

August 2013

It's not just about **sex**

A Health & Social Care Needs Assessment of
Young Lesbian, Gay & Bisexual People
in Bradford District



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Supported by Rebecca Hewitt and Jakeb Braden from Equity Partnership who devised and disseminated the survey, and encouraged young LGB people to participate in the study.

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This is one of two reports commissioned - the other focussing on older LGB people (Glad to be Grey). Copies of both reports are available on request or can be obtained as a PDF document from the above website.

NHS Bradford and Airedale commissioned this Health and Social Care Needs Assessment.

August 2013

Thank you to all the LGB people who took the time to complete the survey and participate in a focus group/individual interviews.



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> Contents

Glossary of Terms	Page 4
Executive Summary & Key Findings	page 7
1. Why Carry Out A LGB Health & Social Care Needs Assessment	Page 10
2. Context: What We Know	Page 12
3. How the Needs Assessment Was Done	Page 20
a) LGB community participants' questionnaire	
b) One to one interviews	
4. Detailed Findings	Page 21
a) LGB community participants' questionnaire	
b) LGB one to one interviews	
5. Conclusion	Page 44
6. Recommendations	Page 45
7. References	Page 49

> GLOSSARY OF TERMS

EP Equity Partnership

IDAHO International Day Against Homophobia (May 17th)

LGB Lesbian, Gay, Bisexual

LGBTQI Lesbian, Gay, Bisexual, Trans, Queer, Intersex

LGBT History Month (February)

Bisexual

A man or woman who has a preference both sexually and emotionally for people of both the same and opposite sex.

Civil Partnership

A civil partnership enables same sex couples to obtain legal recognition of their relationship. A civil partnership means that the civil partners are legally entitled to receive the same treatment and benefits as heterosexual married couples.

Coming Out/Out

The process of acknowledging to yourself and others that you are gay is referred to as 'coming out' or 'out'. It is a complex process and LGB people may have to 'come out' many times during their lives and often several times within a day. Some LGB people are 'out' to everyone, whereas others may not be 'out' all of the time or 'out' at all.

Gay

A generic term applied to men or women who have a preference both emotionally and sexually for people of the same sex. It used to apply to men but more and more women are using it instead of the term lesbian.

Heterosexism

Describes the way in which everyone is assumed to be heterosexual - that heterosexuality is the only way to have a relationship. Heterosexism is a form of prejudice, which individuals as well as institutions can practice.

Heterosexual

A person who has a preference both emotionally and sexually to people of the opposite sex to themselves.

HNA

Health Needs Assessment.

H&SCNA

Health and Social Care Needs Assessment.

Homophobia

Describes anti-gay feelings that take the form of fear and/or hatred. Some heterosexual people are homophobic but it can also be applied to some lesbian, gay, and bisexual people who repress their feelings of being lesbian, gay, or bisexual.

Homophobic, Transphobic, Biphobic Bullying

Unacceptable forms of behaviour through which an individual or group of individuals are, or feel, threatened, abused or undermined by another individual or group of individuals because they are, or are perceived to be lesbian, gay, bisexual or trans.

Homosexual

Describes the preference of both men and women for people of the same sex. It is usually used to describe gay men and exclude lesbians. It is not widely used within the lesbian, gay, and bisexual communities.

Intersex

Individuals who do not identify themselves as either exclusively male or female. Some individuals may have genetic, hormonal and physiological features of both male and female or have no clearly defined features. Some intersex people identify as LGB.

JSNA

The Joint Strategic Needs Assessment is an on-going process of evidence gathering at a local level which informs the design and delivery of health and social care services to the entire population. Quantitative and qualitative evidence is sought from research, service providers and from voluntary and community organisations.

Lesbian

A term used to describe a woman who has a preference for other women both sexually and emotionally.

LGB/Same Sex Domestic Abuse

Domestic abuse in a same sex relationship.

Queer

Term used by some that means non-heterosexual and shows a rejection of the labels of lesbian, gay and bisexual.

The Scene

Usually refers to the commercial LGBT pubs, clubs and other venues.

Trans (Transgender)

An umbrella term for people whose gender identity and/or expression does not fit into society's expectations of what it means to be a man/woman and often this identity is at odds with the sex they were assigned at birth. The term may include but is not limited to transsexuals, cross dressers and other gender variant people. Trans people may live their lives with or without the use of hormones and/or surgery. Trans is not a sexual orientation: some Trans people also identify as LGB.

FOREWORD

As an Equality & Diversity practitioner working in Bradford and District I have really appreciated the effective working relationship between the local NHS and the Equity Partnership and welcome the publication of this health and social care needs assessment.

The Equity Partnership, local NHS trusts and Bradford Metropolitan District Council have formed the Bradford and Airedale LGB & T Health and Wellbeing group. We have worked together to disseminate information about the health inequalities experienced by lesbian, gay and bisexual people and about the experiences of local LGB people when using NHS services. We have begun to make sure that local NHS staff understand that sexual orientation does have an impact on our health and wellbeing. Specifically we have:

- *Carried out a campaign to raise awareness amongst health professionals and amongst local lesbian and bisexual women that women who have sex with women do need to have cervical cancer screening.*
- *The chief executives of all the local NHS trusts signed a joint mental health statement making clear a commitment that we do not and will not offer reparative therapy.*
- *Equity Partnership provided training for many NHS staff in LGB equality.*
- *NHS trusts participated in the Stonewall Workplace Equality Index and the new Stonewall Health Champion initiatives.*
- *NHS trusts have supported LGB & T staff networks.*

Information gathered by Equity Partnership to produce the 2010 Health Needs Assessment, "The Challenge for Change" has formed part of the district's Joint Strategic Needs Assessment.

The survey that informed The Challenge for Change did not reach many young LGB people nor many older LGB people and this led us to commission two new assessments looking at the specific needs and experiences of local young and older LGB people.

The findings of this health and social care needs assessment will help us to ensure that we reduce the specific inequalities experienced by older LGB people and that the work to do this extends across both health and social care.

Lynne Carter

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> EXECUTIVE SUMMARY & KEY FINDINGS

This Needs Assessment was conducted by Equity Partnership: a Lesbian, Gay, Bisexual and Trans (LGB&T) community and voluntary charity in Bradford.

The main aim of this Lesbian, Gay and Bisexual (LGB) Young People Needs Assessment is to establish a baseline picture of both health and social care experiences and requirements in Bradford and District in the 16 - 25 years age group. A complementary report exploring older LGB people and their health and social care needs is also available which focuses on the 55 plus age group.

The full report discusses the reasons why young LGB people can feel dissatisfied with services and what can be done to address this inequality. It also highlights areas of good and poor practice nationally and locally in the delivery of care and, in its recommendations, suggests solutions to these issues.

This Report Identifies the Need for:

Improving Services

Fly the flag - Show young LGB people that they matter to you.

Create an LGB friendly environment. Use neutral language.

The will is there and you can implement effective monitoring

Train and support your staff to do this and explain to all service users why you are doing this. Act on the information you gather.

Are we there yet? Less jaw jaw...

Start taking real and meaningful steps to address and affect change for young LGB people.

Preventative Measures

Help to prevent hate crime, enough is enough

Tackle homophobic bullying particularly in schools.

Promote and Protect

What are you afraid of? You can make a difference

Provide training for all your staff so that they understand young LGB issues, see that LGB young people are diverse and learn how to create an LGB friendly environment. Provide training for school staff around legislation in education (stamping out the legacy of Section 28) and young LGB people equalities training for religious organisations.

Smarter Strategies

Be ahead of the game

Provide friendly services: Understand and address the impact of Homophobia and heterosexist assumptions on younger LGB mental health.

Pump up the volume

Ensure that the current work with LGB young people and LGB health is continued.

Work in partnership

Using co-ordinated approaches for the delivery of good health and social care for younger LGB people. Remember the local voluntary and community sector too, in particular Equity Partnership who can provide support.

Key Findings - Who Took Part?

31 LGB individuals aged 16 - 25 completed the questionnaire. This is a lower number than hoped but in context, is reasonable given that no previous assessment has focussed on this age group, and the lack of provision for LGB young people outside the centre of Bradford. 9 young people took part in individual interviews and a focus group.

- From the 31 respondents the majority 81% (25) live in the Bradford district and the rest live in other parts of West Yorkshire mainly Leeds and 1 person in York.
- 52% (16) work in the district.
- 48% (15) socialise in the district.
- Just over half of respondents 55% (17) are currently in a same sex relationship.
- More than twice the number identify as lesbian/gay woman than gay man. 2 women and 1 man identify as bisexual. 2 people identify as queer; 1 female and 1 intersex. 1 male identifies as queer/trans. 1 male stated that they were unsure.
- The majority of respondents are in the 19 - 25 age range.

Being 'Out'

"Life is better when you can be yourself. Coming out means you can be yourself."

- 42% of respondents reported that they are not 'out' to all or some of their relatives.
- 54% are not 'out' to all or some of their friends.
- 54% are not 'out' to some or all services.
- It is worthy of note that half of the respondents are not out to any neighbours. It is within the neighbourhood and/or with neighbours that a high percentage of hate crimes occur.

"Assumptions are made that I am straight and in a relationship with my best male friend."

- 69% of respondents would tell a service, without any caveats, about their sexual orientation if they were asked in a 'safe' environment.
- However, it was also apparent that services either fail to ask at all, or do so in a way which feels 'unsafe'.

Satisfaction with Services

- More than half, 64% felt that the providers are aware of the needs of LGB people.
- 36% feel that they are not aware of the needs.
- Sexual health, drug, alcohol and mental health issues are most likely to be faced by young LGB people but all of these services are unacceptably under-performing in terms of satisfaction rates amongst young LGB people.
- Universities and colleges all enjoyed good satisfaction rates closely followed by GPs and the report suggests more sharing of best practice should be done between these services.
- The services provided by the GP received the least number of reports from respondents being very dissatisfied with the services.
- Bradford Royal Infirmary is seen to be the best performing hospital.

Body Mass Index (BMI)

BMI is used to measure body shape (thickness/thinness).

- 11 out of 25 (44%) are a healthy weight - less than UK average of 62%.
- 9 out of 25 (36%) are borderline overweight, overweight or obese - slightly more than UK average of 32%.
- 5 out of 25 (20%) are borderline underweight or underweight.

Mental Health

- Of the participants who responded; 70% reported having experienced depression and 41% had self-harmed.
- Slightly more young lesbians and bisexual women have experienced self-harm than gay and bisexual men.

2012 research assessing same sex domestic abuse in Wakefield concluded that young LGB people appear to be at higher risk of domestic abuse, and are more likely than older counterparts to want to end their current relationship.

Homophobia

"The Bullying will not last for ever and it gets better with time."

- From those attending school/college 27% have experienced homophobia from fellow pupils.
- When asked what issues/concerns are facing them as young LGB people homophobia and stereotyping were highlighted the most.
- 68% of the young LGB people felt that the educational services were not doing enough to combat homophobia in schools/colleges.

Specialist Workers

- Despite participants generally wishing to feel integrated with wider society and not be treated “differently”, by far the majority of respondents feel that a specialist LGB worker should be available in all the health, social care, educational, police and home visits services.

LGBTQ Youth Groups

- Around one third of the respondents reported attending an LGBTQI youth group and the majority reported very positive experiences including good personal support from members and advice from staff.

Bradford has the third highest proportion of residents aged 0-14 of any district in England and Wales. This means that the numbers of young LGB people will continue to grow in the coming years and services should act now in anticipation of this demographic shift.

> 1. WHY CARRY OUT THE HEALTH & SOCIAL CARE NEEDS ASSESSMENT?

The Equity Partnership is a Lesbian, Gay, Bi-sexual & Trans (LGB & T) community based and LGBT run organisation committed to meeting the needs of LGBT people living, working and socialising in the Bradford and District area. The Equity Partnership is committed to grassroots engagement with LGBT people to identify the issues and experiences that concern them, in order to inform its work.

