

Why is this issue important?

Sexual orientation is defined as whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.¹

Lesbian, gay and bisexual (LGB) people are at higher risk than heterosexual people of bullying, abuse, discrimination and exclusion.^{2,3,4}

LGB people are also at greater risk of mental disorder, substance misuse and dependence, self-harm and suicidal behaviour/ideation than heterosexual people.

Socially isolated LGB people and those on a low income are more susceptible than others.^{5,6} Some LGB people are more resilient than others despite these higher risks. E.g. the higher risk of mental health issues, suicidal ideation or substance abuse relating to sexual orientation may be mitigated by protective factors that promote resilience such as 'family (and friend) connectedness'.^{7,8,9}

Key outcomes

None of the indicators in the Outcomes Frameworks are specifically focused on sexual orientation, but cover all people. However sexual orientation is a 'protected characteristic' in the Equality Act 2010 and public sector organisations are required to have due regard to the need to advance equality of opportunity and eliminate discrimination faced by people based on their sexual orientation.¹⁰

¹ Equality and Human Rights Commission. [Protected characteristics definitions](https://www.equalityhumanrights.com/en/equality-act/protected-characteristics/) <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics/> [Accessed 08/11/2016]

² Hernandez GG. LGBT Resilience Toolbox.

³ Csikszentmihalyi M. Flow: The Psychology of Optimal Experience. New York: Harper and Row; 1990.

⁴ Browne K. Count Me In Too. LGBT lives in Brighton & Hove initial findings: Academic report. University of Brighton and Spectrum LGBT Community Forum; 2007.

⁵ NIMHE. Mental disorders, suicide, and deliberate self harm in lesbian, gay and bisexual people: a systematic review; 2007.

⁶ Browne K and Lim J. Count Me In Too: Mental Health Additional Findings Report; 2008.

⁷ Eisenberg ME, Resnick, MD. Suicidality among Gay, Lesbian and Bisexual Youth: The Role of Protective Factors. Journal of Adolescent Health; 2006; 39(5): 662-668.

⁸ Fenaughty J, Harré N. Life on the seesaw: a qualitative study of suicide resiliency factors for young gay men. Journal of Homosexuality; 2003; 45(1):1-22.

⁹ Johnson K, Faulkner P, Jones H, Welsh E. Understanding Suicidal Distress and Promoting Survival in the LGBT Communities. Brighton & Sussex Community Knowledge Exchange Project; 2007.

¹⁰ UK Government. Equality Act 2010. Available at: <http://www.legislation.gov.uk/ukpga/2010/15/contents> [Accessed 08/11/2016]

Impact in Brighton & Hove

There is no definitive research into the number of lesbian, gay, bisexual (LGB) people who live in the city and the recent 2011 Census did not include a question on sexual orientation.

Our best estimate of the number of lesbian, gay and bisexual residents is 11% to 15% of the population aged 16 years or more. This estimate draws on information collected via large scale surveys and audits conducted over the last ten years (including Count Me In Too). This is similar to two recent representative surveys conducted across Brighton & Hove (Health Counts and City Tracker), where 11% of respondents identified themselves as lesbian, gay, bi-sexual, unsure or other sexual orientation.¹¹

However, it did include civil partnership within the marital status question and 1% of residents aged 16 or over (2,346 people) are registered in a same-sex civil partnership; four or five times more than in the South East and England (both 0.2%).¹²

In Brighton & Hove there were a total of 1,224 couples living in civil partnerships according to the Census 2011, 826 between men and 394 women.

The areas with the highest proportion of civil partnership couples are in East Brighton and Queen's Park (the wards covering the Kemptown area of Brighton) (Figure 1).

