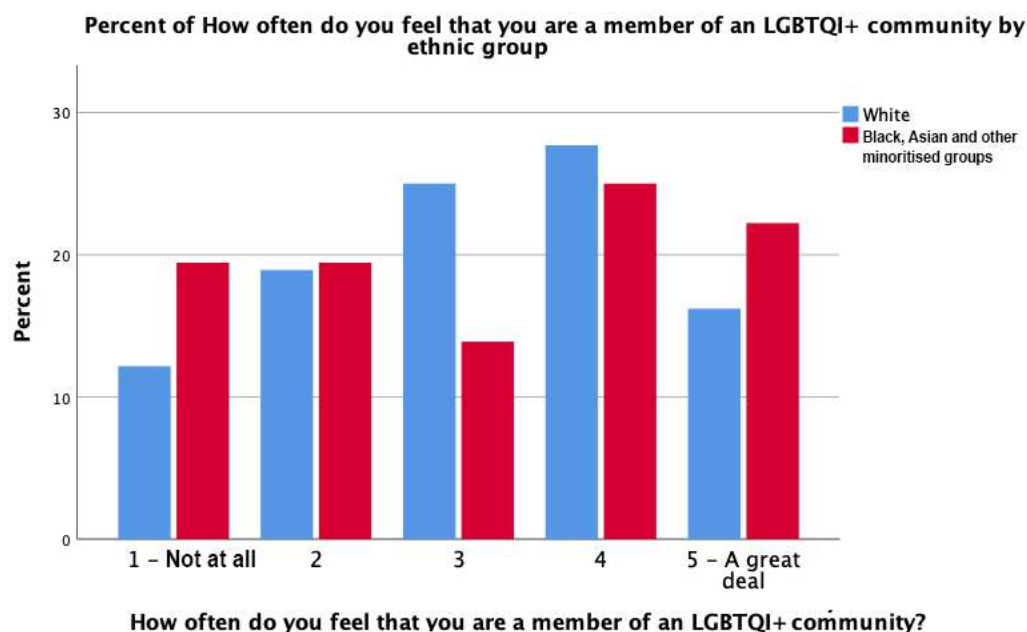


Figure 48 Feeling that you are a member of the LGBTQ+ community by ethnic group

Satisfaction with Life: Despite the fact that everyone is facing the negative impact of the COVID-19 pandemic, individuals from marginalised or vulnerable groups who already experience daily challenges are often disproportionately affected by these unprecedented circumstances. In this respect, Black, Asian and/or other minoritised people in the queer community felt left behind without appropriate support, their specific needs omitted from policy decision making as illustrated by the Photovoice co-researchers who took part in the focus group.

*"[...]After a while into lockdown, we started hearing about helpline for people suffering from abuse, we started reading about statistics saying that domestic abuse went up, you know, children's abuse went up, but no one, nothing would be mentioned regarding people who are queer. So I feel in that sense, queer people are always left out. You know, it's like, everyone eventually comes to the forefront of conversation. But queerness is always left out. I guess because it's a sexual thing. I guess because we are not seen enough, we are not heard enough. But lockdown, definitely didn't level things for queer people. You know, we're not all in this together."
(E. Focus Group)*

Co-researchers highlighted that being a part of "a double minority" is associated with a unique stress due to the intersections of race, sexuality and gender. Racism experienced outside and within LGBTQI+ group, as well as homophobia faced in daily life, have disproportionality affected them during enforced national lockdown.

