



Cheshire West and Chester Council Focus on our Communities

Cheshire West and Chester's LESBIAN, GAY & BISEXUAL COMMUNITY



Cheshire West
and Chester

Focus on our Communities

Cheshire West and Chester is made up of many different types of people with different cultures, beliefs, attitudes and needs. As a service provider and commissioner of services, it is essential we understand our communities so that we can improve quality of life, offer excellent customer services and cater for everyone in the best way possible.

‘Focus on our Communities’ is a series of short reports, each looking at groups that are often hidden or not well known, and who form part of the protected characteristics covered by the Equality Act (2010). These reports aim to provide a snapshot of the issues as a spring board to learning more about the residents of Cheshire West and Chester.

The communities considered in the series are:

- The black and minority ethnic community (BME)
- The lesbian, gay and bisexual community (LGB)
- The transgender community
- The disabled community
- Children and young people
- Older people
- Religious Communities

This particular report focuses on

Cheshire West and Chester's

LESBIAN, GAY & BISEXUAL COMMUNITY

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Further Information

‘Communities’

Although we have used the term ‘communities’, we acknowledge that these communities are made up of very different individuals, with different needs and outlooks. We have grouped them together to help develop our understanding, as they often experience a level of overlap on the key issues they face.

Equality and Diversity

Further information about equality and diversity can be found on the Cheshire West and Chester website at www.cheshirewestandchester.gov.uk/equality

Any comments or questions about equality and diversity should be directed to the Equality and Diversity Managers: Rob Jones and Angela Doe email equalities@cheshirewestandchester.gov.uk.

The Reports

The reports were prepared in 2014 by the Strategic Intelligence Team and are part of the Integrated Strategic Needs Assessment (ISNA). Information has been gathered from a wide range of local, regional and national sources. For further questions relating to the reports or the ISNA please contact research@cheshirewestandchester.gov.uk.

Background

‘Focus on our Communities’ is a series of short reports looking at communities of interest in Cheshire West and Chester. These communities are linked to the protected characteristics covered by the Equality Act (2010). While the reports highlight many difficulties faced by our communities, they do not present the good work done by many Council service areas, partners and the Third Sector in supporting vulnerable groups. Instead, they serve as an introduction to the key issues affecting particular communities. This report looks at those who identify as lesbian, gay or bisexual.

Summary

- If national estimates are applied to the local population of those aged 18 and over, there may be 13,200 to 18,500 people who identify as lesbian, gay or bisexual (LGB) living in Cheshire West and Chester¹. Additionally there will be young people under 18 who identify as LGB or who are questioning their sexual orientation.
- Despite changes in legislation, LGB people experience homophobia, abuse and hate crime from the classroom to the workplace. They have reported discrimination in accessing services including health and social care, and public areas such as restaurants, hotels and shops. Prejudice is sustained through negative stereotyping, the use of antigay language and homophobic jokes.
- As a result, LGB people can feel isolated and fear disclosure of their sexual orientation.
- The LGB community is at risk of poor coping mechanisms such as drug and alcohol misuse, especially if they have experienced rejection, homophobia or a hate crime. They are also at higher risk of breakdown in family relationships, homelessness, poorer physical and mental health and exclusion from their wider communities such as a faith community.
- There is a lack of data available on LGB people, both from large scale surveys and from organisational monitoring data. This lack of knowledge has led to LGB people's needs being a relatively low priority in health and social care policy nationally².

Introduction

Definitions

Sexual orientation usually refers to the emotional, sexual or romantic attraction to a particular gender, to both genders, to another gender or to neither gender. A number of recognised orientations exist in society, though three categories are generally referred to:

1. **Heterosexuality** – attraction to the opposite sex.
2. **Homosexuality** – attraction to the same sex and usually referred to as gay (for both men and women) or lesbians (used for women only).
3. **Bisexuality** – attraction to both sexes.

Key issues

Disclosure

‘Coming out’ is a phrase most often used to refer to the first time an individual discloses to family or friends that they are gay or bisexual, however, coming out is a frequent occurrence when meeting new people. Coming out is often thought of in three phases:

- **Phase one is personally recognising that one may be lesbian, gay or bisexual.**
- **Phase two is telling others.**
- **Phase three is living openly as an LGB person and constructing an identity³.**

Those who identify as LGB or are questioning their sexual orientation may fear disclosing this to others due to potential homophobia, transphobia, rejection or stigma; young people are particularly affected.