Brighton & Hove has a much higher rate of civil partnerships per 100,000 population than in the South East and England for both genders. In 2013, there were 188.5 civil partnerships per 100,000 females, compared to significantly lower rates of 28.8 in the South East and 23.8 in England. Whilst the number of civil partnership formations in 2013 were lower for males in Brighton & Hove at 73 per 100,000 population, this is still more than two times higher than the rates of male civil partnerships in the South East (28.8) and England (25.8).¹³

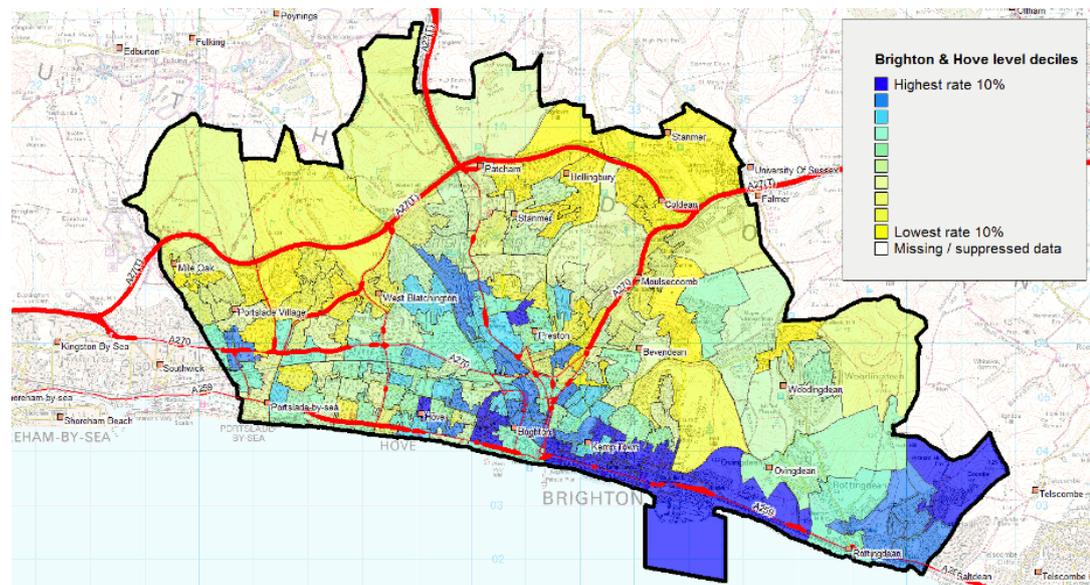
¹¹ Brighton & Hove City Council. City Snapshot Report <http://www.bhconnected.org.uk/content/reports>

¹² Office for National Statistics. Census 2011.

¹³ Office for National Statistics. Taken from B&H equalities report 2015 available at <http://www.bhconnected.org.uk/content/reports>

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Figure 1: Map of civil partnerships by LSOA in Brighton & Hove, 2011



Source: Census 2011

Brighton & Hove, where more than half of all people entering into a civil partnership are aged 35-49 (50%), compared with 45% across the South East and 44% across England as a whole.¹³

Information is presented for LGB communities where available in this section. However, in some information sources trans and gender reassignment are included with LGB communities and this is presented here where information is not available separately for LGB.

There is no detailed small area data available on the outcomes experienced by groups according to their sexual orientation at local authority level in order that we can compare the experiences in the city to elsewhere. However we do have evidence across the JSNA and this is summarised here. You can look at the sections referred to if you wish to know more.

Wider determinants of health

Parenting: 16% of the CMIT sample were parents with lesbians/gay women (26%) and bisexuals (24%) parenting more often than gay men (8%). Deaf (33%) and disabled people (24%) were also more likely to be parents. 28% of parents described their child as bullied or taunted because of their sexuality. School was also the place most cited for problems related to sexuality.

Education: Local survey results suggest that the LGBT population is highly educated even in

comparison to the high qualification levels of the general population of Brighton & Hove.¹⁴ In 2007,

the largest UK Survey of LGBT people reported that almost two thirds of young lesbian, gay and bisexual people had experienced homophobic bullying, and that bullying was more common in faith schools where it was also less likely to be reported.

Housing and homelessness: A quarter of LGBT CMIT

respondents said they had experienced difficulties in obtaining accommodation and 22% reported that they had been homeless at some point in their lives. A third of those who defined themselves as bisexual, queer and other had experienced homelessness, compared with 22% for lesbians / gay women and 19% for gay men. Those more likely to have experienced homelessness also include LGBT disabled people, people who were HIV positive, people on low incomes and people with mental health difficulties.¹⁵ A specialist LGBT Housing Options Officer ensures the needs of these groups are more effectively supported with their housing needs.