"The queerness sort of pushes you out of your house, where you cannot really relate to them, and you don't really feel safe in that space. And then, being a person of colour, you're also some sort of pushed away from the outer society where you don't really fit in there either. So that creates a very isolated environment, especially for queer people of colour. I think that sort of brings a lot of challenges in regards to a lot of different things that could be sexual health, mental well-being or physical health as well." (L. Focus Group)

One co-researcher spoke about the continuous struggle with HIV/AIDS among people of colour and its unequal impact on their communities:

"I think COVID isn't like the first epidemic or pandemic that queer community has faced, there have been others before as well. Which equated to us still struggling with especially queer people of colour, where HIV cases in overall the country are going quite low now, but in communities of people of colour, they are actually rising. Those kinds of things do show that queer people of colour are always neglected by the government and the overall society. My personal experience has been very similar as well, where I don't have any spaces. And especially being an immigrant"
(L. Focus Group)

Additional themes arising from Photovoice:

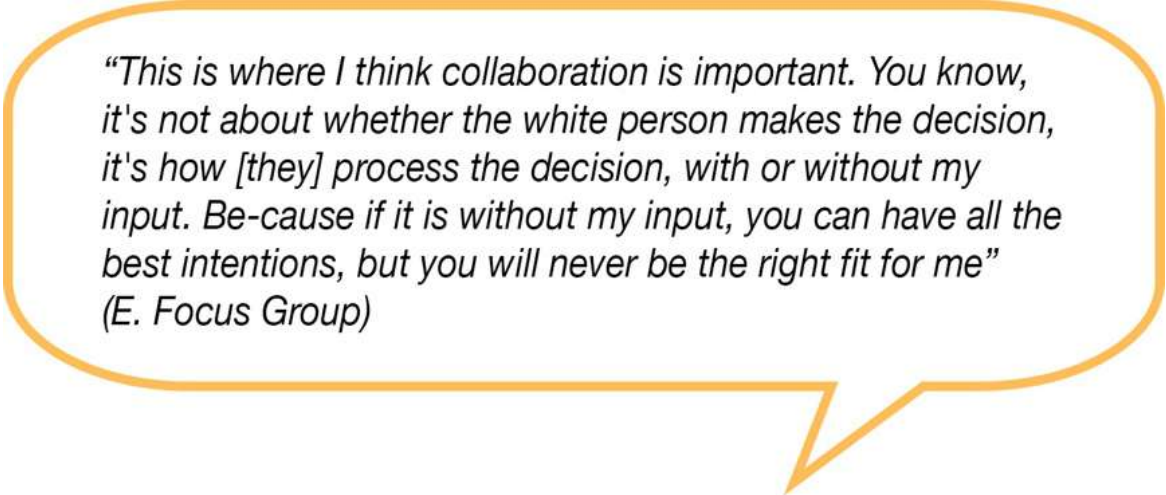
Our Beauty

Photovoice Workshops did not just explore stories associated with the exclusion, isolation, racism and stigma associated with mental, sexual and physical health. Co-researchers felt it was equally important to celebrate counterstories of 'positive experiences and lots of love' (R. Workshop 2), strength and resilience, both individually and collectively.

"My first lockdown was really great. I just moved to my apartment. I just found a job[.] So it was a really good 3 months from March to May. And then the [Black Lives Matter] protest started near the summer and I just went down hill. I needed to start therapy because I was really miserable.[...]I tried to be positive in my life and then it is like why do we still have to be doing this? We are minorities, we suffer, we struggle. Everything is a struggle. [...]I started researching a lot about joyful activism. There is the term called Afro-normalism - where we normalise seeing black people happy, Black people having tea, black people playing with their children. So I wanted to do a portrait of a black person smiling with radiating joy. To contrast the image that the media shows where the black person is usually down and outcast, angry and mad. If you see this picture you cannot resist the joy. You cannot ignore it, it will make you smile. This is how I feel society will perceive black people in the picture. In the Afro futuristic space where we all want to live." (E. Workshop 1)

Collective Voice/ We Demand...

Photovoice co-researchers developed a strong 'Collective Voice' highlighting that the needs of LGBTQI+ people from Black, Asian and/or other minoritised communities to be recognised, taken seriously and addressed in culturally appropriate ways. They wanted access to respectful, safe and inclusive environments that would allow queer people of colour to thrive during and after the pandemic. Photovoice stories are empowering and could bring awareness of the existence of multiple marginalised identities in order to impact positive change. However, there remained scepticism amongst some members of the group as to whether meaningful change could genuinely occur, whether their voices would *really* be listened to and acted upon.