The Equity Partnership developed the LGB Health Needs Assessment (HNA) as a tool to gather reliable information from the LGB communities in the Bradford and District area. The assessment was first conducted in 2007 and Equity Partnership decided to repeat the study in 2009. NHS Bradford & Airedale felt that the work was of unique value and relevance to the design of their services and so commissioned this 2012/13 Health & Social Care Needs Assessment (H & SCNA).

The commissioners were very clear that this assessment would build upon the previous 2 HNA's so that comparisons could be made. With the national structural and strategy changes in the health and social care fields, it was felt appropriate to expand the remit of the HNA to combine health and social care i.e. not treat them separately, in order to reflect the new policy and delivery environment.

Trans health and social care needs were deliberately not addressed within this H & SCNA, except where a Trans person (respondent) also identified as being L, G or B. Trans health and social care needs and experiences may be very different from LGB experiences. EP has not been commissioned to carry out any Trans focussed HNA so far, and therefore does not have baseline data for comparison. It would not be appropriate to combine Trans and LGB experiences within the same assessment, but it is hoped that a separate Trans H & SCNA for Bradford and District, will be commissioned in the near future.

From previous HNAs it was noted that the older and younger age ranges were unrepresented. It was therefore decided that this H & SCNA would only focus on young people (aged 16-25) and older people (aged 55 plus).

The initial Health Needs Assessment was deliberately designed around the priorities identified by the key health strategy White Paper, 'Choosing Health (2004)'. This document recognised that health is linked to how people live their lives and aimed to tackle the causes of ill health and reduce inequality. Since 2004 a number of government strategies have sought to recognise and address health and social care needs of disadvantaged and marginalised communities, culminating in the passing of the Equality Act (2010) and The Health and Social Care Act (2012). These advances in legislation have led to a number of new health and social care initiatives and national service frameworks which seek to address issues of inequality and quality. These include Health and Wellbeing Boards and Clinical Commissioning Groups who are now chiefly responsible for ensuring appropriate local services are put in place.

The CCGs responsibilities include: planning services based on assessing the needs of local populations, securing services to meet those needs, and monitoring the quality of care.

(See www.england.nhs.uk/wp-content/uploads/2012/09/fs-ccg-respon.pdf)

The NHS Equality Delivery System (EDS) is a framework to assess how well NHS organisations are improving equality for people with 'Equality Act protected characteristics' of which sexual orientation is one. Across Bradford and District the large local NHS organisations are working in partnership with voluntary and community sector representatives to use the EDS to identify equality priorities.

The Trusts have also established the 'Bradford and Airedale Lesbian, Gay, Bisexual and Trans (LGB & T) Health and Wellbeing Group. Part of the remit of this group is to ensure the implementation of the recommendations from the 2009 HNA and they were consulted regarding the 2012/13 H & SCNA. This joint working between Equity Partnership and local NHS services was recognised at a national level by the Department of Health as an example of good practice and has served to inspire other Bradford based Voluntary and Community organisations (such as those working with Gypsy, Traveller and Roma communities) to produce similar assessments.

This H & SCNA will also inform LGB health and social care priorities locally via the Equality Delivery System and the Joint Strategic Needs Assessment (JSNA) for Bradford and District. The HNA of 2009 has played a crucial role in informing Bradford's JSNA and is the only comprehensive evidence source on the needs and experiences of LGB people in the district.

> 2. CONTEXT: WHAT WE KNOW

For most communities in society there is usually an established research baseline but for LGB communities there is still no reliable baseline data. We must therefore rely on localised research and extrapolate this in order to estimate national figures relating to LGB communities. Evidence of this can be found when searching the Office for National Statistics (ONS) website, where it is not possible to find any specific data sets regarding LGB. Indeed the ONS site does not recognise the term 'lesbian' (when searching data sets) and instead asks whether 'Serbian' was the intended search term.

This Health and Social Care Needs Assessment is part of Equity Partnership's ongoing effort to create reliable local baseline data on LGB health and social care.

It is hoped this report will serve as a practical tool to support good service design and delivery in health and social care in Bradford, with an emphasis on that design being based on community feedback. Therefore, the background research is not a literature review in its traditional sense; it was felt that an in depth analysis of academic literature would not be appropriate. Instead, findings from other research directly based upon community feedback have been used. In many cases the national findings echo what has been found in Bradford and reinforce some of the key messages of this Bradford and Airedale based research.

National

In the following section we will briefly explore recent evidence produced from around the UK in order to paint a background picture of some of the key issues regarding young Lesbian, Gay and Bisexual (LGB) people. Much of the research draws on the personal experiences of these communities as opposed to that of service providers. You will undoubtedly note the multiple references to Stonewall's work in this section and this is because Stonewall continues to produce the most comprehensive research on LGB life in the UK, research which often manages to involve many thousands of respondents. This reliance on a few key organisations is a reflection of the lack of baseline data produced by government.

Housing and Homelessness

Young people can find themselves homeless for a variety of reasons and LGB young people have additional challenges which can increase the likelihood of this. These reasons can include rejection by family on the grounds of sexual orientation. This can cause the young person to fear 'being out' because of the rejection they experienced at home, it is therefore essential that services understand this issue and work with young people to encourage them to feel better about their sexual orientation and 'safe' about being themselves.

Figures on how many young homeless people are also LGB vary widely but it's generally agreed that LGB young people are more likely to be homeless than their heterosexual counterparts. Several studies suggest this is the case but also point out that monitoring of homeless people and their sexual orientation is not widespread, and what figures are collected are unreliable. Therefore, any data which does exist is likely to underestimate the true numbers.

Estimates on the prevalence of GLBT persons amongst the wider homeless youth population have shown considerable variation. In the United States, national studies suggest that as many as 50% of all homeless youth may be gay or lesbian, with estimates in the UK running as high as 30% in urban centres... The data on sexual identity and homelessness likely underestimates the situation, reflecting underreporting by individuals and a lack of monitoring by researchers and service providers."

(Roche, 2005, p4)

The issue of young LGBT homelessness is so widely acknowledged that a charity (called the Albert Kennedy Trust) exists only to support LGBT people aged 18-25. It provides support to LGBT 16-25 year olds who are made homeless or living in a hostile environment and produces a range of resources for services and service users. See their website for more at www.akt.org.uk.

Mental Health

Research consistently demonstrates that LGB people are more likely than the general population to be at risk of poor mental health, suicide and deliberate self-harm. Although definitions of 'sexual orientation', 'self-harm' and so on vary and can be problematic in comparing the evidence, the overall message seems incontrovertible. This was evidenced by a comprehensive review of the literature conducted by the National Institute for Mental Health in England in 2007 (**NIMHE, 2007**).

"It is likely that the social hostility, stigma and discrimination that most LGB people experience is likely to be at least part of the reason for the higher rates of psychological morbidity observed. Prejudice against homosexuality is unlike other intolerance in that it can reach into families; rejection by parents of their own children because of their sexual orientation is likely to have a severe emotional impact. This social exclusion of LGB people encourages social contacts in specific LGB venues such as pubs, clubs and bars."

(NIMHE, 2007, p10)

Stonewall's 'School Report' published in 2012 reported that an incredible 96% of LGB pupils in UK schools hear homophobic remarks used around the school and:

"Almost a third (31 per cent) of gay pupils say they 'don't enjoy' going to school and three in ten (29 per cent) gay pupils say they are 'unhappy' at school. Pupils who are bullied are twice as likely as those who aren't bullied to be unhappy at school."

(Stonewall, 2012, p20)

The situation in schools has a clear effect on the mental wellbeing of LGB pupils and the same report discovered that:

“Rates of depression among lesbian, gay and bisexual pupils are high. There is a set of questions widely used by health professionals that helps determine whether someone is depressed. On this basis, almost half (46 per cent) of gay pupils who experience homophobic bullying have symptoms consistent with depression. Thirty five per cent of gay young people who aren’t bullied are also likely to be depressed.” This is far higher than NICE (National Institute for Health and Clinical Excellence) estimates of depression in children and young people in general – just five per cent.”

(Stonewall, 2012, p22)

A review of literature by National Institute for Mental Health England (NIMHE) concludes that:

“An awareness of the mental health needs of LGB people and their increased risk of mental disorders should become a standard part of training for health and social work professionals.”

(NIMHE, 2007, p11)

Being Out

Generally speaking, there is evidence to suggest that around 50% of gay and bisexual men in the UK are not out to their GP, and yet it is this group who are still most at risk from certain health conditions such as HIV. The NHS Choices website has a very informative video, including a speaker from the Terence Higgins Trust, on issues around being out and coming out to health services.

See www.nhs.uk/Livewell/LGBhealth/Pages/Gayandlesbianhealth.aspx

In 2012 Stonewall conducted a national survey of gay and bisexual men’s health. Several young respondents (under 25) expressed concerns in 2 key areas; how their confidential information would be handled by health practitioners and what the information would be used for (p29). The survey concluded that service providers need to publicise their policies around confidentiality and that they need to ensure that staff have received the appropriate training to ensure service users are comfortable about 'coming out' and that this is handled appropriately.

It therefore seems clear that many (or most) young gay and bisexual men would feel more able to be out to services with the above measures in place and that issues around being out relate to service design rather than a lack of understanding of its importance on the part of service users.

A similar study to the one above was conducted for lesbian and bisexual women in 2008, (entitled 'Prescription for Change' www.stonewall.org.uk/documents/prescription_for_change_1.pdf) and showed similar levels of reluctance to be 'out' to health care providers. However, very few respondents were from the younger age range and so it is difficult to judge the relevance of these findings for the purposes of this report. **(Stonewall, 2008)**

In 2010 Elizabeth McDermott (at the University of York) produced a paper looking at the key considerations for agencies when conducting monitoring exercises with LGB young people. It focussed on 2 areas; the phrasing of questions, and the

setting in which they are asked. A study of 14-18 year olds in USA looked at 'categories' in monitoring. Young people suggested additional categories to the standard:

"They also argued that alongside the conventional categories of gay, lesbian, bisexual and straight/heterosexual that 'queer' and 'questioning' should be distinct sexual orientation categories".

(McDermott, E, 2010, p10)

This would appear to have been reinforced by a trial by the Office of National Statistics in the UK (pre-empting a plan to include sexual orientation monitoring in the 2011 Census.

"In the ONS interviews to test a sexual identity question, young LGB participants (aged 16-19 years old) suggested other categories should be included such as 'unsure', 'questioning', 'confused', 'experimental' and 'queer'."

(McDermott, E, 2010, p16)

Being open and honest about answering these questions can be difficult when, despite Equalities legislation, some young people will fear the consequences of divulging how they feel about their sexual orientation. Confidentiality, trust and privacy are key. When the ONS did their trial they discovered that privacy (the absence of others during the interview etc.) was crucial. This was also found when Bradford Council conducted its neighbourhood surveys in 2011; respondents were not offered privacy to respond to questions and those identifying as LGB were a very small number (less than 2%). It is likely that lack of privacy was a major factor in these low response rates.

Additionally, even if a young person is 'out' to friends and family they may still be uncomfortable about discussing this. Another study found that 'even where young people had already disclosed their sexual orientation to their immediate parents/carers they still faced problems being open about their sexual orientation in the home setting when interviewed' **McDermott, E (2010) p22**

Young people may report same sex relationships or sexual experiences and NOT identify with the labels L, G or B. How the question is asked depends on what the information will be used for.

Asking isn't that difficult, and there are many misconceptions about it. What is important in asking young people is to understand when and how to ask, and how to frame the question.

"At present, asking adolescents questions about their sexual orientation is an underdeveloped area of research methodology. A misconception exists that researching and monitoring adolescent sexual orientation is too difficult, sensitive or unfeasible. Existing evidence shows that it is practically and ethically possible to ask adolescents about their sexual orientation. Key to asking the right question, at the right time, is an appreciation of the variation in the processes by which adolescents develop their sexual orientation. Evidence suggests that by age 12 young people are dealing with emerging sexual feelings and attractions."