Material wellbeing: CMIT indicates that employment levels of LGBT people in the city appear to be high compared with all working age adults. Gay men were more likely to have higher incomes than those in the other sexuality categories: the majority of respondents identifying as gay (58%) had an income of over £20,000 whilst most lesbians / gay women in the sample had an income of less than £20,000 (54%). Those identifying as bisexual were more likely to have an income less than £20,000 (68%) whilst only 22% of those in the other sexuality categories had an

¹⁴ Browne K, Lim J. Count Me In Too: General Health Additional Findings Report: University of Brighton and Spectrum; 2008. http://www.countmeintoo.co.uk/general_health.php [Accessed 20/08/2012].

¹⁵ Browne K, Lim J. Count Me In Too: Housing Report: University of Brighton and Spectrum; 2008. <http://www.countmeintoo.co.uk/housing.php> [Accessed 20/08/2012].

income of over £20,000 a year. However, a statistically significant relationship was only found for the younger age groups (under 46), whilst this is not the case for those 46 or over.⁴

Parks and open spaces: In the 2012 Health Counts survey there was no difference in use between heterosexual and LGB, unsure or other respondents in how likely they were to have used parks or open spaces in the last week in the city.^{Error! Bookmark not defined.}

Crime and antisocial behaviour: Hate crime is experienced by some members of LGB communities and there is a lack of perceived safety, particularly on estates on the outskirts of the city where hate crime is perceived to be more common.¹⁶ Many LGB people are 'normalising' abuse as an expected part of daily life as a coping strategy.¹⁷

During 2014/15 the Anti-Social Behaviour (ASB) and Hate Crime Casework Team received a total of 613 reports of ASB or hate incidents. Of these 14 incidents related to sexual orientation.

Of those surveyed in the 2012/13 LGBT Trust and Confidence Survey, 23% of respondents reported that they had experienced a hate crime or incident in the last 12 months related to their sexual or gender identity. Verbal abuse and negative comments were the most common form of incident, many of which go unreported.¹⁸

Good nutrition: In the 2012 Health Counts Survey there was little difference in eating the recommended five or more portions of fruits or vegetables per day LGB and unsure respondents (50%) and heterosexuals (53%).

Public services: LGBT residents are more likely to be out to their GP than a decade ago; perception of police services is improving; and the majority of LGBT people are comfortable accessing mainstream services. However, some gay men still do not feel "safe" being open about their sexual identity with their GP.¹⁴ The LGB community's satisfaction and dissatisfaction with public services

in Brighton & Hove is broadly similar to that of the Heterosexual community. Satisfaction and dissatisfaction level with Brighton & Hove City Council, Sussex Police, East Sussex Fire & Rescue, NHS Hospital, mental health services and local charities and voluntary organisations are similar. However, the LGB community is more likely to be satisfied with their GP (88% compared to 74%) but less likely to be satisfied with NHS dentist (45% compared to 63%). It should be noted that the number of LGB respondents to the survey is small (63).¹⁹

Wellbeing and community resilience

Happiness: In the 2012 Health Counts survey heterosexual respondents were more likely to be more satisfied with their life, feel the things they do are worthwhile, have higher levels of happiness and be less anxious than LGB and unsure respondents, however none of these differences were significant. There were also no significant difference results for any LGBU group.

Life satisfaction: In Brighton & Hove 86% of people were very or quite satisfied with their local area, higher than England (80%) and the South East (83%). For heterosexual residents 87% were very or quite satisfied but this was lower for LGBT residents at 77%. The majority of LGBT people living in Brighton & Hove (over 80%) are happy with where they live and many people live in Brighton & Hove because of its LGBT friendliness.¹⁴

Belonging: The vast majority of LGBT people report that it is easy/very easy to live in the city as an LGBT person. Over a third of those with a disability/long-term health impairment found living in Brighton & Hove easy/very easy. A quarter found it difficult/very difficult.²⁰ 25% of deaf respondents said they found it easy or very easy to be an LGBT deaf person in Brighton & Hove compared with 76% of the overall sample. LGBT deaf people experienced difficulties with services, health, safety

¹⁶ Brighton & Hove City Council. The Place Survey 2008. <http://consult.brighton-hove.gov.uk/portal/lsp/place/place08> [Accessed 20/08/2012].