The individual may feel confused, distressed, unable to talk to anyone and feel the pressure

of secrecy. The effects on mental health include depression, low self-esteem and self-deprecation. It can also lead to unhealthy ‘coping’ mechanisms including alcohol abuse, drugs misuse and self-harm⁴. When an LGB person does come out, the reactions of those they tell are crucial - rejection will confirm fears of telling others and may lead to further isolation. However for most, coming out leads to liberation, increased self-esteem and a sense of being oneself. Those who have been open regarding their sexual orientation have been found to be more active, happier and better adjusted in later life³.

Heterosexism⁵

Heterosexism is rooted in sexism and is a system imposed on society of what it means to be a man or a woman. Heterosexism is so entrenched in society that most people are aware of it. It is the assumption that everyone is heterosexual, or that it would be obvious if someone was not heterosexual. Individuals are put in a position where they might have to disclose their sexual orientation, for example upon seeing a female wearing a wedding ring a person might ask ‘what does your husband do’ assuming that because she is a woman she will be married to a man rather than woman. Heterosexism can lead to homophobia, for example heterosexual couples can easily walk down the street holding hands whilst same sex couples are accused of ‘flaunting’ their sexuality by doing the same thing. On a wider scale, heterosexism can result in the marginalisation of LGB people by not recognising them in policies, practices, services or in everyday life.

Homophobia

Homophobia is described by the leading LGB charity Stonewall as 'the irrational hatred, intolerance, and fear of lesbian, gay and bisexual people'⁶. Biphobia is aimed exclusively at bisexuals and occurs in heterosexual and gay environments, which can lead to difficulties in finding supportive communities.

Despite laws in place to protect LGB people, homophobia and discrimination is widespread, particularly in the workplace and in schools. Research has found that LGB people have been refused double beds in hotels, turned away from couple only holiday resorts, refused the holding of Civil Partnership receptions, had their children denied admission to schools, been turned away by a GP, refused the renting of a house or flat and been asked to leave restaurants, pubs and other social spaces. LGB people have the right to act against this but may feel unable to take matters further or feel that nothing will be done.

Inappropriate stereotypes of the LGB community sustain prejudice and discrimination. Such stereotypes embed themselves into popular culture and are usually a representation of the most visible and loudest elements of the LGB community⁷. In a Cheshire West and Chester research project⁸ with LGB local people called Lions Pride (2010), all participants had experienced some type of homophobia.



In the workplace

Despite legislation outlawing discrimination in the workplace, research carried out by the Lesbian and Gay Foundation (2012)² found that one in three LGB people have experienced homophobic bullying in the workplace. The majority of these respondents had experienced verbal bullying and discrimination. In a Cheshire West and Chester research project with LGB people⁸ the workplace was the most common environment where people experienced homophobia with reports of colleagues acting unfriendly or in an impersonal way, overhearing homophobic language and believing they have restricted opportunities because of their sexual orientation. Homophobia results in low morale, non-disclosure of sexual orientation, anxiety, stress and poor performance. This can mean staff taking long periods of sick leave, not working effectively, or leaving the organisation altogether; as well as the detrimental effects on mental health².

Hate Crime

Hate crime is when an individual is subjected to abuse (verbal, physical or sexual), intimidation, bullying or harassment because of belonging to a perceived group. Analysis of recorded hate crime in Cheshire West and Chester for 2013/14 showed 28 incidents of homophobic hate crime including one murder because of the person's sexual orientation⁹. These figures are likely to be an underestimate as the British Crime Survey¹⁰, which is based on interviews with a wide sample of people and picks up crimes that are not reported to police, indicated that nationally there were 260,000 homophobic offences last year but only 50,000 were recorded by police. It is estimated that as much as 90% of homophobic crimes are not reported and that one in six LGB people have experienced a homophobic hate crime or incident over the last three years. Harassment, insults and intimidation are most commonly reported by more than eight in ten LGB people who have suffered a hate crime or incident in the last three years. Patterns of offending identify that young people are the main perpetrators for homophobic crime¹⁰. Those who experience a homophobic hate crime are at risk of withdrawal and escalating harmful behaviours such as alcohol abuse and self-harm.