(McDermott, E (2010) p26)

Homophobia

Homophobia can be experienced in a wide variety of contexts such as schools, the home and out on the street. It can be expressed through verbal abuse, exclusion, intimidation and physical abuse and in more subtle ways such as not acknowledging a person's lesbian, gay or bisexual identity.

In 2009 The Equality and Human Rights Commission (EHRC) published a report on homophobic hate crime (closely based on Stonewall's 'British Hate Crime Survey' published the previous year). Amongst the general findings, the EHRC noted that young people particularly fear homophobic hate crime not only in the school context but on the streets. Over one third of victims felt that they had been identified because of where they were (outside a gay venue) or because they were with their partner.

The report goes on to suggest that 70% of victims report the incident to no one and that young people and gay men are the least likely to make a report. **EHRC (2009) p11**. Stonewall's 2012 study on British attitudes towards LGB people reported that:

"Two thirds of people (65 per cent) aged 18 to 29 say there was homophobic bullying in their school. A third of all people (34 per cent) have witnessed bullying of people who were - or were thought to be - lesbian, gay or bisexual in their school. One in seven people aged 18 to 29 (14 per cent), many of whom are heterosexual, say they were themselves the target of homophobic bullying at school."

(Stonewall, 2012, p11)

Equity Partnership conducted an online, anonymous survey in 2011 to explore how often local LGB people fall victim to hate crime and how likely they were to report it. 43 people identifying themselves as LGB took part. Responses indicated that 72% had experienced a form of hate crime at some point in their lives, and 37% stated that it had happened within the past year.

Of the people above who experienced a hate crime, only around one third reported it to the police. Over 60% of those people were dissatisfied with the support they received. (Source, Equity Partnership Bradford).

Drug & Alcohol Use

Manchester's Lesbian and Gay Foundation has embarked upon a 5 year project called 'Part of the Picture' (POPT) which looks at drug and alcohol use amongst LGB people nationally (**Buffin, J. et al, 2012**). When examining the use of illicit drugs within the past month, the report demonstrates that use of illicit drugs amongst LGB people under 25 is on average 2 ½ times greater than in the general population under the age of 25 (using figures in the British Crime Survey as comparison). This correlates with findings from previous surveys of LGB drug use which consistently show higher use amongst LGB people.

The above report correctly highlights that this is not only an issue for young people now, but that many voluntary and community sector organisations also report that LGB people in their 20's and 30's with more severe dependencies on recreational drugs often began "using" in their teens. Use of drugs in older age

groups is also higher than in the general population by an average of 7 times. Drugs most commonly used were Cocaine, Poppers, Ecstasy and Cannabis.

The study also examined use of alcohol and binge drinking. Worryingly, the 2 'peak' age groups for binge drinking at least once per week are between 16-24 and 41-45 years and that rates or prevalence were almost double that of the general population.

“Data from the ONS General Lifestyle Survey 2010 shows that in the wider population, 19% of males drank more than 8 units on their heaviest drinking day in the last week and 15% of females drank more than 6 units on their heaviest drinking day in the last week. In the POTP sample, 34% of males and 29% of females reported binge drinking at least once or twice a week. This indicates that binge drinking at least once a week is around twice as common in gay and bisexual males as compared to males in the wider population, and almost twice as common in lesbian, gay and bisexual females as compared to females in the wider population.”

(Buffin et al, 2012, p22)

Positive Experiences

Stonewall's work with young people and their experiences in schools (The School Report, 2012) demonstrates that, in the school context, there are a few relatively simple and effective tools which can help young LGB people to feel more positive about themselves and more able to talk about their problems. These tools may also help to combat homophobic bullying and to produce a positive, LGB friendly atmosphere.

These tools and actions include the use of positive imagery within the school, such as use of the 'Some People are Gay, Get Over It' poster and support from teachers in tackling homophobic bullying. This can include discussions in class on the issue of bullying, acknowledgment from staff that homophobia can sometimes be the cause of bullying and clear policy statements against homophobia.

Stonewall's 'Guide for the NHS' (2012) explains that this is supported by work done at Leeds Partnership NHS Foundation Trust where a poster campaign was run across the organisation called 'Gay OK?' The posters feature images of same-sex couples in front of well-known Leeds landmarks, and advertise the service as gay-friendly. Posters featuring younger gay couples are placed in general adult wards. Feedback from both staff and service users at the Trust indicates that the posters, in conjunction with a media campaign have had a positive effect in raising awareness.

Local and Regional

Disappointingly, there continue to be no comprehensive official statistics on sexual orientation identity but the Government estimates that the lesbian, gay and bisexual (LGB) population is between 5 and 7 per cent of the total population (this is supported by Stonewall: see www.stonewall.org.uk). Based on 2011 Census, it can be assumed that there are between 26,100 and 36,500 people in Bradford District who identify as LGB.

The Bradford population is getting younger - the 2011 census shows that 22% of the population is aged 0-14 years, the third highest percentage in the country. This means that there will be an increase in the number of young LGB people in the district.

The only detailed picture of health needs across the LGB populations of Bradford and District is in the form of Equity Partnership's 2 previous LGB Health Needs Assessments (2007 and 2009).

Equity Partnership has also explored LGB needs elsewhere in the region; for example, in 2012 Wakefield NHS commissioned Equity Partnership to carry out a Same Sex Relationships and Domestic Abuse Needs Assessment.

"There was a discernible difference regarding the age of respondents and wanting to leave their partner with almost twice as many younger people (16-25) stating this compared to all other age groups".

(Hewitt. R & Macredie. S, 2012, p19)

The report also noted further evidence that being in a first same sex relationship may provide an increased risk of domestic abuse generally, particularly in the younger age range and for individuals who have previously been in heterosexual relationships. **Ristock, J (2002)**

Some other studies have been conducted around the other UK regions on the experiences of LGB people which include specific findings for younger LGB people, for example, in 2007 work was carried in Leicester, producing a report entitled 'The Health and Social Care Needs of Lesbian, Gay and Bisexual People in Leicester'. **(LPHP, 2007)**

The report (written before the Equality Act was introduced in 2010), points out that focus on health and social care for all LGB people is all too often only placed upon sexual health.

In its section addressing young people and their needs and experiences, the Leicester report neatly summarises the particular root causes of many issues young LGB people experience and goes a long way to explaining where services should be looking to help LGB young people overcome destructive behaviours, poor mental health and other 'symptoms' of disadvantage.

"The general research shows that society's widespread assumption of heterosexuality means that young lesbians and gay men frequently experience marginalisation within their families, at school and at work. Young people in this group are often confused by their emerging sexuality as most grow up in heterosexual families where they internalise homophobia. Many are cut loose from traditional family support; a significant number of respondents reported being assaulted or disowned by family members. The resulting self-hatred and loss of self-esteem is sometimes expressed in seriously self-destructive behaviour".

(LPHP, 2007, p9)

Education Services

Undoubtedly, the area of service provision which has changed the least in terms of proactive LGB support is schools and education. Several LGB survey and research reports which address young people's experiences repeatedly suggest that a lack of specialised training for staff contributes to a wide range of bad experiences for LGB young people in schools. Some research also points to cultural issues within schools, and misconceptions about reactions from parents etc. which are preventing a shift in practice.

In 2011 a Sheffield based study, entitled 'Tackling homophobia and transphobia in settings supporting young people: What are the barriers and facilitators? Findings from a South Yorkshire study', found that embedding positive education and anti LGB bullying messages within schools is patchy, despite 2010 Equalities legislation and other policy shifts from central government.

"The survey and in-depth methods with young people suggests that there is currently patchy inclusion of LGBT matters within schooling. Recent national research on personal, social, health and economic education (PSHE) also suggested that, contrary to government guidance, approaches to homophobic bullying specifically are rarely embedded within the formal curriculum".

(Formby, E, 2011, p4)

The following conclusions were drawn regarding barriers to delivering LGBT education and embedding within curricula:

1. *Not being a priority within the organisation*
This was perceived by some pupils as a lack of care.
2. *No sex please, we're British*
Lack of clarity about what areas could be legitimately discussed in schools. Some staff even suggested fear of 'turning' pupils gay.
3. *Fear as a barrier*
Fears about parental complaints (potentially tied to 'misleading' media coverage) 'getting it wrong', and about objections from religious community leaders (which were said to be hard to tackle).
4. *Stigma by association*
Staff fearing questions or 'allegations' about their own sexuality because of their involvement in teaching/supporting LGB issues was also identified. Linked to a 'closet culture' for staff.
5. *Funding*
This could affect the longevity and effectiveness of support available to young people, and potentially related to diversity strands 'competing' for particular funding streams.
6. *Skills gaps, staff confidence, and use of resources*
This range of issues included lack of expertise in the area, lack of confidence to approach the subject and fear of giving misleading information.

A piece of research from 2003, conducted by MIND, shows little has changed in the last 10 years and helpfully summarises key recommendations which continue to be relevant today (post the Equality Act of 2010).

"Professionals working with children and young people, including teachers, youth workers and health and social services professionals, should receive specific training in: How developing sexuality and related issues around "coming out" affects psychological development and mental wellbeing; Strategies to support the prevention of self-harm and suicide in LGB people."

(King, M, 2003, p8)

In 2009 a report was published, entitled 'Know where we're coming from - Supporting LGBT learners to achieve their full potential in Further Education: Suggested practice guide for providers'.

This report is based on a conference held in the Yorkshire region which involved young LGBT learners and generated a series of recommendations.

Key points are what we will illustrate throughout this report as areas of best practice:

1. Make it easy to make complaints about homophobic bullying.
2. Challenge homophobic language.
3. Train staff and raise awareness.
4. Embed LGBT issues in the curriculum.
5. Gathering data on sexual orientation from learners: what we think.
6. Ways to improve student support and social life SHM (2009).

The findings and recommendations of the report reinforce earlier points about attitudes to monitoring and how it should be done.

"Lack of data makes it difficult to understand more about LGBT learners' journeys through FE and to track the impact of any measures put in place to improve their experiences..."

On the whole, the learners felt that gathering data is a good idea as long as it is clear who will have access to the information and what it is intended to be used for. Learners felt that if it is done wrongly, the consequences could be serious enough to outweigh the good intentions behind the initiative."

(SHM, 2009, p10)

> 3. HOW THE SURVEY WAS DONE

LGB Communities' Questionnaire

The questionnaire was designed using mainly closed questions with options to select and with some questions space was also provided for respondents to

record their personal experience/views. The questionnaire was developed as a web based version using Survey Monkey and a few identical hard copies were also produced. The link for the web based version was placed on Equity Partnership's website and included in the regular e-bulletin (reaching around 800 mostly LGB & T recipients). Paper copies were taken to the specific younger LGB & T groups in the district and the main 'scene' venues.

One to One Interviews

In order to gain further insight into younger LGB people's experiences Equity Partnership decided to carry out a random sample of one to one phone interviews and a focus group with younger LGB people. A set of questions was drawn up and used in these two situations.

> 4. DETAILED FINDINGS

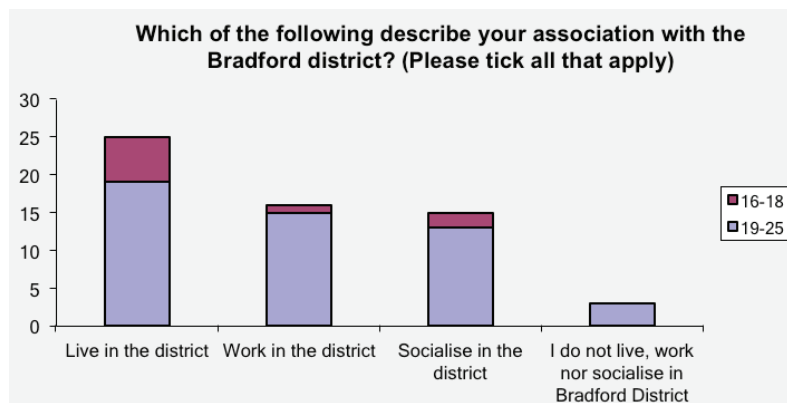
a) The Questionnaire

The Respondents

- There was a final sample of 31 individuals aged 16 - 25 and completing the questionnaire. Whilst this is a lower number than hoped it is still reasonable given that no previous HNA has focussed on this age group, the hidden nature of LGB people generally and the lack of provision for LGB young people outside the centre of Bradford.