¹⁷ Brighton & Hove Partnership Community Safety Team. LGBT hate crimes and incidents strategic assessment extract; 2010.

¹⁸ LGBT Community Safety Forum. Brighton & Hove LGBT Trust and Confidence Survey Report 2012/13

¹⁹ Brighton & Hove Connected. City Tracker Survey November 2014. Available at <http://www.bhconnected.org.uk/content/surveys>

²⁰ Browne K, Lim J. Count Me In Too: Disability & LGBT Lives: University of Brighton and Spectrum; 2009.

http://www.countmeintoo.co.uk/deaf_and_disabled.php [Accessed 20/08/2012].

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and housing. Some LGBT people feel marginalised and isolated even within LGBT communities.²¹

However, heterosexual people in the city were more likely than LGBT residents to believe their local area to be a place where people from different backgrounds get on (87% versus 76%).¹⁶

Sexual orientation: Lesbian, gay, bisexual and transgender people (this information is not available separately for LGB and trans respondents) are more likely to volunteer than heterosexual people in the city. Over a third of LGBT people volunteer for an LGBT group, and almost half regularly participate in national LGBT groups. Amongst management committee members 7% are LGBT. There are also high levels of young volunteers across the Allsorts LGBT volunteering programme.^{22,23,24}

Social connectedness: There are high levels of reported friend and partner support for LGBT people in Brighton & Hove. LGBT groups experiencing significant levels of marginalisation and isolation and feeling that their local area is not inclusive for people from different backgrounds include LGBT BME people, those with hearing impairments and those who are HIV positive.⁴

Developing well

In the 2014 Safe and Well at School Survey (SAWSS) conducted in secondary schools across the city 90% of pupils aged 11-16 years stated their sexual orientation as heterosexual; 4% as LGB and 4% as unsure.

LGB and unsure 11-16 year old pupils are:

- Less likely to enjoy coming to school; enjoy learning at school; feel safe at school; or have good friends in or out of school; less likely to be happy or confident and more likely feel anxious/worried, very sad/depressed,

lonely/isolated, out of control and very angry (LGB only); more likely to have been bullied, truanted (LGB only) or excluded (LGB only) than heterosexual pupils.

- Less likely to participate in physical activity.
- Much more likely to have tried cigarettes than heterosexual pupils or unsure pupils.
- Much more likely to have tried alcohol, to have been drunk, drunk alcohol in the last week; to have drunk on more days and to have used non-prescription drugs than heterosexual pupils.
- LGB pupils aged 14-16 are more likely to have ever had sex (33%) compared with heterosexual pupils (17%) and pupils unsure about their sexual orientation (12%).²⁵

Surveys undertaken by Allsorts, a local support project for LGBT young people, reflect the increased vulnerability of this group to mental health issues: Of the 67 LGBT young people surveyed in the six months to March 2016:

- 88% had experienced mental health problems (e.g. depression and anxiety that had left them feeling unable to cope)
- 51% said they had suffered some form of homophobic/biphobic/transphobic incident/discrimination/harassment or bullying
- 45% had done something to injure or harm themselves
- 48% had contemplated suicide and 15% had attempted suicide.²⁶

Living well

General health: In the Health Counts 2012 survey LGB and unsure respondents (79%) were less likely to say that they were in good or better health than heterosexuals (85%), though the difference is not statistically significant.

²¹ Browne K and Lim J. Count Me In Too: Deaf LGBT lives: University of Brighton and Spectrum; 2009. http://www.countmeintoo.co.uk/deaf_and_disabled.php [Accessed 20/08/2012].

²² Browne K. Count Me in Too. LGBT lives in Brighton & Hove, initial findings: Academic report. University of Brighton and Spectrum LGBT Community Forum: 2007

²³ Taking Account 3. Available at: <http://bhcommunityworks.org.uk/wp-content/uploads/2014/01/FINAL-TAKING-ACCOUNT-3-REPORT.compressed.pdf>. [accessed 09/09/2016]

²⁴ Allsorts Youth Project. Allsorts Annual Report. Brighton & Hove. Available from: <http://www.allsortsyouth.org.uk/wp-content/uploads/2010/09/Allsorts-Annual-Report-2015-2016-.pdf>

²⁵ Brighton & Hove City Council. Safe and Well at School Survey. 2014. Participants noted that it was hard to meet other LGBT people if they did not go to bars and clubs. There was also a discussion around the need for initiatives which are set up to support people to make relationships to be LGBT inclusive. Summary briefing available at <http://www.bhconnected.org.uk/content/surveys>

²⁶ Allsorts Youth Project. Allsorts Survey Report. March 2016. Submitted as part of the call for evidence for the JSNA.