"This is where I think collaboration is important. You know, it's not about whether the white person makes the decision, it's how [they] process the decision, with or without my input. Be-cause if it is without my input, you can have all the best intentions, but you will never be the right fit for me"
(E. Focus Group)

Appendices

A. About Photovoice

Photovoice is a form of Participatory Action Research. As such, Photovoice workshops were designed specifically to ensure that the voices of often underrepresented LGBTQI+ people from Black, Asian and other minoritised communities would be heard. The overall aim was to explore their experiences during COVID-19 pandemic through photographs that represented the complexity of their lives.

People who expressed interest took part in 3 workshops, each lasting 4 hours, where they engaged in discussions and practical activities exploring how to make meaning from photographic images they produced in order to tell their stories, their way.

Photovoice foregrounds undertaking research alongside people rather than making people the subject of research and is an empowering process whereby the researcher and participants develop a body of knowledge and greater awareness of issues together to initiate social change. (For more information, please see Photovoice conceptualisation section). One of the important purposes of Photovoice as a research methodology is to challenge traditional research approaches by acknowledging and minimising the power dynamics inherent in the researcher/research participant relationship. An important part of each workshop was to reiterate this aim and to encourage on-going discussion. Participants were invited to actively participate, thus becoming co-researchers. Throughout the project, all aspects of the Photovoice project were discussed with the group, offering maximum involvement in the whole process of creating the final exhibition.

Application process:

As mentioned at the start of this report, it was necessary to extend the recruitment of Photovoice beyond Lambeth. The amended London-wide strategy elicited an immediate positive response, with 13 applications within less than two days. An 'Expressions of Interest' form was created which allowed for initial information to be shared about Photovoice and also to be gathered from applicants, ensuring they met the criteria for the Photovoice workshops. The form asked applicants to provide their age, gender, address and asked :

- Do you identify as LGBTQI+?
- Are you Black, Asian and/or from another minoritised community?
- Why are you interested in participating in Photovoice?.

All co-researchers who took part in the photovoice were 18 years of age or older and were located in London at the time of the filling out the Photovoice Expression of Interest. The next step included a short phone conversation which aimed to gain information about the availability of each person to take part in the workshops on 3 consecutive Saturdays and how potential co-researchers might feel about sharing their photographs with a wider audience.

Photovoice process:

During workshop 1 co-researchers received a comprehensive Workshop Pack which contained a suite of informed consent and photograph release forms. Consent forms made members aware of participation procedure and time-limitations, storage of data, data anonymity and more detailed purpose of the study. During the process each individual was informed that they could withdraw from the study whenever they felt the need to without being disadvantaged in any way. The consent forms indicated that members of Photovoice granted permission for use of the photographs and their discussions during workshops for the purpose of this report.

The Workshop pack also included a general Study Information sheet, COVID-19 risk assessment information, Photography Hints and Tips Guidance, Focus Group Information and a photography analysis model.

Throughout the whole Photovoice process, the generic term LGBTQI+ was used. It is essential to emphasise that, despite this term being known by the wider public, it also can be problematic in potentially blurring diversity between Black, Asian and people from other minoritised communities, in gender and sexual minority groups, labelling them with unwanted identities. Experiences and concerns can be hugely diverse among the people that make up this community. Despite these many differences, there are important commonalities as well which were identified in the common themes that emerged from the Photovoice workshops. It was explicitly acknowledged that not every co-researcher shared the same concerns or feelings. For example, the theme of mental health struggles were relevant to some members of the Photovoice while others did not experience feelings of anxiety or loneliness during the Covid-19 outbreak, among others.