Demographic Information

Geographical Area



> Graph 1 : Association with the Bradford district

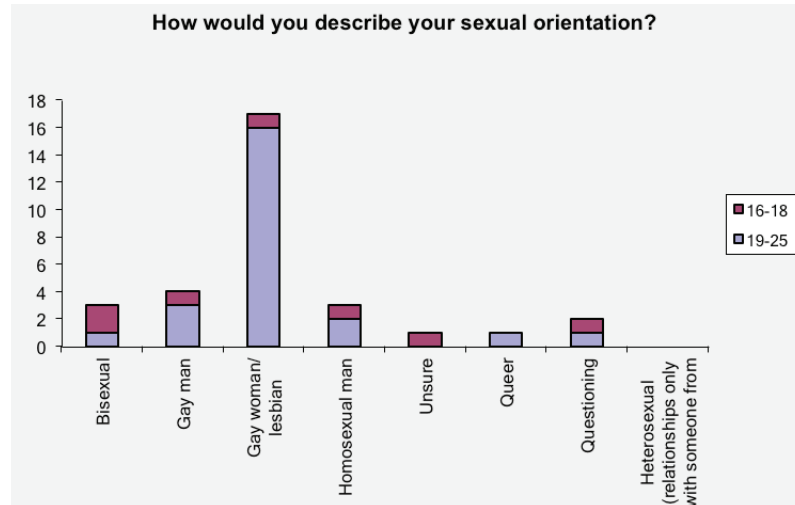
- From the 31 respondents the majority 81% (25) live in the Bradford district and the rest live in other parts of West Yorkshire mainly Leeds and 1 person in York.
- 52% (16) work in the district.
- 48% (15) socialise in the district.

Gender

- 65% (20) are female and 32% (10) are male. 28 of these respondents stated that their gender identity matched the sex identity assigned to them at birth. The remaining 2 and the 1 respondent identifying as intersex stated that this was not the sex assigned to them at birth.

Sexual Orientation

- Just over half of respondents 55% (17) are currently in a same sex relationship.
- As would perhaps be expected more of the 19-25 year olds are in a same sex relationship.



> Graph 2 :
Sexual Orientation

- As can be seen from the above graph there are more than twice the number identifying as lesbian/gay woman than gay man. 2 women and 1 man identify as bisexual. 2 people identify as queer; 1 is female and 1 is intersex. 1 male identifies as queer/trans. 1 male respondent stated that they were unsure.

Ethnicity

- 67% (21) of respondents are white British. 1 person identified as 'other white' but gave no further details. 2 people identified as mixed white Asian and a further 2 as mixed white Black Caribbean. 3 people identified as Asian Pakistan.

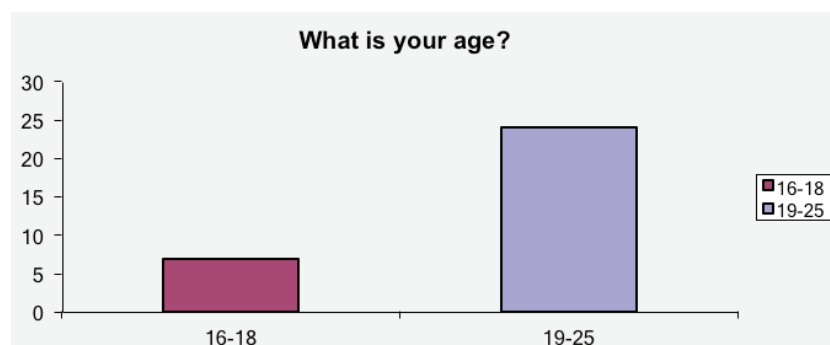
The white ethnic group of Bradford is 63.9% (Census 2011) and this sample is slightly greater and reflects a marginally smaller ethnic minority population for the district.

Disability

- 35% (11) said they have a disability or an illness lasting more than 12 months. This is greater than the district and national average of 18.5% and 18% respectively.
(www.bradfordassembly.org.uk/The_State_of_the_District.pdf - page 36)

Age

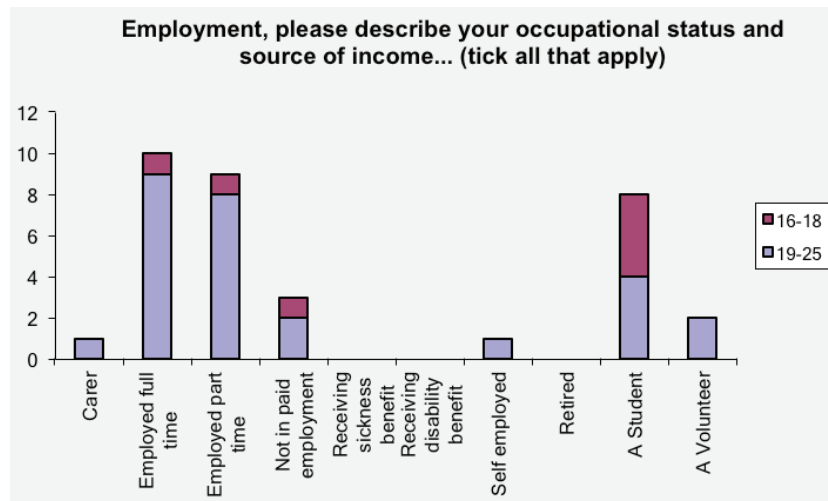
The following chart shows that the majority of respondents are in the 19-25 age range.



> Graph 3 :
Age

Employment

As can be seen from the following graph just over half 58% (19) respondents are in paid employment.



> Graph 4 :
Employment

- 11% (3) are not in paid employment.
- 1 young person is a carer.
- None of the respondents are in receipt of welfare benefits.

Health

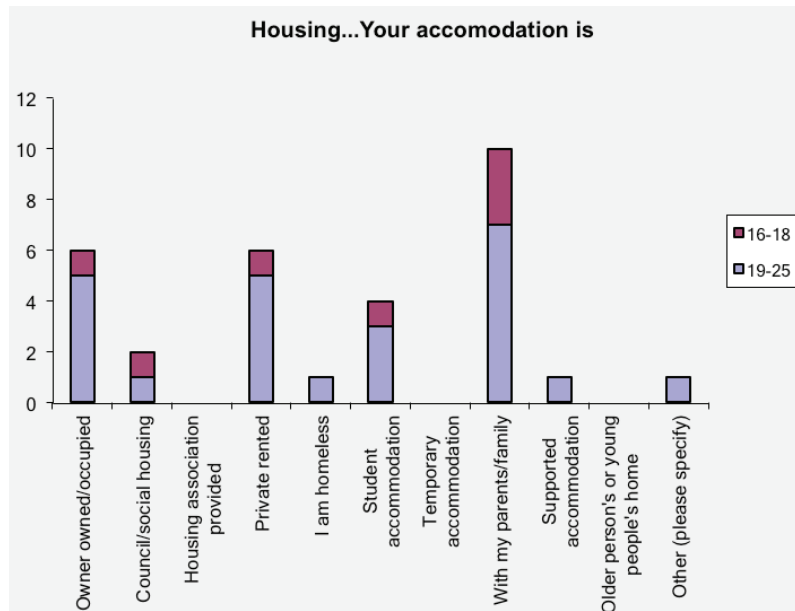
- The majority of respondents do not consider themselves to have a disability or a limiting illness lasting more than 12 months.
- From the 11 (35%) that do, 2 stated that they had a physical disability and a further 5, a learning disability, 3 lived with mental ill health and 1 person stated that they had Autism.

Religious Belief

- The majority 74% (23) do not have a religious belief.
- From those that do, 4 respondents identify as Christian, 2 as Muslim, 1 as Buddhist and 1 as Jewish.

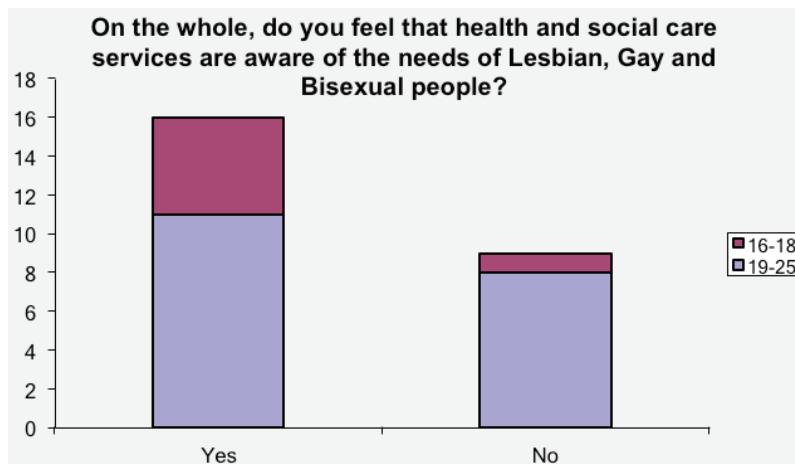
Housing

- As can be seen in graph 5 and as would be expected from this age range, the majority of respondents live with family.
- 6 live in owner owned/occupied accommodation.
- A further 6 live in private rented.
- 1 young person is homeless.



> Graph 5 :
Housing accomodation

Health and Social Care Services Awareness of LGBT Needs



> Graph 6 :
Awareness of LGBT needs

As can be seen from the graph above from the 25 people responding to this question, more than half, 64% (16) felt that the providers are aware of the needs of LGBT people and 36% (9) feel that they are not aware of the needs. This is the opposite of the findings amongst older LGBT people.

The following were provided as examples of LGBT awareness:

- "My experience especially being at uni is positive, tutors are very supportive of me being gay."
- "Poster raising awareness."
- "Numbers [telephone] for help."
- "Posters indicating services for LGBT are very rare in some places."
- "Higher education comes out well here. Generally, suggestions were made such as use of posters and other simple tools to make spaces LGBT friendly."

Levels of Satisfaction with Services

"You can be LGBT at any time."

When asked to rate levels of satisfaction with health, education and social care services that had been accessed during the last 5 years, the responses show a similarity with the older people's findings, indicating responses and experiences are not necessarily age related. It is likely to be LGBT related, and more generally related to perceptions amongst respondents of homophobia or heterosexism.

- More young LGBT people are satisfied with the services provided by further/higher education than any other service. This is closely followed by the services provided by GPs.
- The services provided by the GP received the least number of reports from respondents being very dissatisfied with the services.
- As with the older people's findings Bradford Royal Infirmary is seen to be the best performing hospital.
- Sexual health, drug and alcohol and mental health services should be striving to provide top quality services to young LGBT people as these are issues most likely to be faced by young LGBT people, and one would hope to see these services emerge as the best (relatively) in terms of satisfaction. However, all of these services are unacceptably under-performing in terms of client satisfaction rates.

"Assumptions are made that I am straight and in a relationship with my best male friend."

When asked what the different services most needed to understand about them being LGBT 10 people who had used them, provided a response:

- "Never assume and always ask - No question is a wrong question."
- "That not everyone is accepting and coming out can be harder for some people than others."
- "Everyone is different."
- "My sexuality doesn't define me, just because I like a certain gender doesn't mean I like everyone of that gender."
- "We're the same as straight people my sexuality doesn't design who I am."
- "There should be ways for people who are experiencing identity issues to ESCAPE FROM HOME - Please provide services!!!"
- "Trans, they [services] need educating more and to be open towards learning about the subject."

From the comments made it can be seen that respondents emphasise that not all LGBT people are the same, it's harder for some to come out than others and being LGBT is not the only thing about who they are as people. Respondents want service providers to ask questions and not make assumptions.

Being 'Out'

“Life is better when you can be yourself. Coming out means you can be yourself.”

Relatives

- 50% (13) are out to all their relatives and 27% (7) are out to some of their relatives. 15% (4) are not out to any.
- 35% (9) are out to all their partners' relatives and 15% (4) are out to some of them. 19% (5) are not out to any.