Health and Wellbeing

LGB people underuse healthcare services, are less likely to access care and advice and may not choose to disclose their sexual orientation to their GP. Evidence shows that LGB people are more likely to access informal sources of help and advice such as the internet, leaflets and friends rather than formal or professional services¹¹. Research shows that this is due to:

- Fear of experiencing prejudice from health care professionals.
- Receiving mixed or complicated messages over health care; for example 37% of lesbian and bisexual women had at some point been told that they do not in the North West require a cervical screening test¹².
- Feeling awkward by the assumption of heterosexuality.
- Sexual orientation being ignored even after it has been disclosed.
- Fearing a partner's involvement or visiting rights will be limited or refused.
- Being asked inappropriate questions by a health professional after coming out to them.
- Gay and bisexual men, being inundated with information about HIV and AIDS.

Stonewall reported that one in six LGB people over the age 55 are not confident that their GP and other health services would be able to understand and meet their needs¹³.

Lifestyles

The public health white paper 'Healthy Lives, Healthy People'¹⁴ identified poor mental health, sexually transmitted infections (STIs), problematic drug and alcohol use and smoking as the top public health issues in the UK. All of these issues disproportionately affect the LGB community with research showing:

- LGB people are less likely to engage with health interventions and screening programmes.

- Illicit drug use amongst LGB people is at least eight times higher than in the general population¹¹.
- Around 41% of LGB people drink alcohol three or more days a week compared to around 35% of the general population and binge drinking is almost twice as common for LGB people¹¹.
- One in five LGB people are dependent on a substance¹⁰.
- LGB people are more likely to be current smokers, less likely to have never smoked and less likely to have given up smoking.
- High levels of alcohol and drug consumption can lead to unsafe sex.

The consequences on health include an increased risk of obesity, cancer, respiratory disease, liver disease and heart disease. These are likely to contribute to a reduced life expectancy and reduced healthy life expectancy for LGB communities compared to the wider population¹⁶. Alcohol consumption and drug use are sometimes used as unhealthy 'coping' mechanisms for those who have experienced or fear homophobia and rejection⁴.

Those who have experienced a hate crime are even more likely to engage in behaviours that pose a risk to their health.



Mental wellbeing

The initial questioning of one's sexual orientation and the disclosure of it to others can be a daunting time with fears or experiences of homophobia, rejection and stigma. This results in LGB people being more likely to suffer a range of mental health problems¹⁶. The individual may feel isolated and distressed; suffering from depression, low self-esteem and self-deprecation. The individual may also be dealing with homophobia or abuse. Escalating mental health issues and feeling unable to cope can lead to self-harm, suicide, alcohol abuse, drugs misuse and homelessness.

Those most at risk include young people, those in a heterosexual marriage or with children, and those who belong to a black or minority ethnic (BME) community, a faith community or traditional community such as farmers.

The Lesbian and Gay Foundation 2012 survey² indicated that 71% of LGB people had suffered from low self-confidence or self-esteem, 58% from depression, 54% from feelings of isolation, 50% from anxiety, 40% from suicidal thoughts, 23% self-harm, 19% have or had eating disorders and 15% have attempted suicide. Mental health issues had a negative impact on forming relationships, working, getting a job, behaviour towards family, socialising and being involved. Almost three in ten did not access any support for mental health problems. The Lesbian and Gay Foundation counselling service reported that nearly half (47%) of their clients had previously attempted suicide. LGB people are twice as likely as heterosexual people to have suicidal thoughts or to make suicide attempts¹⁷. The Department of Health's Suicide Prevention Strategy (2012) identified LGB people as a high-risk group¹⁶.

HIV and AIDS

Human Immunodeficiency Virus (HIV) can lead to Acquired Immunodeficiency Syndrome (AIDS), a condition in which the immune system begins to fail, leading to life-threatening infections such as pneumonia. There are more heterosexuals than LGB people living with HIV but there is a greater proportion of gay and bisexual men testing positive for HIV. Cheshire West and Chester has a low HIV prevalence compared to other parts of the North West. Of the 23 new cases in 2012 in Cheshire West and Chester, 55% were infected through sex between men¹⁸. HIV is a sexually transmitted virus and much work has been done in the gay community to raise awareness since the AIDS crisis in the 1980s.