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82% of lesbian and bisexual women resident in the city reported their health as excellent or good (compared with 81% in Britain).¹⁴ For men 78% of gay or bisexual men in the city reported very good or good health compared with 76% in England.

Some groups were less likely to rate their health as good or very good, including those who identified as deaf, disabled/long-term health impaired or HIV positive; those who were older; those on low incomes; those in temporary/council housing; and those who had mental health difficulties.¹⁵

Brighton & Hove LGBT Health and Inclusion Partnership has undertaken a Lesbian, Bisexual and Queer Women's health survey. This showed similar levels of general health to the 2012 survey. It identified areas of concern in LBQ women's health across physical health, sexual health and mental health. It also highlighted a low up-take of services such as cervical smears and sexual health checks. This is evidence to suggest that a large proportion of LBQ women do not find services inclusive and do not feel comfortable coming out to health professionals.²⁷

Emotional health and wellbeing: Almost one in five CMIT respondents described their mental and emotional health as poor or very poor over the last year, and only one fifth of respondents had not experienced difficulties with one or more of these issues in the past five years. Lesbians / gay women (65%) and gay men (64%) were far more likely to describe their emotional and mental wellbeing as good/very good compared with those identifying as bisexual (57%) and queer (48%).⁶

Physical activity: In the 2012 Health Counts Survey there was little difference in meeting the recommended physical activity levels between LGB and unsure respondents (22%) and heterosexuals (26%).

The LGBT community and young LGBT men were identified as having specific physical activity needs by key stakeholders taking part in semi-structured interviews during 2011 (see section 7.3.3).

Nationally, a quarter of gay and bisexual men meet recommendations for 30 minutes or more of exercise five times or more per week, 21% in

Brighton & Hove, compared with 39% of men in general.¹²

Healthy weight: In the 2012 Health Counts survey Heterosexual respondents (45%) and LGB, unsure and other respondents (47%) were as likely to be of healthy weight, the small difference was not statistically significant.

In Brighton & Hove 47% of gay and bisexual men are overweight or obese compared with 44% of gay and bisexual men across England (70% of men in general).¹² 45% of lesbian and bisexual women in Brighton & Hove are overweight or obese (compared with 47% in Britain).¹³

Nationally, almost half of gay and bisexual men worry about the way they look and wish they could think about it less; in Brighton & Hove 17.5% (England 13%) had been told they had a problem with their weight or eating in the last year compared with 4% of men in general.¹²

23% of lesbian and bisexual women in Brighton & Hove had ever been told they had an eating disorder, the same proportion as in Britain.¹³

Smoking: In the 2012 Health Counts survey LGB and unsure respondents (30%) are more likely to say that they smoke than heterosexuals (22%) – though neither group was significantly different to all respondents. The highest smoking prevalence is seen amongst bisexuals (40%) – significantly higher than for all respondents.

A third of LGBT CMIT respondents said that they smoked cigarettes.¹⁴

Nationally, a quarter of gay and bisexual men say they currently smoke and in the city this is 22%.¹²

In Brighton & Hove 20% of lesbian and bisexual women smoke (compared with 26% in Britain).¹³

The Brighton & Hove tobacco control plan 2016-2019 outlines the priorities for reducing smoking prevalence in adults, young people and preventing the take up of smoking in young people. These include the NHS Brighton & Hove Stop Smoking Service continuing to provide a specifically tailored service to the community, targeting people in high prevalence groups including LGBT communities.

Alcohol and drugs: In the 2012 Health Counts Survey there was a small difference in drinking at increasing or higher risk drinking between LGB and

²⁷ Brighton & Hove LGBT Health Inclusion Project. Lesbian, Bisexual and Queer Women's Health Survey - Report

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unsure respondents (17%) and heterosexuals (23%). LGB and unsure respondents (63%) are statistically significantly more likely to have ever taken drugs than all respondents (40%), the figure for heterosexual respondents was 38%.