Friends

- 62% (16) are out to all of their friends and 35% (9) are out to some of them. 19% (5) respondents are not out to any.
- 42% (11) are out to all their partners' friends and 15% (4) are out to some of them. 12% (3) are not out to any.

Children

- 16% (4) are out to all their children and 8% (2) are not out to any of their children. 76% (19) felt that the question was not relevant to them.

Neighbours

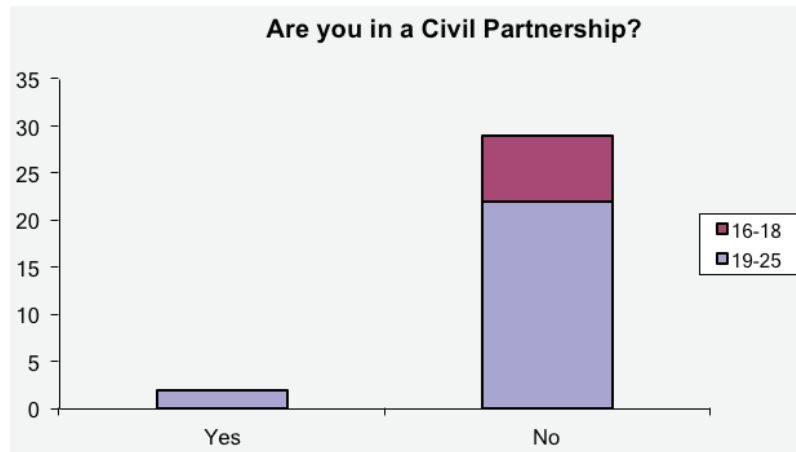
- 31% (8) are out to all their neighbours and 8% (2) are out to some of them.
- 50% (13) are not out to any.

It is worthy of note that half of the respondents are not out to any neighbours. It is within the neighbourhood and/or with neighbours that a high percentage of hate crimes occur.

Professionals

- 35% (9) are out to all professionals and 23% (6) are out to some. 31% (8) are not out to any.
- From those that parent their or their partners' biological children the findings indicate that 1/3 are not out to their children.
- Just under a third of respondents are not out to all professionals and nearly one third are not out to any professionals.
- Whilst friends are still clearly important, some of the respondents hide their sexual orientation from their own friends and some to their partners' friends.

One measure of being out is whether or not LGB people are in a Civil Partnership. As can be seen from graph 7 the majority, 93.5% are not in a Civil Partnership.



> Graph 7 :
Are you in a
Civil Partnership?

From the 20 respondents who are in paid employment (including self-employed):

- 8 are 'out' to their employer/manager.
- 6 are out to some.
- 6 are not out at all.
- 8 are out to all of their work colleagues.
- 9 are out to some of their work colleagues.
- 4 are not out at all.

Just under half, 9 of those in paid employment, have at some time experienced a negative response from an employer or work colleagues to 'being out'.

From those experiencing a negative response 2 took some sort of action:

- "I told a higher power and had stern words with the person involved."
- "I complained about them."

From those not taking any action 1 person stated that:

- "Never exposed to an overt response which would justify action, just the normal everyday deeply embedded homophobic attitudes."

Other reasons for not taking action were:

- "I was too scared."
- "(I didn't take action) due to the position in the company."
- "I did challenge it but it didn't happen again so I didn't feel like I needed to take action."

Being Out to GP/Health Centre/Surgery

From the 26 responses to this question:

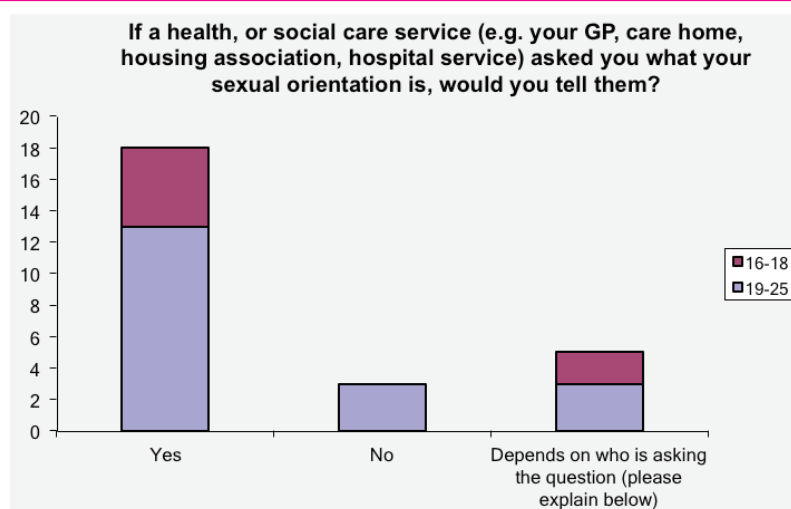
- 2 people had not accessed the service during the last 5 years.
- 43% (11) were not out.

- Half of the respondents (13) are out to their GP, which is similar to the number out in the 2009 HNA.
- From those who are out to their GP 54% (7) stated that all staff were accepting of respondents' sexual orientation.
- No-one had experienced a negative response from staff and this is an improvement on 2009 HNA findings.
- 46% (6) had experienced a mixed or neutral response from staff.

Being Out to Other Services

- In almost all instances, when accessing services during the last 5 years half of respondents were not out to the particular service. The exceptions to this were further/higher education where more than half were out, and sexual health services, where less than half of respondents were out.
- Of the 10 respondents who have accessed mental health services in the last 5 years, almost half of them were not out. This perhaps indicates that services are not asking the question, making assumptions, or that the environment feels "unsafe" for young LGB people.
- 4 out of 6 young LGB people were not out to the key provider (Lynfield Mount) of mental health services in the district. Of the 2 who were out, both had a positive experience.
- A high number of young people have accessed sexual health services (just over half). However, 5 of those (just over a third) were not out.
- From the 7 young LGB people using a care home facility, more than half (4) were not out, highlighting that they were not able to be themselves in their own home environment.
- From those who were out (in most instances just under half of respondents) they reported all staff being accepting of the respondents' sexual orientation.
- The majority of services had reports of at least one neutral or positive response.
- Domestic violence support services and Bradford Royal Infirmary were the only 2 services with reports of all staff giving a negative response. (1 in each instance).

"Not completely sure, I am scared of getting judged."



> Graph 8 :
Being out to your health or social care service

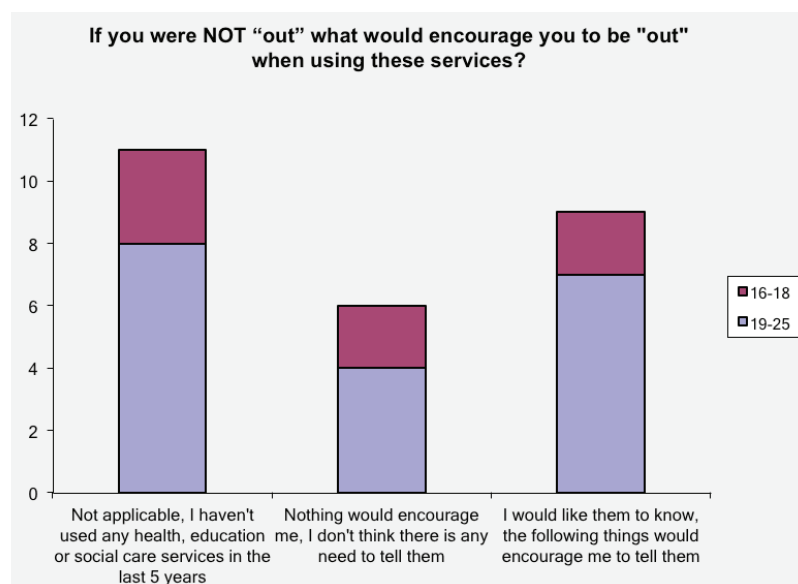
- From the 26 people answering this question graph 8 illustrates that 69% (18) of respondents would tell a service, without any caveats, about their sexual orientation if they were asked, and a further 19% (5) may do so if it felt right/relevant.

This is of even more importance given that only 35% of young LGB people report being out to ALL professionals. Therefore despite current legislation which places requirements on services to provide person centred care, it can be seen that the requirements aren't being met. In other words; they cannot be met because services do not have key information about the characteristics (sexual orientation) in their service users which can directly or indirectly affect health and wellbeing. However the fact that almost 90% of young LGB people would tell a service about their sexual orientation, if asked in an appropriate way, indicates huge potential to change this.

From those stating that they wouldn't, or it depended on who was asking, the following comments were made:

- "(Yes) if the question is relevant (i.e. medical reasons)."
- "I would not want to be stigmatised."
- "Not if I felt it is not relevant to the person asking."
- "My counsellor is an Asian woman, who has demonstrated she cannot be trusted when she 'talked to my 'wife'."
- "It's none of their business."
- "If I feel comfortable enough."
- "Not the first thing I talk about."
- "Depends on why they are asking."

When asked what would encourage respondents to be out when using services, the majority of the 26 people answering stated that it was not relevant as they had not used the services.



> Graph 9 :
Encouragement to be 'out'

35% (9) of respondents felt that the following would encourage them to be out to service providers and comments made include:

- "Documentation that includes both our statuses as 'wife' and 'married'- please note your own survey only allows space for civil partner!! I am legally married to my wife. We deliberately chose to get married in a country that recognised same sex marriage."
- "High level of confidentiality that means persons violating this SHOULD BE PROSECUTED if they share data with patient's family."
- "More open, less judgemental and stereotyping."
- "Name on medical records and complicated medical history, I don't want them to lose important info, lack of trust."
- "The way they would treat me - being honest."
- "That they wouldn't treat me any different than other people."

Generally the comments show a mixture of needing reassurance that it is 'safe' to be out, suspicion that sensitive information would be inappropriately shared and some lack of awareness of why it is necessary to be out.

It is interesting to note that the majority of respondents would 'out' themselves to service providers if asked, (and even from those who stated they wouldn't) the comments made indicate that most of them would if:

- It felt safe to do so;
- They would not be discriminated against or stigmatised;
- Services showed they were inclusive (documentation and questions asked);
- They felt comfortable enough and could trust the person/service;
- Services visibly showed that they were LGB friendly; or
- They felt it was relevant to what they had gone to the service provider for;

Being out to a service is affected by how 'safe' it feels to come out. This can be shown in the ways staff ask monitoring questions and in how LGB friendly the space feels and looks.

When specifically asked if they had taken any action when they had experienced a negative response from health and social care providers, 3 people answered this question stating that they had taken no action. Reasons given for not doing so include:

- "Too scared."
- "No time."
- "Just name calling from the street I did nothing."

Yet again fear, and 'just' name calling, demonstrates that young LGB people 'expect' verbal abuse and absorb it constantly.

When asked for examples of good or poor treatment received because of their sexual orientation, the 7 people responding highlighted mixed responses:

- "My Local GP Springs Medical Centre Ilkley is very accepting."
- "Police ok - male in particular, Trafalgar House Bradford."
- "Good - SOUND youth group."
- "Graden Centre, Slough sexual health nurse informed me gay women could not catch STI's and said I didn't need a blood test or examination."
- "Poor treatment on-going from Meanwood Group Practice - Leeds - where staff refuse to acknowledge that we are married, refuse to use our desired title of Mrs and when we complained (on numerous occasions) accused us of threatening behaviour and stated that they had a zero tolerance policy (yep you can say that again!!) and threatened to take us off the surgery list."
- "My partner was "ignored" when I visited Airedale for a breast screening scare."

When asked what piece of advice supported them when they came out, or would support them when they plan to come out, many of the respondents reinforce the point about 'being yourself', suggest meeting with other LGB people for support, not to be too scared to do it and if fear is felt do it anyway. Comments include:

- "Do it in your own time."
- "Never be ashamed of what you are."
- "You are who you are, hiding will just hurt more, do it and there is support around. Just be happy and true to yourself."
- "Knowing that the world will keep turning, the sun will keep rising and you will eventually be ok with who you are whether the people around you are or not!"
- "Just be true to yourself."
- "Life is better when you can be yourself. Coming out means you can be yourself."
- "Distancing myself first for inner strength. Get myself sorted first. Make a video. Then invite them after they have viewed it."
- "Knowing others in a similar situation."
- "Don't be a pussy just do it!"
- "Don't plan on coming out."
- "Living a lie is not living."
- "Do it with no fear and take no notice of people who have a go."
- "Just sit calmly then say, don't get irate."