The 3 workshops were carefully developed to provide continuity of photographic skills development as well as discussion and storytelling. It was noted that usually Photovoice occurs over a longer period of time which allows for community building as well as developing confidence in the taking of photographs and the sharing of personal stories. Co-researchers were assured that Photovoice was not about the production of professional quality photographs, that there were no 'right; or 'wrong' photographs, that every voice was an important and equal part of the process and the end product - the exhibition.

Workshop 1:

- What is Photovoice?
- Potential impact of Photovoice
- Ground rules, ethics and consent forms
- Focus of the workshops
- Photo skills and how we 'read' photographic images
- Practical activities - including self portraits and a 'Photo Walk' with venue boundaries
- Feedback and discussion from photo shoots
- Introduction to Photo analysis method

Workshop 2:

- Selecting photos
- Contextualising through storytelling & group feedback
- Identifying themes/issues

Workshop 3:

- Finalising photos
- Community building via group shot
- Further storytelling & group feedback
- Discussion of messages to policymakers
- Exhibition Preparation

During the analysis of the Photovoice workshops, 8 key themes were identified by the co-researchers from the clusters of photographs entitled: 'Are you sick enough?', 'Are you white enough?', 'Collective voice + We Demand ...', 'Cultural Inside/Outside', 'Our Beauty', 'Shame', 'To Be Seen + Visibility/Invisibility' and 'Identity'. The process was collectively developed and owned by the co-researchers ensuring that their stories were expressed and portrayed in the most accurate way.

Upon first glance, many of the stories behind the pictures may not be immediately apparent, however the attached narratives provide meaning to the images, enabling an understanding of the feelings and experiences behind them. Themes and stories emerging from Photovoice are integrated throughout the report with analysis from other sections of the LamQ+ research project including the questionnaire, the Focus Group and telephone interviews with 2 white gay male members of the older LGBTQI+ community, creating a cohesive and comprehensive study. The findings are represented as both narrative and statistical with quotes from all strands of the project providing powerful personal testimonies of participants' experiences.

What attracted you to be a part of the Photovoice Workshops?

From the beginning of the Photovoice process, careful steps were taken to ensure that a safe, inclusive and creative space was created. An 'Expressions of Interest' form asked *Why are you interested in participating in Photovoice?* prior to people being invited to take part. As the workshops progressed

transcribed discussions provided rich information as to the motivations of co-researchers to participate, including:

- To meet people of colour;
- For photography experience/to learn more about photography;
- To have the opportunity to share who I really am;
- As a non-binary person I would like to represent this group since whenever I go, I cannot meet or hear voices specifically from this group;
- To meet other queer people;
- I find that it is not safe to be visible and I am looking for a safe place;
- To face my mental health and depression.
- I want to see a change in the attitude of people, just listening and learning what we have to say.

Some co-researchers explained the scarcity of opportunities of being heard and to voice their opinions: *"Because I struggle with not seeing my experiences and identities represented and feeling that my voice goes unheard, and this seems like a powerful way to use my voice and also to hopefully show others who might have similar identities that we exist!"*

"People in the LGBTQ+ Asian community are underrepresented in the public eye. We go through different challenges to our peers and I would like the opportunity to document this, especially the challenges for people like me who are not out to their family."

Other people felt that visual storytelling techniques were an exciting way to process and share their feelings and experiences: *"I talk to my straight friends about this a lot, and I am writing my 'coming out' story for work at the moment, but I never have thought of expressing my LGBTQI+ experience through photographs. I think this is such an exciting concept to do this through images of scenery, people and objects, etc., especially when two people going through the same experience are likely to see things differently."*

"As a sociologist I am deeply interested in non mainstream forms of collecting knowledge, so it would be deeply fascinating to explore the use of photography to understand my experience as a gay south asian man but also hear the experiences of others."

Some expressed that participating in Photovoice could enable their voices to affect and impact viewers with their photographic work to bring awareness to wider communities: *"[...]I read something once that*

says pain is held in the body, much like anger and frustration meaning that you can't always explain your pain sometimes you need to show it. So I'm hoping this workshop will give me the tools to express my own pain and hopefully give it's audience the same opportunity as well."