HIV treatment and care has developed significantly yet it still remains a key issue for gay and bisexual men, particularly diagnosis at a late stage of infection¹⁶. Research has found that gay and bisexual men test for HIV relatively regularly; however there is a proportion who do not test until they have unprotected sex².

Three in ten gay and bisexual men have never had a HIV test despite early diagnosis being a public health priority¹⁹. During the period 2010-2012, 56% of new diagnoses in Cheshire West and Chester were diagnosed late, higher than the national average (48%). For those diagnosed late, life expectancy is 10 years lower compared to those receiving prompt treatment¹⁸.



Cruising

Cruising usually refers to men going to a public space, such as a park, layby or sauna, to meet other men to have sex with. These are called cruising grounds and men of all different kinds, including those who do not identify as gay or bisexual, meet for consensual sex. Cruising is not illegal but raises safety concerns for those who participate including mugging and violence. (Not to be confused with cruising, sex in a public toilet is illegal under the Sexual Offences Act 2003 and is called cottaging). Attacks in cruising areas may go unreported due to the individual's fear that they may be blamed or arrested²⁰. Many of those partaking in cruising are not openly gay and may be married or identify as heterosexual and so are less likely to report an attack. In a Cheshire West and Chester local research report with LGB residents⁸ some participants felt that it is important for cruising to remain legal and that people feel able to report incidents to the Police.

Homelessness

Surveys with LGB people have found that 22% have been homeless at some point in their lives²¹. Young LGB people are particularly at risk from homelessness; it is estimated that as many as one in four homeless youths are LGB²². They may decide to leave home due to fears of coming out, or if they face rejection, abuse or intolerance of their sexual orientation they may be asked to, or choose to, leave. All homeless people face extreme difficulties but LGB people experience and fear homophobia from other homeless people, services and service staff. This can lead to an under-usage of services such as supported housing, or choosing to sleep rough, turning to drugs or alcohol and putting themselves in risky situations to have a place to stay. Two in three young men accessing housing support from Albert Kennedy Trust have been offered sex or been forced to offer sex to get a bed for the night. Research with LGB young people in West Cheshire as part of the Lions Pride research²³ revealed they would be reluctant to use a homeless shelter as they perceive them to be unsafe and associated with drug and alcohol users (note: the research was based on a small number of views).

Domestic abuse

Domestic abuse can be physical, sexual, verbal or emotional and usually occurs within a personal relationship, often by a partner, an ex-partner or a family member. Domestic violence within the LGB community is repeatedly overlooked and is underreported due to fears of discrimination by police and support services. There are also false beliefs that because the individuals are the same sex (if between partners or ex-partners), the abuse claims are not as valid as abuse in a heterosexual relationship. In addition, the person experiencing domestic abuse may not recognise it as domestic abuse. Half of gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 compared to 17% of men in general. Four in five gay and bisexual men who have experienced domestic abuse have never reported incidents to the police¹⁹.



Having children

Despite changes in Law, there is still a perception within the LGB community that sexual orientation is a barrier to having children. Research by Stonewall (2013)²⁴ revealed that 79% of LGB people consider society's attitudes towards gay parents a barrier to becoming a parent and 40% consider their own family's attitudes a barrier. 56% of LGB people feel there is a lack of information and support on starting a family. Homophobia and stereotypes in society maintain that same-sex families are bad for children and that there is a need for a mother and a father; a product of heterosexism.



Females²⁵

Lesbian couples can access treatment at licensed fertility clinics as clinics must legally take into account the need for supportive parenting rather than the need for a father. However, health services vary in approach, with some offering treatment to lesbian couples and some only offering treatment to women who are infertile.

Most lesbians use private clinics at great expense, others carry out self insemination which increases health risks if they have sourced the sperm themselves and it hasn't been screened. Since 2008, lesbian couples who have a child through fertility treatment are both legally and equally treated as parents with the status of the biological father excluded.