Body Image

- The majority, 70% (19) of the 27 LGB young people responding stated that they were ok/happy with their body image.

- 30% (8) reported that they felt unhappy with their body image.

Comments made included:

- "Comfortable with myself, after a while of battling, not perfect though."
- "I hate feeling fat and feel less confident in myself because of it."
- "I like everything."
- "I don't feel incredible about my body status."
- "I am reasonably good looking, I'm not over weight, am confident and active."

Body Mass Index

From the height and weight information respondents provided, the BUPA online tool was used to calculate body mass index (BMI). BMI is used to measure body shape (thickness/thinness) and indicates where people are on a scale of being underweight through to overweight. The ideal BMI is between 18.5 and 25. From the useable responses:

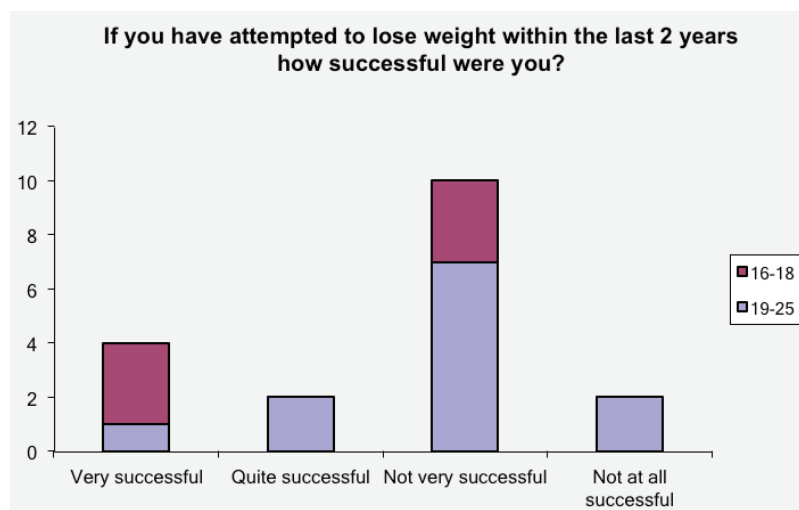
- 11 out of 25 (44%) are a healthy weight – less than UK average.
- 9 out of 25 (36%) are borderline overweight, overweight or obese – slightly more than UK average.
- 5 out of 25 (20%) are borderline underweight or underweight.

The UK figure for overweight, obese or morbidly obese in 2011 (for 16-24 year olds) was around 32% of the population. In the same survey, 62% of 16-24 year olds were a healthy weight. (Health Survey for England 2011 at:

www.hscic.gov.uk/searchcatalogue?productid=10152&q=obesity&topics=0%2fIllnesses+and+conditions&kwd=O&sort=Relevance&size=10&page=1#top

From the 18 LGB young people who indicated that they had recently attempted to lose weight the following graph indicates that:

- Twice the number 12 (67%) were not at all successful/not very successful than those who were successful.

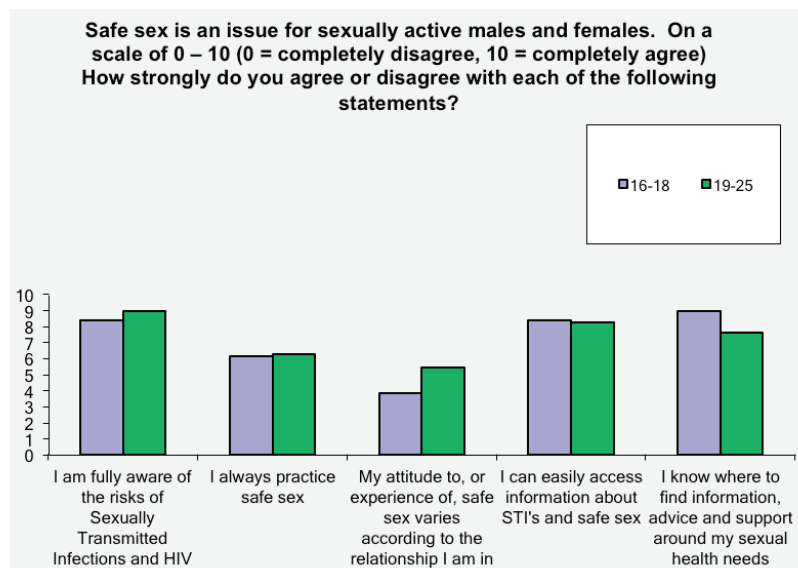


> Graph 10 :
How successful would you be at losing weight?

Sexual Health

- From the 26 respondents only 1 person reported having had a sexually transmitted infection (STI). None of the young LGB people stated they were living with HIV or AIDS.
- When looking at issues of safer sex the majority are aware of the risks of STIs and HIV.
- However, as the following graph illustrates, a significant amount less than those being fully aware of STIs agreed strongly or agreed with the statement “I always practice safe sex”.
- When asked if their attitude to safe sex varied according to the relationship they were in, there was also a slight reduction in the number of young LGB people stating that they agreed strongly or agreed with the statement.

The findings highlight that being aware does not always lead to practicing safer sex, which also varies according to the relationship the young LGB people are in.



> Graph 11 :
Safe sex

Note: The nearer the rating average number is to '10' the closer the respondents are to agreeing with the statement.

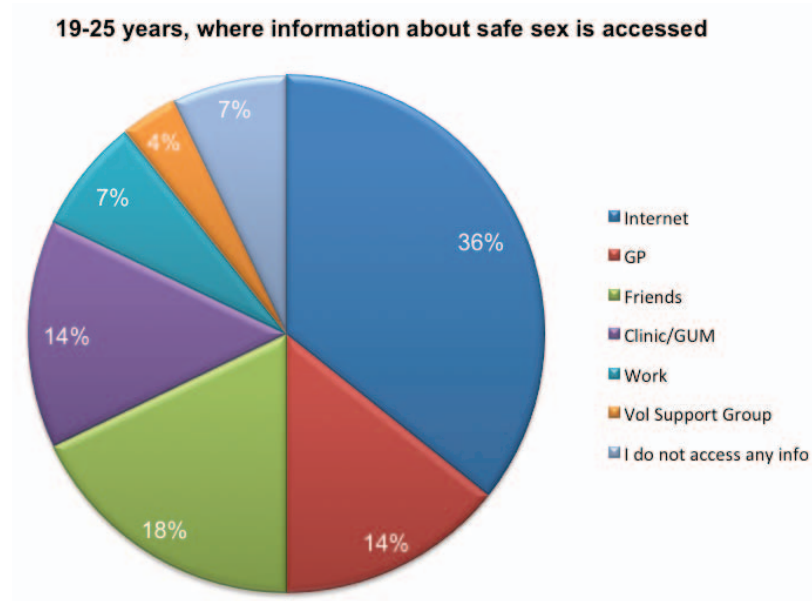
- When asked if they felt they were able to speak openly about their sexual health with a medical or health professional, more than half (63% or 17) of the 27 young LGB people responding to this stated that they did feel they could be open.
- 37% (10) felt that they were unable to do so.

Accessing information

Graph 12 illustrates where young LGB people go to find information about safer sex.

- As can be seen, more young LGB people (36%) use the internet for this than any other means and this isn't surprising given the progress and availability of the internet.
- 18% talk with friends, 14% would approach the GUM clinic and an equal number the GP.

- There are still some young LGB people who for whatever reason(s) do not access any information.



> Graph 12 :
Where information about safe sex is accessed

All the findings regarding sexual health are similar to those found in the 2009 HNA.

The findings also showed that those in the 16-18 age groups were most likely to use a clinic and none reported speaking with friends or the GP. It is possible that 16-18 year olds, being least confident about their emerging sexual orientation, prefer to use services where they can be relatively anonymous.

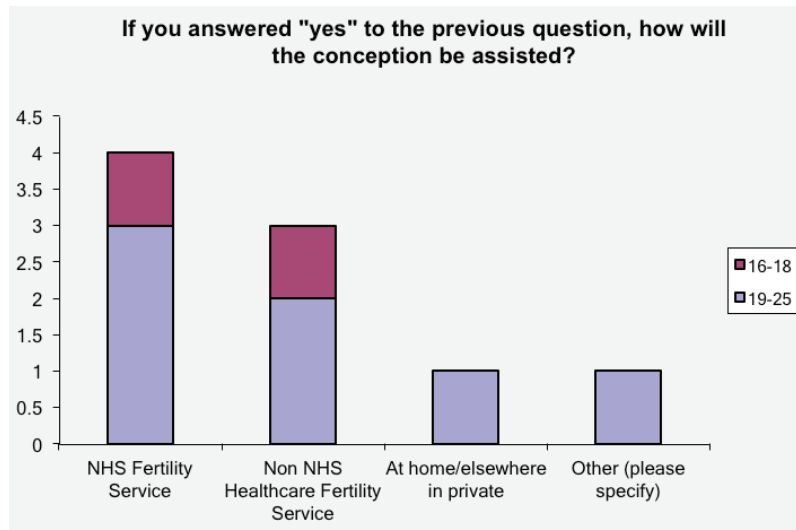
Parenting Children

- 81% (22) of the 27 respondents do not parent children, and 19% (5) do.
- From the 5 parenting children, 2 respondents parent their own biological children and the other 3 their partner's biological children.
- When looking at whether young LGB people were planning to have their own biological children 27% (7) plan to do so.

Services should be aware of this and link it to the rising figure of young people in the Bradford district as this may lead to an increasing number of young LGB people seeking fertility treatment, or needing good advice.

- As the next graph shows, 5 of the 9 respondents looking for assisted conception would seek non NHS care.

Generally LGB people are increasingly expecting to have their own biological children. Fertility services need to be proactively addressing this rising need and deliver services accordingly. Young LGB people need specialist advice on conception if they are to avoid 'risky' approaches to conception (most would not use an NHS service at the moment).



> Graph 13 :
How will conception be assisted?

- From those having used a private or NHS fertility service within the last 3 years 87% (13) did not feel that they were treated differently because of their sexual orientation.
- 2 young LGB people felt that they received poorer treatment because of being LGB and made the following comments:
- "Forms and so on do not account for same sex couples. The system is set up for people with fertility problems, not just needing assisted conception."
- "My wife and I started looking in to fertility treatment in 2009 throughout the process we have felt, if not discriminated against then definitely excluded from general service provision. All documentation was created with heterosexual couples in mind - on a number of occasions we had to fill in spaces on forms titled MALE or FATHER - there is no allocation for two wives or two mother's not even female partner. Unfortunately our son was still born, 6 months into the pregnancy and although our lives have been devastated the treatment we received was very good and very supportive from the majority of service providers. We are now continuing with treatment and have secured NHS funding for one IVF programme, once again the way all documentation is laidout does not allow for same sex couples and an extremely difficult and emotional process is made harder."

Although only small in number, the comments made powerfully highlight that heterosexism stills plays a role in how some same sex couples are acknowledged. It is amazing that incorrect language on forms is still an issue! To feel excluded in service provision indicates a problem. People using/trying to use services should never feel excluded.

Mental Ill Health

"There is no current place I feel I could access information about my emotional health."

From the 27 young people responding to the question about mental ill health, at least 7% (2) and at most 70% (19) of respondents have experienced some form of mental ill health.