"I believe pictures are the most powerful form of storytelling and to be able to learn how to photograph and share those pictures more meaningfully could be fun and make a difference to the community."

Several found the concept of combining workshops with professional photography a unique social bonding opportunity where they could improve their photography skills while meeting and interacting with people from Black, Asian and other minoritised communities: *"I've always been interested in photography and it would be great to learn more, as well as maybe meet more queer people of colour."*

"I love photos, stories, and meeting other queer people. Maybe something in the nexus of all those 3 things would be nice."

How did you find the whole experience of the Photovoice Workshops?

Co-researchers highlighted the importance of aligning themselves with others and how unique, confidence building and empowering the Photovoice Workshop space was. Photovoice decentred the concerns and views of white LGBTQI+ people and allowed complex, transformational counterstories to emerge and be honoured.

"What I really enjoyed was photographing with a few other people because there was safety there. There was a creative energy as we were photographing in a group. But we were on the same flow and so many, thousands of stories came out from it, so, that's what happened to me. Thank you everybody." (S. Workshop 1)

"Since being part of this group over the last three weeks, it has been super empowering. And this is a space for me that I found quite therapeutic, as well as just really great to meet people who have very similar but also very different backgrounds. So for me, this is a queer space that I've never actually been exposed to." (K. Workshop 2)

"Sometimes it is hard to remember that our stories are important but then we hear other people say 'that's important' so maybe I have something to say. Which is really nice."

(J. Workshop 1)

Co-researchers explained that they were touched by the opportunity to listen in solidarity to others' stories and having the chance to share their own:

"I found it quite emotional. I also felt like there were a lot of interwoven themes, and I was emotional and connected." (S. Workshop 1)

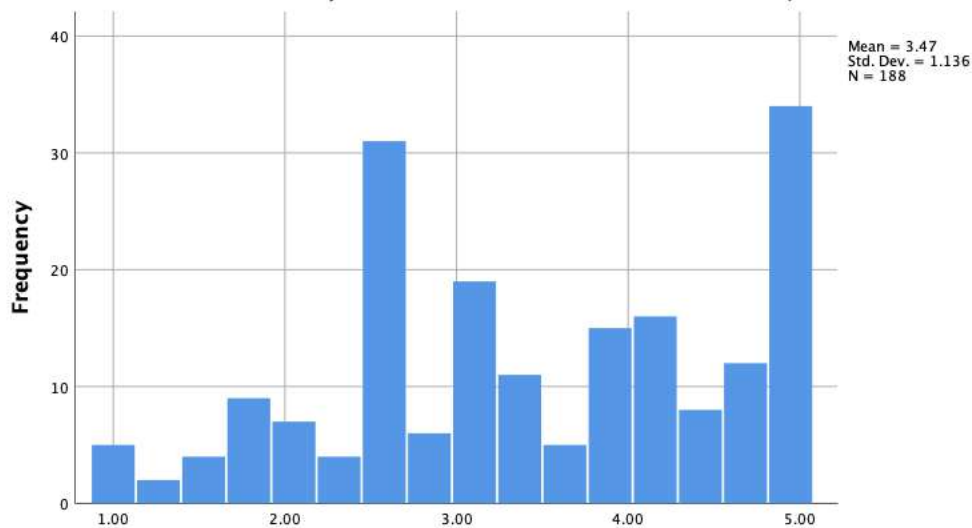
One co-researcher shared with the rest of the group that they had recently been subject to verbal homophobic abuse with his partner on the London Underground, being taunted and asked if they were a couple.