Males²⁶

For a gay man wanting his own biological child the situation is more complex. Surrogacy is the process by which an arrangement is made with a woman that she will use the man's sperm to have a child and upon birth will hand over the child and relinquish her parental status or co-parent. However, the intended father is excluded from having any legal status if the mother is married or in a civil partnership; the mother's partner will legally be the second parent. In this case, a parental order must be put in place within six months of the child's birth at the mother's consent. In reality surrogacy is rare as in the UK it is illegal to advertise for a surrogate, a surrogate mother must not have been paid more than reasonable expenses and there is nothing to stop the mother keeping the baby after it is born. The situation is different in other parts of the world and gay couples often access surrogacy agents abroad such as in the USA.





Fostering and adoption

Since changes in adoption laws, the percentage nationally of same-sex couples adopting a child has doubled from 3% in 2009 to 6% in 2013²⁷.

LGB people whether married, in a civil partnership or not, are eligible for adoption and fostering. However, research shows that 80% of LGB people believe sexuality is a barrier when considering adoption or fostering²⁴.

Many organisations now take part annually in LGB adoption and fostering week in March. In Cheshire West and Chester, the adoption and fostering team attempt to mitigate perceived barriers using LGB friendly material and engaging at Chester Gay Pride.



Young LGB People

Key issues for young LGB people include coming out, self-acceptance, bullying, school, meeting other LGB people, depression, family and leading a double life. Many young people realise they have feelings for people of the same-sex during adolescence and may fear telling family and friends due to fears of rejection. In a research project in Cheshire West and Chester, young LGB people highlighted fears of revealing their sexual orientation to others, a lack of support and information, and experiences of homophobia²³. A survey by the Lesbian and Gay Foundation² found that 42% of LGB people had realised they might be LGB between the ages of 13-15, but only 14% had come out at that age. Many young people who have been rejected by their family are unable to support themselves financially and find themselves homeless, unable to continue studying and are at increased risk of harm.

Bullying

LGB youth, and those perceived to be LGB, experience high levels of bullying in school. Nationally, almost nine in ten secondary school teachers and almost half of primary school teachers say that children and young people, regardless of their sexual orientation, experience homophobic bullying, name calling or harassment in schools²⁸. A strong link has been found between the use of homophobic language on radio and TV programmes and widespread usage of the same language in schools⁷.

The School Report 2012²⁹ suggests homophobic bullying is widespread:

- More than 55% of young LGB people have experienced homophobic bullying in school.
- 6% have received death threats.
- 99% hear derogatory phrases and homophobic language.
- 21% do not feel safe or accepted at school.
- Almost three in five young LGB people feel that there are no adults to talk to about gay issues.

Bullying has the greatest impact on failing in learning, with seven out of ten LGB pupils saying that it has impacted upon their school work, and more than two in five skipping school because of it²⁹. Fears and experiences of homophobia and bullying can lead to mental health disorders such as anxiety, depression, self-harm, suicidal thoughts or turning to alcohol and drugs to 'cope'. The Lesbian and Gay Foundation reported that recreational drug taking for LGB 16-24 year olds is two and a half times higher than the general population of 16-24 year olds¹¹.

Education

Section 28 of the Local Government Act stated that 'no local authority must promote the teaching in any maintained school of homosexuality as a pretended family relationship'. The act deemed homosexual relationships as 'pretend' and not to be encouraged; this prevented schools discussing homosexuality or supporting LGB students. Section 28 was repealed in 2003 but the effects of the act are still lingering. Nationally, three in ten secondary school teachers and two in five primary school teachers don't know if they are allowed to teach lesbian, gay and bisexual issues, and only 8% of primary school and 17% of secondary school teachers have received specific training on tackling homophobic bullying²⁸. Cheshire West and Chester Council research with LGB people found that there is some inconsistency in how schools tackle LGB issues, particularly in faith schools. Young people taking part in the research felt that there was no one to speak to about being gay at school, little support and that sex education was poor for those identifying as LGB⁸. The Teachers Report (2014) revealed that more than half of secondary school teachers don't challenge homophobic language every time they hear it and a third have not addressed issues of sexual orientation in the classroom. Teaching is also perceived as a difficult profession for LGB people as some schools encourage positive role models but others might expect LGB teachers to keep their sexual orientation hidden. Stonewall found that a third of teachers hear homophobic language from their colleagues²⁸.