From those who had experienced mental ill health it was broken down further:

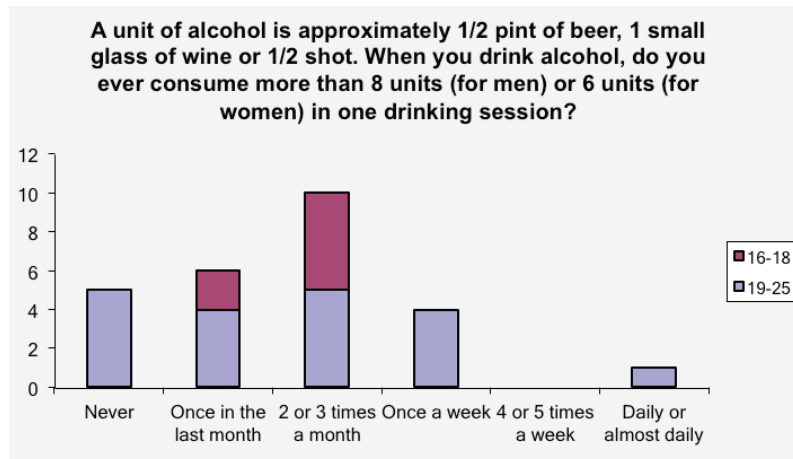
<i>MENTAL ILL HEALTH</i>	<i>NEVER</i>	<i>EXPERIENCED</i>
<i>Depression: SAD, PMS, Post natal depression</i>	26% (7)	70% (31)
<i>Anxiety including panic attacks</i>	41% (11)	59% (16)
<i>Suicidal thoughts</i>	63% (17)	37% (10)
<i>Self-harm</i>	59% (19)	41% (11)
<i>Eating disorder</i>	56% (15)	41% (11)
<i>Other issues including work stress, stress, post-traumatic stress, low feelings of self-worth & non acceptance, insomnia</i>	37% (10)	63% (17)
<i>Obsessive compulsive disorder</i>	85% (23)	15% (4)
<i>Manic depression, bipolar disorder</i>	89% (23)	15% (4)
<i>Personality disorder</i>	89% (24)	7% (2)
<i>Memory loss including Alzheimer's and dementia</i>	89% (24)	11% (3)

- As can be seen a relatively high number of young LGB people have experienced anxiety, depression, eating disorders and self-harm.
- Slightly more young lesbians and bisexual women have experienced self-harm than gay and bisexual men.

As mentioned earlier in the background research it is crucial that services make every effort to understand the sexual identity and orientation of their clients. This is because LGB people are more likely to experience mental ill health due to a number of reasons. The greatest factor is the prevention of individuals to freely express their 'whole selves', ie. to be able to openly acknowledge being LGB knowing that it is safe to do so.

Alcohol

- Only 5 young LGB people never drink more than 6/8 units of alcohol in any one session.
- 77% (14) young LGB people drink 8/6 units in a session 2 or 3 times a month or more frequently. This is more than that reported in the 2009 HNA and gives rise to some concern.



> Graph 14 :
Alcohol Consumption

The findings show that:

- 1 person reports drinking alcohol daily/almost daily in all environments (at home, socialising away from home etc).
- 19% (5) drink more than 4 or 5 times a week at home.

Drugs

- When looking at drug use the majority of the 26 respondents have never used any drugs.
- From the list of 13 drugs, 8 were reported as never having been used by any respondent.

From the 5 drugs that have been used:

- 1 person used Ketamine once in the last month.
- 1 person used Ecstasy once in the last month.
- 2 people used Cocaine Powder once in the last month and 1 uses it once/twice a week.
- 4 people used Poppers once in the last month, 1 person uses them 2 or 3 times a month and a further 2 uses them once/twice a week.
- 5 people used Cannabis once in the last month, 2 once/twice a week and a further 2 used it daily/almost daily.

The perception and evidence nationally, indicates high drug use amongst LGB populations generally and suggests that it is higher than that amongst heterosexual people. These findings confound the national evidence and demonstrate relatively normal or even below average drug use amongst these LGB young people. It is not clear why there is this disparity in evidence but Equity Partnership thinks it could be linked with the small size and type of the LGBT scene venues (compared to some other cities such as Manchester) and the migration of LGB people to these cities.

These findings are similar to the findings of both the 2007 and 2009 HNA carried out by EP.

Education

"The Bullying will not last for ever and it gets better with time."

- From the 11 people attending school/college 23% (5) respondents have not experienced any homophobia there.
- 27% (6) have experienced homophobia from fellow pupils.

Comments made include:

- "Getting called batty boy by fellow students, queer just insults, told me I am going to hell."
- "Got heckled when kissing my then girlfriend."
- "Childlike teasing bullying from fellow students."
- "Name calling."

Although there were no reports of staff homophobia, teachers and other school staff have an important role in challenging homophobic abuse/bullying and promoting positive messages and images.

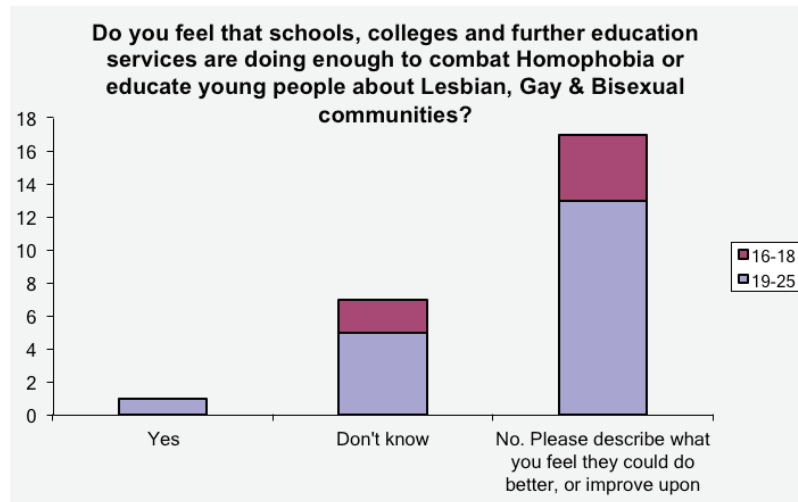
From those experiencing homophobia 2 LGB young people took action by reporting it to their tutor and the head of the year. The others took no action and comments as to why they didn't include:

- "I didn't feel supported enough."
- "They can't do anything about it."
- "Unsure of my sexual preference didn't want to attract more attention."

There is a sense that there is no point in doing anything as no-one can change what's happened/happening. This clearly points to a great deal more work needed to create LGB friendly environments in schools, and that teachers, in their pivotal roles, must adopt new approaches in challenging all forms of homophobia.

Graph 15 shows that from 25 responses:

- Only 1 person stated that they felt the education services were doing enough to combat homophobia or educate young people about LGB communities.
- 17 (68%) of the young LGB people felt that the services were not doing enough.



> Graph 15 :
Education

Suggestions made as to what the services could do better are the same points previously made regarding the lack of education for pupils, lack of awareness amongst teachers and lack of services/facilities for young people.

- "At my college I know of no service for LGBT young people."
- "Not enough awareness."
- "It's a fact that 48% of LGBT people feel they aren't safe in an educational environment."
- "Raise awareness educate and liberate."
- "Get more facilities for young people."
- "Attempt to stop homophobia."

4 young LGB people described a positive experience they had linked with their sexual orientation whilst they were at school/college. Ilkley Grammar School and Leeds City College were specifically mentioned.

An interesting point is that 1 person was terribly bullied 'before they were aware they were gay'. It is important for schools to understand and acknowledge that perceptions of sexual orientation can also result in young people being bullied.

Comments made:

- "I was bullied horrendously at school for being gay (I wasn't aware I was gay at the time) and a TA witnessed it once, she straight away gave me support, made other teachers become aware and the students bullying me were taken aside and I think maybe even suspended for a while."
- "My teachers at Ilkley Grammar were very supportive."
- "Met a range of students open minded and accepting (Leeds City College, Park, Lane)."
- "I felt comfortable when I was at college, everyone was really friendly."

LGBTQ Youth Groups

- From 24 responses equal numbers 12 young people have/have not attended the SOUND LGBT youth group.
- In terms of Blagy LGBT youth group and from 21 responses 9 young people have attended the group and 12 have not.

The comments made are mostly really positive and show that young people really value the groups.

- "SOUND and Blagy are really nice groups."
- "Brilliant, great support at a time when I needed it. Blagy and Jonathan especially."
- "Sound is cool and full of my friends."
- "Very friendly supportive environment."
- "Really welcoming and friendly and fun."
- "Great help for young people."
- "Only been to a few sessions, thoroughly enjoyed them, plan on continuing on coming to the sessions."

One comment indicated that the young person wasn't happy with the group(s) describing their experience as 'poor' but no further explanation was offered.

There are some points about 'afterlife' ie. what happens when they are too old to continue attending.

- "I love SOUND, I don't want to leave. It's a friendly place with lots of opportunities for young people and great staff who give good advice."

A few comments highlight that the balance within the groups could be improved eg. gender balance.

- "I was hoping there would be more women and maybe a bit older as the age is for up to 25, but unfortunately it is only mainly men, which is great and I enjoy it, but I really want to meet more gay women."

Reflections on Being LGB

When asked if they were able to go back in time and give their younger self advice about being LGB some predictable responses were given but there were also a number of issues highlighted. These include the suggestion that care should be taken in terms of who to come out to, use of chat sites and the impact of religion. These may suggest some bad experiences.

Overall, comments are supportive of coming out and encourage being oneself.

Several suggest they should not have delayed coming out, to seek help and to open up to others a bit.

- "Accept your sexuality before expecting everybody else to accept it."

- "Come out sooner."
- "Don't look for help on chat sites."
- "Come out to family sooner."
- "Its ok to be Gay...There is life after acknowledging your sexuality, it won't be what the 'straight/ closet' you thought it would be but it will be real and it will probably be better!"
- "Not to be afraid of opening up to others a bit."
- "Don't be scared to come out. But be careful. Not everyone is accepting."
- "Ask for help! Make a noise! Never settle for disrespect!"
- "Keep strong."
- "GET OUT OF THE HOUSE!!! GET OUT OF THE CITY!!! Bradford council needs to spend more money on educating minds - start with the council of Mosques for one and make motions and legislate so that religious leaders cannot take an anti-homosexual stance. MOSQUES, TEMPLES AND CHURCHES - GET THEM INVOLVED IN EQUALITY AND TOLERANCE AND MAKE THEM PROVIDE SUPPORT FOR HOMOSEXUAL AND GENDER TROUBLED PEOPLE. Legislate their asses!"

There is an important point here about involving religious institutions in pro LGB & T work, or at least them putting their names to anti bullying campaigns. This is important generally but even more so in Bradford given the big visible role religion plays in the different communities.

Availability of Specialist LGB Workers

In all instances by far the majority of respondents feel that a specialist LGB worker should be available in all the health, social care and educational services. Comments made also included the police and home visits.

This finding is surprising in some ways since generally speaking young LGB appear to want integration and not to be treated 'differently', yet this shows a clear desire to have specialist LGB workers in all of the mainstream service provision. The inclusion of a specialist LGB worker for home visits echoes the issue of older LGB people feeling that they would have to remove/hide personal belongings that may indicate they were LGB (de-gayng themselves and their homes),

b) The Interviews and Focus Group

An interview was completed with one young gay woman and a focus group held involving 8 young LGB people. From the focus group there were 7 young men and 1 young woman. All 9 participants lived in Bradford District.

For ease of reporting, the details gained from the individual interview have been added to the focus group findings.

When asked what they felt the main issues/concerns are facing them as a young LGB person it is interesting to note that their discussions only highlighted issues relating to:

- Homophobia
- Stereotyping
- Mental health services


Comments made about these issues included:

- "Homophobia - it's not talked about enough in schools."
- "Homophobia should be looked at in sex education but drawback is sex education only looks at straight relationships."
- "I have to tackle the tutor at college about derogatory comments made about being gay."
- "I suffer from depression and I don't always feel comfortable sharing being gay with health workers even though generally I'm out – I'm not sure what response I'd get."
- "Stereotyping is an issue with health workers – because I'm a young woman when I went to Gynaecology they saw me as heterosexual and I had to say that I was certain I wasn't pregnant. Why should I have to feel like this?"
- "The mental health services hardly ever mention LGBT youth."
- "I had an ok experience with the mental health service."