"[...] I was actually annoyed. I was taken aback. I was a bit anxious. I was a bit scared. I'm a small person and not even that, why do you need to know? What are you going to do with that information? What happens if I say yes? But there's something that makes me go: 'Yes'. Do say YES! That we are a couple, because why am I afraid of that? Why should I be ashamed of that? I want to be able to stand up to you and say, 'Yes, we're a mixed race couple. Gay couple'. - and yes, I am going to say yes. And in that moment, I had the courage to say yes. And the only reason why I have the courage to do that was because I've spent the last two, three weeks doing this. And so that's why queer spaces are important." (K. Focus Group)

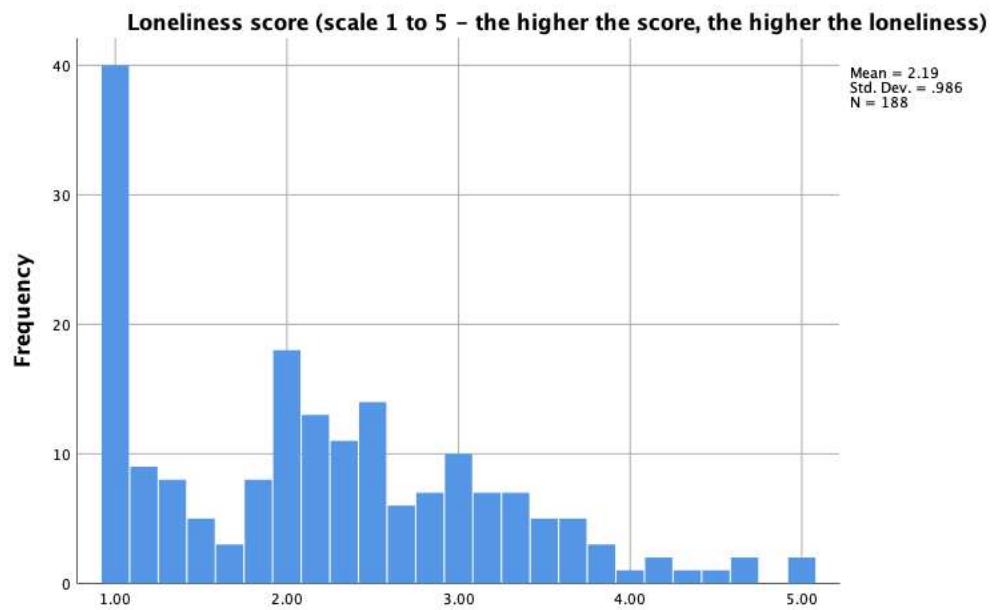
ADDITIONAL ITEMS FROM THE SURVEY

B. Histograms (with mean and standard deviation values) of data collected via additional psychometrically validated scales¹⁶

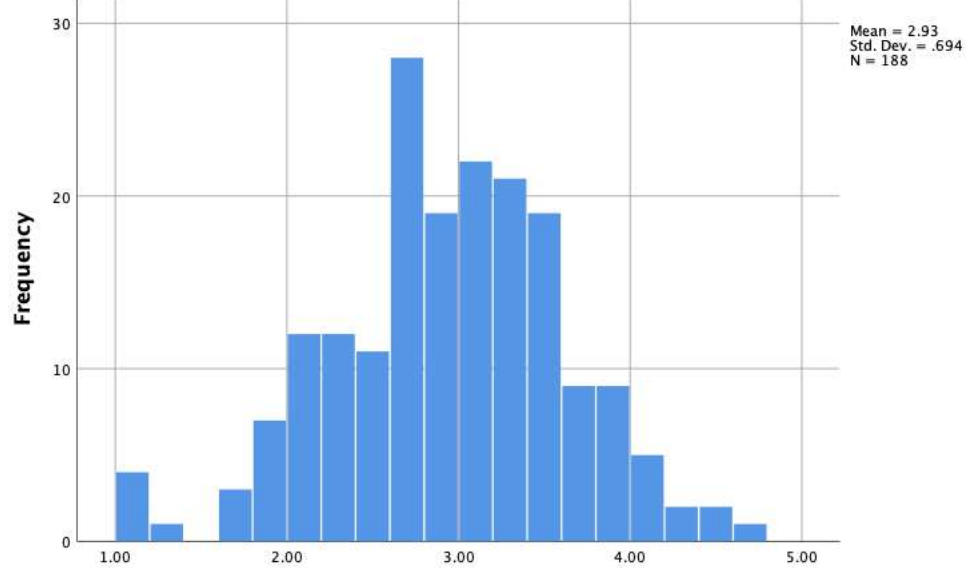
Overall MOS: People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? (Scale 1 to 5, from 'none of the time' to 'all of the time')