Older People

Older LGB people face the issues that all older people face including bereavement, retirement and deteriorating health. However, LGB people over the age of 60 will have lived much of their youth and early adulthood at a time when homosexuality was illegal or being gay was considered to be a mental health disorder resulting in treatment including shock, hormone or aversion therapy. Many lived in fear of being discovered and some may have been involved in the gay rights movement of the 1970s and 1980s. The AIDS crisis in the 1980s also had a devastating effect on the gay community bringing with it stigma and challenges. Understanding lesbian, gay and bisexual history is important to comprehend the impact that the past has on present health and wellbeing.



Older LGB people are more likely to be isolated with diminishing social networks. Those over the age of 55 are more likely to live alone (41% live alone compared to 28% of heterosexuals), three times more likely to be single and less likely to have children². Those living in rural areas are particularly at risk of isolation. Poor health may hinder travelling to LGB activities or LGB support networks that are often based in cities or large towns. There is trepidation in accessing local services such as befrienders or local groups due to potential homophobia³⁰.

Older LGB people may be apprehensive about disclosing their sexual orientation and accessing services provided by formal institutions such as police, housing, health and social care, fearing discrimination despite long term care needs¹⁶. Concerns about homophobia also result in older LGB people being reluctant to have a carer or go into residential care or sheltered housing. There is a fear of a return to life in the closet, assumptions of heterosexuality and experiences of homophobia from care workers and other residents³⁰. Where social care is provided in the LGB person's own home, there are concerns about an invasion of privacy or the potential for a homophobic carer.

Ethnicity and Religion

As of 2014, 81 countries around the world have anti-homosexuality laws with particular faiths and ethnic minority groups being less accepting³¹. Billions of people live in countries where being gay is punishable by imprisonment, corporal punishment or even death; or the murder and rape of LGB people is ignored. Individuals living in these countries may attempt to leave and apply for asylum. A 2010 Stonewall report³² with asylum seekers and UK Border Agency staff found failures in the UK asylum system resulting in LGB asylum seekers regularly being refused.

For those living in the UK who identify as LGB and are black or minority ethnic (BME) or belong to a faith group, disclosure of their sexual orientation can result in rejection from their families and exclusion from particular communities that they were once part of, such as places of worship. In addition there may be expectations on the individual such as an arranged marriage. These pressures and fears of, or experiences of homophobia and rejection can lead to poor mental health. 76% of BME gay and bisexual schoolboys have thought about taking their own life compared to 56% of white gay and bisexual school boys²⁹. Black and minority ethnic (BME) LGB people also have to deal with the double discrimination of racism and homophobia. Racism may occur within the gay community and as a result, BME LGB people may feel they have no safe place where they are accepted.

Disability

Research has demonstrated that significant barriers exist for LGB disabled people, and support services may assume that sexual orientation does not concern those with a disability, particularly those with learning difficulties who are often treated as non-sexual (asexual)³³. Parents, carers and professionals concerns about protecting disabled people from exploitation can mean that disabled people are not empowered to explore their sexual orientation or lead the lives they would choose³³. Those with learning difficulties may have restrictions placed on their socialising by family or carers. Those with a disability may also fear disclosing their sexual orientation to a health professional or carer due to the risk of homophobia. They may rely on family members for support and fear negative reactions and implications if they come out. Research has found that LGB people with a learning disability are more likely to experience domestic abuse from family members¹⁶. Disabled LGB people can also experience discrimination if they encounter a lack of acceptance from the LGB community. This can make it difficult to find support and form relationships leading to feelings of isolation and depression.



Rural Communities

Cheshire West and Chester has a large rural area made up of market towns, villages and farming communities. Rural communities can face geographical isolation, which coupled with stigma and discrimination, means that isolation disproportionately affects the LGB community in rural areas. LGB activities are usually based in large towns, an issue for those living in rural areas, particularly young people without access to transport. LGB people may be concerned about attending a local group if they fear homophobia.

LGB farmers can face additional issues feeling closeted, isolated and alone. Cheshire is home to the Gay Farmers Helpline and between 2011 and 2013 had 150 farmers contacting the service and an average of one and a half new cases being received each week³⁴.