A number of specific things were suggested when asked if there were any services/facilities that do not exist or are not accessible which would be of interest and importance to them as young LGB people:

- "There's only 1 youth group for LGBTQ young people and it is based in the back area of town."
- "Accessing broader services is hard because there are only a few LGBTQ people. It would be ok if the services were more accepting of us (LGBTQ people)."
- "A mentoring scheme in schools and better access to counselling there."
- "I've only recently been involved with gay organised and run things but when at school - don't get me started on that, because there was never a reference to being gay once."
- "Gay issues being talked about properly in schools is really missing."
- "Health services - there's posters about smear tests but what about a nurse to talk about this to?"
- "There are more services for gay men."
- "We need specialist services particularly for gay and bisexual women"

The comments highlight that there is a general sense the health and social care services are not that accepting of LGB young people and once again the need for specialist workers is raised.



When asked about their experiences of using health and social care services (NHS, GP, dentist, Schools etc.) none of the young LGB people highlighted any positive experiences. Once again issues relating to homophobia, stereotyping, heterosexism and services generally not instilling a sense of confidence so that young people can come out all feature.

- "Bad experience with my GP but don't want to say any more about it."
- "The GP doesn't advertise what services they have."
- "Assumptions are made about being straight."
- "Even when my support worker got to know me they assumed I was heterosexual. I did eventually tell them and they were ok."
- "Never feel confident enough to tell health workers."
- "Never felt the need to talk about my sexuality."
- "Hospitals assume that everyone is heterosexual and single - they have stereotypes of young people."
- "It would have been helpful to talk to the mental health services about my sexual orientation but I didn't feel able to."
- "Having specialist LGBT (NHS) worker would make it easier for most LGB young people to talk about things and particularly those that don't use the youth group."

Participants were asked to imagine that the things that make them feel happy and good (whatever that is for them), are the ingredients of a cake, in an ideal world, what ingredients would go into this happiness cake. Participants saw a couple of things that would be important to heterosexual younger people:

- Encouragement and support from 'family', friends and schools.
- Advice on a number of things.
- Positive emotional and mental health well-being.
- Good physical health.
- Physical activity – including outdoor stuff.
- Some meaningful activity like volunteering.
- Secure living environment.

The participants also flagged up a number of LGB specific issues:

- Support for LGB people and issues from schools, GPs, hospitals and religious establishments.
- Having specific LGB drop - in sessions available at the above services.
- The cake would have a biscuit base of acceptance, no judgements or assumptions and not having to come out - it wouldn't be needed.

- The icing on the cake would have stuff to do with community cohesion events like Pride, the youth group and Equity Partnership.
- There would be lots of positive coming out stories.
- Enough funding and other resources for LGB services.
- The cake would be covered with rainbow dust.

In terms of what the different health and social care services most need to understand about the participants as younger LGB people a number of similar things to those identified nationally by Stonewall and others were emphasised.

- "It is not a phase to be grown out of!"
- "We don't all sleep around."
- "You can be LGBT at any age."
- "We are not stereotypes."
- "We are still people."
- "Just because I'm gay it doesn't mean I fancy you."
- "It's not just about sex."
- "Remember that coming out can be hard for some young people."
- "Sometimes young LGB people find it easier to continue with the assumption that they are heterosexual."
- "Be treated fairly - not to be made to feel uncomfortable."
- "To be accepted and not judged."

Participants were asked to think about the ingredients of their happiness cake and to identify what ingredients are different or missing in their real life cake as younger LGB people.

Generally the response to this showed that the young LGB people felt that there was not enough of any of the ingredients from their ideal cake. There was a sense that they wished that being LGB was not an issue for others and that there could be complete freedom of expression.

> 5. CONCLUSION

The Equity Partnership has worked for many years in different ways to help to improve the quality of life for LGB people. This third needs assessment with a focus on younger LGB people is one of the ways in which EP is trying to increase the evidence base and therefore improve the engagement of policy and commissioners around the needs of younger LGB people.

It is hoped this report will serve as a practical tool to support good service design and delivery in health and social care in Bradford, with an emphasis on that design being based on community feedback.

The findings from this needs assessment show:

- More than half, 64% (16) felt that the providers are aware of the needs of LGB people and 36% (9) feel that they are not aware of the needs. This is the opposite of the findings amongst older LGB people.
- In almost all instances, when accessing services during the last 5 years half of respondents were not out to the particular service.
- 69% (18) of respondents would tell a service, without any caveats, about their sexual orientation if they were asked
- (68%) of the young LGB people felt that the educational services were not doing enough to combat homophobia in schools/colleges.
- By far the majority of respondents feel that a specialist LGB worker should be available in all the health, social care, educational, police and home visits services.

The Health and Social Care Act 2012 has at its core an integrated care approach centred around the whole person. This must include providing for the specific needs of younger LGB people.

> 6. RECOMMENDATIONS

Improving Services

Fly the flag - Show Young LGB people that you understand them and that they matter to you.

An LGB friendly atmosphere can be easily created by the use of positive imagery such as posters, leaflets, rainbow flags (small), information about LGB social/support groups. Embed positive LGB imagery in all publicity, public facing materials. Additionally, use the media (social, press etc.) to proactively 'sell' your LGB friendly service. Attend key events in the LGB calendar such as Pride, IDAHO Day. Run events yourself – eg. during LGBT History Month.

The will is there and you can implement effective monitoring

In order to ensure that the needs of younger LGB people are met it is imperative that services understand who uses them. Simply ticking boxes and asking 'the question' is not enough. Neither is the status quo. An appropriate environment in which service users trust that they are 'safe' to respond openly is essential. The very encouraging responses from young LGB people demonstrates huge potential to do this.

Don't just do it, do it well. Train and support staff to implement it to ensure good quality monitoring.

Understand and act on feedback

Ensure that there is a clear complaints and compliments procedure which also collects information as to the make-up (characteristics) of those providing the feedback.

Do something constructive with the information, act upon feedback and share best practice.

Enhance your service

Use your voluntary and community sector! Direct your younger LGB service users to additional appropriate information and support. Make sure your information is accurate. Help to develop and fund a young LGB peer support project.

Respect - pay due regard to Mrs & Mrs/Mr & Mr/Ms & Ms

Heterosexism stills plays a role in how same sex couples are acknowledged. This would not happen to a heterosexual couple and often happens when services are not asked to do so! To feel 'excluded' from general service provision indicates a problem. People using services should never feel excluded. Change your culture - staff and any forms you use. Ensure all staff understand the change and implementation happens.

Are we there yet? Less jaw jaw...

The time is ripe for H & SC providers to start taking real and meaningful steps to address and affect change for young LGB people. Employ a Partnership Worker to ensure that on-going work is embedded in the different organisations.

In the course of writing this report the author has come across a multitude of reports stretching back for over a decade which time and again point to the same problems, recommendations and simple solutions the only difference is the context and legislative landscape in which the research is conducted.

Preventative Measures

Support younger LGB people to understand 'why?'

It's not always obvious why services need to know the sexual orientation of their service users. Accessible information must be available which explains why collecting information about sexual orientation is important and how it will be used.

Let your barriers down

Using neutral language during assessments and consultations can be hugely encouraging and can help to create an atmosphere of 'safety'. Not doing so can create barriers which prevent younger LGB people from disclosing important facts about themselves and why they need help/support. For example, instead of asking "are you married?" - ask, "do you have a partner?"

Be part of the solution; provide support and services which are highly LGB aware

Do everything you can to show that 'coming out' to your service will be safe and respected. Treat it as a privilege to earn the trust of service users. If this is not achieved then the opposite effect may occur and perpetuate some fundamental causes of LGB health and social care inequality. Publicise your policies around confidentiality.

Help to prevent hate crime, enough is enough

Homophobic hate crime is grossly underreported. Agencies have a responsibility to turn this around. In partnership with Voluntary and Community Sector agencies, build trust between you and LGB people. Develop campaigns aimed at reducing and preventing Homophobic hate crime. Redouble efforts to encourage LGB people to report hate crimes/incidents.

Work in partnership with 'scene' venues to make it easy for young LGB people

to report 'on the spot' and foster trusting relationships between Police and LGB communities.

Promote and Protect

Help to create a sense of feeling safe, you are the glue

More than half of the young LGB people are not out to any neighbours. Hate crime often happens in the neighbourhood/with neighbours. Develop/strengthen interagency working (especially with social housing and local authority) to promote community cohesion and protect young LGB residents. Services need to pre-empt problems by providing support for young LGB people (to mitigate against adverse effect of not feeling at home, at home).

Avoid risky business, plan ahead

Fertility services need to be proactively addressing the rising need regarding young LGB people planning to have their own biological children and the increase in the younger Bradford population - meaning more LGB young people. Deliver your services accordingly. Young LGB people need specialist advice on conception if they are to avoid 'risky' approaches to conception (most would not use an NHS service at the moment).

What are you afraid of? You can make a difference

Teachers'/schools' fears are inadvertently perpetuating homophobic bullying and consequent knock on effects for LGB young people, their health and well-being and an increase need for health and social care services.

Protect all young people, your staff and be the best you can. Provide urgently needed training of staff in schools around legislation in education (stamping out the legacy of Section 28), young LGB people equalities training, and 'exposure' to lots of LGB people and supportive parents and religious leaders. Look to Equity Partnership to facilitate this.

Smarter Strategies

Develop your workforce - awareness at the heart of practice

Develop and implement core training standards for sexual orientation, directly linked to key health and social care competency frameworks, for example, the NHS Knowledge and Skills Framework.

Continue to support specialist LGB equalities training for health and social care staff with an emphasis on young LGB people and young LGB people and mental health issues. Ensure that senior managers are equipped to ensure its effective implementation.

Think religion - promote awareness and encouragement

Involve religious institutions in pro LGB and T work, or at least encourage them to add their names to anti bullying campaigns. Develop and provide young LGB equalities training specifically for religious organisations.

Also EP to explore a future study on religion and sexual orientation in Bradford (the intersection, role etc. of religion on keeping closet doors shut).

Be ahead of the game

It is crucial that policy makers understand and recognise the impact of marginalisation, Homophobia and heterosexist assumptions on younger LGB mental health. Mental health strategies must pay particular attention to these causal factors and shift the emphasis from treatment, to prevention.

Pump up the volume

Sexual health, drug and alcohol and mental health services must all be the best but findings show that they are unacceptably underperforming in terms of client satisfaction rates.

Ensure that the current work with LGB young people and LGB health is continued. Also explore the possibility of a 'CQC' style inspection programme using young LGB people in the services which most need improvement, a sort of 'blitzing' of these services, using GP's as the lever and driving force.

Acknowledge and work with changing landscape

The changing health and social care landscape means more disparate delivery of services, by a wider range of organisations (ie. private, public and voluntary sectors).

There is a danger that bodies responsible for planning and delivering services (Clinical Commissioning Groups, Joint Strategic Needs Assessment, Health and Wellbeing Boards), will do so in isolation and best practice will not be effectively shared. To prevent this from happening, it is essential to develop and implement coordinated approaches for the delivery of good health and social care for young LGB people. To assist in this the role of the LGBT Health and Wellbeing Group must be maintained and strengthened.

Shout all about it - share good practice wherever it happens

Clearly university level facilities come across well as places where LGB young people feel at ease and respected. GP services also show areas of good practice. Ways of sharing these experiences must be fully developed and not limited to the bounds of 'sectors' within public service. In other words, organisations whose primary role isn't health and social care must nonetheless understand their role and share knowledge across all public services including the Police and Universities.

Equity Partnership to act as the driving force

The Equity Partnership must ensure that the findings and recommendations of this needs assessment are widely shared and acted upon. This includes supporting the LGBT Health and Wellbeing Group to maintain its mandate to implement these recommendations and report to the Health and Wellbeing Board twice a year to link in with key strategic and planning cycles

Keep evolving

Equity Partnership must maintain a current understanding of the challenges faced by lesbian, gay, bisexual AND trans communities so that future assessments of health and social care are relevant, timely and meaningful.

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