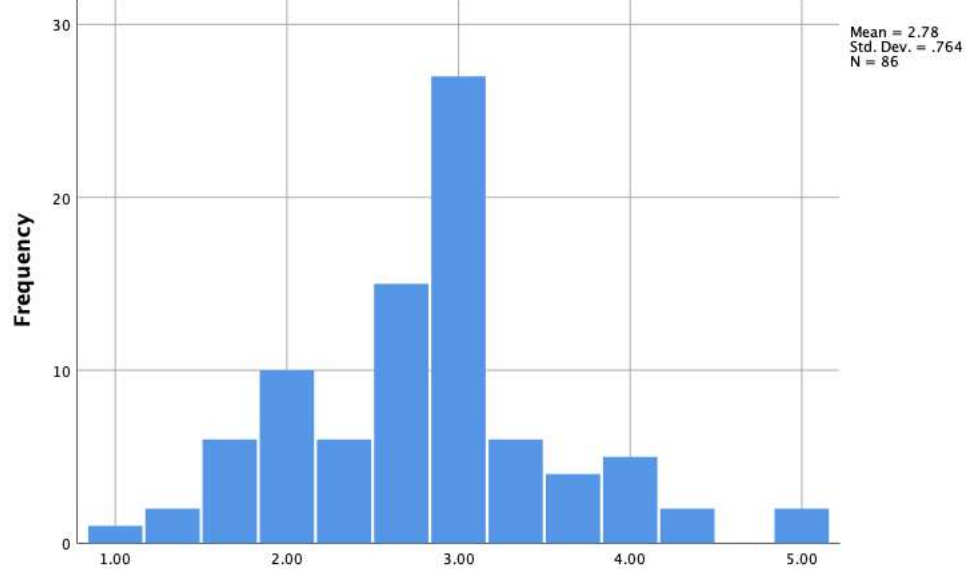
¹⁶ The data from these scales will be used for inferential statistical analysis. Examples include testing if there is a statistically significant relationship between loneliness extent of others being aware of one's sexuality, if receiving social support by family and other networks predicts satisfaction with life or if there are differences in satisfaction with life by gender, income and other categorical/grouping variables.



Psychological sense of LGBTQI+ community (scale 1–5 with higher score meaning stronger sense)



Importance of LGBTQI+ apps (scale 1–5 with higher score meaning more important)



C. Survey data collection: How did respondents find out about the questionnaire

How did you find out about this questionnaire?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Word of mouth	34	17.9	18.8	18.8
	Blackout	3	1.6	1.7	20.4
	Lambeth Links	16	8.4	8.8	29.3
	London Metropolitan University	5	2.6	2.8	32.0
	London Borough of Lambeth Council	24	12.6	13.3	45.3
	Opening Doors	5	2.6	2.8	48.1
	Facebook	4	2.1	2.2	50.3
	Twitter	25	13.2	13.8	64.1
	Instagram	2	1.1	1.1	65.2
	Reddit	6	3.2	3.3	68.5
	WhatsApp	7	3.7	3.9	72.4
	Local press	7	3.7	3.9	76.2
	LGBTQI+ press	4	2.1	2.2	78.5
	Other	36	18.9	19.9	98.3
	I don't remember	2	1.1	1.1	99.4
	Prefer not to say	1	.5	.6	100.0
	Total	181	95.3	100.0	
Missing	System	9	4.7		
Total		190	100.0		