- Farming communities are often based around heterosexual family values making coming out difficult.
- Many farmers who identify themselves as LGB are male, over the age of fifty and are keeping their sexual orientation hidden from family and friends. Consequently, many are married and have children.



- Farms are often passed down through family generations therefore a gay farmer may feel pressured by family members to have children, to refrain from having a divorce or made to sell the farm if they have no heir.
- Gay farmers are usually isolated from support and social groups due to farming schedules and living in a rural area where there are fewer opportunities for LGB orientated social activities.
- Fear of coming out or living a double life can lead to feelings of loneliness, depression, anxiety and thoughts of suicide.

Social Spaces

LGB people are not a visible minority group, making it difficult to meet other LGB people for relationships, friendship and support. The term 'the scene' is often used to talk about gay or gay friendly bars, clubs, restaurants and events. These places are not exclusively LGB, but LGB individuals know that there will be other lesbian, gay or bisexual people there and that it is safe to be openly gay. The gay scene often refers to bars and clubs; however many other social groups exist at a local level such as support groups, youth groups, sports groups and activity groups (hiking, camping, writing etc.). However, 'gay scenes' and spaces usually appear in cities, with towns occasionally having one or two places but many have none, particularly in rural areas. A lack of places to socialise and/or gain support can make individuals feel isolated, alone and that they do not fit in. This can increase fears of discrimination and an unwillingness to disclose their sexual orientation. LGB youth are particularly vulnerable to feeling different from their peers and are restricted in terms of transport and finance to travel to groups. Research with young LGB people emphasised the importance of LGB youth groups to gain confidence and feel supported³⁵.

Key Facts

The number of LGB people is rarely monitored and so it is difficult to estimate how many people are LGB. LGB is not a equality strand as knowing someone's orientation is dependent upon disclosure. This is also an issue of identity and whether the individual perceives themselves as belonging to the LGB group. The Department of Trade and Industry estimate is mostly commonly used, that 5-7% of the adult population identify as lesbian, gay or bisexual, that is 3.6 million people in England.

Marriage and Civil Partnerships

In 2005, the government introduced Civil Partnerships which allow same-sex couples to register their relationships, giving them the legal rights and responsibilities that heterosexual couples have through marriage. The Government Equalities Office originally estimated that by 2010, between 1,000 and 22,000 people would be in a civil partnership in Great Britain but there were actually 79,000 people in civil partnerships at the start of 2010³⁶. Equal marriage became law in 2013 with the first same-sex marriages taking place in March 2014.



Same-sex couples can now choose whether to be married or civil partners, and same-sex couples who entered into a civil partnership before 2014 can choose to convert their civil partnership to marriage. It is yet to be assessed what impact the Marriages (Same Sex Couples) Act 2013 will have on the future of civil partnerships and how many people will convert their civil partnership to a marriage. Some religious groups remain opposed to equal marriage.



Legislation

It stated that in England, the Sexual Offences Act of 1967 partially decriminalised homosexuality. The homosexual act must be consensual, involve those over the age of 21 and take place in a private home with no more than two people present in the home at the time (even if they are in a different room). Many gay men continued to be arrested and had forced 'treatment', such as aversion therapy, for mental illness. Homosexuality was removed from the World Health Organisation's list of mental illnesses in 1993.

The first British gay activist groups were set up in the late 1960's following the Stonewall Riots in New York in 1969 when the police raided the Stonewall Inn gay bar resulting in violence. The AIDS crisis in the early 1980s fuelled homophobia with its label as 'the gay disease' and gay men were forbidden from giving blood.

In 2011, gay men were permitted to give blood if they had not had anal or oral sex with another man for 12 months.

The 1980s and 1990s saw demonstrations and increasing numbers of influential people coming out against a backdrop of homophobia and the continuing AIDS crisis. Section 28 of the Local Government Act was passed in 1988 stating 'no local authority must promote the teaching in any maintained school of homosexuality as a pretended family relationship'. This prevented schools from discussing homosexuality or supporting LGB students. Section 28 was repealed in 2003.

In 1994 the age of consent for homosexuality was reduced to 18 and equalised to 16 in 2001 along with the decriminalisation of consensual group sex for men. The 2000s and 2010s saw a shift in the legal rights of LGB people:

- The ban on LGB people serving in Her Majesty's Armed Forces was lifted in 2000.
- The Adoption and Children Act in 2002 allowed unmarried couples including same-sex couples to apply for joint adoption (coming into force in 2005). In 2008, the Human Fertilisation and

Embryology Act made fertility clinics take into account the need for supportive parenting rather than the need for a father, and lesbian couples were both legally and equally treated as parents with the status of the biological father excluded.

- Employment Equality Regulations in 2003 made it illegal to discriminate against LGB people at work, and the Equality Act Regulations (Sexual Orientation) in 2006 gave LGB people equal access to goods, services and business making it illegal for them to be turned away or refused service. The Equality Act 2010 collated all acts to form the basis of an anti-discrimination law in the UK.
- A new offence of incitement to homophobic hatred was created in the Criminal Justice and Immigration Act 2008.
- The Civil Partnerships Act 2004 allowed same-sex couples from 2005 to register their relationship and become civil partners, a legally recognised partnership giving equal rights to married heterosexuals. In 2013, same-sex marriage is passed in the Marriage (Same-sex Couples) Act with the first marriages taking place in 2014.



Cheshire West and Chester

It is impossible to know the size or make up of the LGB population in Cheshire West and Chester as information is not collected. However, if national estimates are applied to the local population there may be 13,200 to 18,500 LGB people over the age of 18 living in the area¹. Cheshire West and Chester does not have a large gay scene despite containing a city. LGB individuals in Cheshire West and Chester, if they have the ability to travel, are well situated for the thriving LGB scene in Manchester and Liverpool. There are very few LGB support and social groups in West Cheshire with most operating over the border in North Wales, though an LGB youth group does operate in Ellesmere Port. In Chester City Centre there is one dedicated LGB pub, one dedicated LGB late bar and a gay night once a week hosted in a nightclub. LGB groups are increasingly common in the workplace particularly for larger organisations, offering advice and support as well as social activities; examples are the University of Chester, Cheshire Constabulary, Cheshire Fire and Rescue and M&S Bank. In 2013, Chester had its first Gay Pride event organised by public sector organisations and the local LGB community. In 2014, Chester Pride became a registered charity made up of volunteers from the LGB community and their straight allies.

For the Council

- The Equality Act 2010 places a legal duty upon public services to ensure services and staff do not discriminate and promote fairness and equality. The Council must ensure services are inclusive of all different groups of people. It is not always clear if services are being experienced differently and where possible an equality analysis and monitoring should be undertaken. If commissioning a service, the chosen provider must demonstrate it considers equality and diversity.
- Services may already be inclusive, but could be under used by the LGB community due to historically negative perceptions and experiences.

To overcome this, the LGB community can be targeted with LGB specific material, engagement at LGB events and shows of support such as flying the rainbow flag during LGBT History Month.

- The Council is responsible for many of the services that LGB people face issues with including community safety, education, health and housing. The Council has hate crime reporting sites, is responsible for licensing civil partnership and marriage venues and funding voluntary and charity groups which should be inclusive of all. The Council also has a responsibility to children in care who may be LGB. Public health now resides within the Council and the health inequalities facing the LGB community are public health priorities. The Council is also responsible for domestic abuse services, homelessness and social care.
- Research shows that LGB people fear homophobia from services, particularly frontline services such as carers. All Council employees and staff working for providers, including social workers, youth workers and community safety wardens should have diversity training to ensure they treat all customers with respect and are aware of their needs.
- LGB people report homophobia in the workplace, and Cheshire West and Chester Council must ensure has an inclusive culture and promotes zero tolerance of homophobia.
- The Council should consider how it can contribute to wiping out homophobia. Homophobia is prominent in schools and the effects of this on LGB pupils can be life changing. Education needs to be the first step in tackling homophobia.
- LGB support and social groups are important to help those who feel alone, have experienced homophobia and also mitigate against escalating unhealthy behaviours. Groups are particularly important for younger people and the Council should continue to support voluntary groups.

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This report is part of a series of reports focusing on the issues and needs of diverse communities covered by the Equality Act (2010).

The reports form part of Cheshire West and Chester's Integrated Strategic Needs Assessment (ISNA).

To access reports and tools in the ISNA visit www.cheshirewestandchester.gov.uk/JSNA

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