The alcohol needs analysis²⁸ indicates that Lesbian, gay, bisexual and transgender people living in St. James Street and Kemp Town were more likely to drink alcohol than those in other areas; those who lived in rented and privately owned property were more likely to drink than those in social housing; and those who were frequently concerned about their use of alcohol or amount they drank had experienced problems in getting accommodation.

There is an under-representation of the lesbian, gay, bisexual and transgender (LGBT) community within the treatment population (2014) (10.6% in treatment compared with an estimate of 13% within the City).²⁹ Use of substances within this community may not be problematic, however given evidence of higher levels of use and under-representation within treatment it is possible that a gap in provision exists. Of those in treatment for primary use of Novel Psychoactive Substances (NPS/Legal highs), 25% come from this community.

In Brighton & Hove 50% (of gay and bisexual men report drinking alcohol on three or more days a week – higher than England (42%) and 35% of men in general across England. Half of gay and bisexual men in England report taking drugs in the last year compared with one in eight men in general, in the city 56% of gay and bisexual men report having taken drugs in the last year.

Domestic abuse: Locally, CMIT suggests that in the last five years, 3% of lesbians, 4% of gay men and 3% of bisexuals had experienced sexual assault.

In Brighton & Hove 9% of lesbian and bisexual women had experienced domestic violence (20% from a female and 9% from a male) compared with 28% in Britain).

Nationally half of gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 compared with 17% of men in general, in

Brighton & Hove 59% of gay and bisexual men reported this; more than a third of gay and bisexual men have experienced at least one incident of domestic abuse in a relationship with a man and this is nearly half in Brighton & Hove (46%); 26% of gay and bisexual male respondents in Brighton & Hove have experienced domestic abuse from a family member since the age of 16; four in five gay and bisexual men in the national survey who have experienced domestic abuse have never reported incidents to the police; of those who did report, more than half were not happy with how the police dealt with the situation – this information is not available at city level.

Sexual health: The burden of sexual ill-health is not shared equally; younger people (under 25 years old) and men who have sex with men (MSM). Rates of STIs in these groups far exceed those of the general population locally and nationally.

In the 2012 Health Counts survey LGB and Unsure respondents (35%) were significantly more likely to have had a common sexually transmitted infection (STI) compared with heterosexual respondents (14%).

A quarter of CMIT LGBT respondents had never had a sexual health check-up, but those who are most sexually active are most likely to have had one.

In Brighton & Hove 49% of lesbian and bisexual women had ever tested for a sexually transmitted infection (compared with 43% in Britain).

Rates of testing for STIs and HIV are higher in the city than across England according to the Stonewall research. Nationally 24% of gay and bisexual men have never been tested for any sexually transmitted infection compared with 16% in Brighton & Hove.

One in ten CMIT respondents had taken part in sex work at some point, and over the past five years 4% have made themselves available for sex in order to have somewhere to stay.

Preventing ill-health

Cancer screening: Many lesbian women and their health professionals are unaware of their need for cervical screening.³⁰ A Brighton & Hove survey

²⁸ Brighton & Hove Community Safety Partnership. Alcohol Needs Assessment. 2010. Available at:

<http://www.bhconnected.org.uk/content/needs-assessments>

²⁹ NDTMS (Nebula) extract 2014 Drug Users in Treatment.

³⁰ Fish J. Cervical screening in lesbian and bisexual women: a review of the worldwide literature using systematic methods. Leicester: DeMontfort University. June 2009. Available at:

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showed that a quarter of 130 lesbian and bisexual respondents had never been screened or were screened more than five years ago (26% Britain) and only 21% regularly checked their breasts (26% Britain).³¹

Suicide and self-harm: In the Health Counts survey 2012 LGB and unsure respondents (20%) were more likely to say that they had ever self harmed than heterosexuals (9%), and the difference was statistically significant. The highest percentages were for lesbian/gay women (39%) and bisexuals (41%) – both significantly higher than for all respondents. The figure for gay men was 9%.

Almost a quarter of CMIT respondents say that they have had serious suicidal thoughts, with 7% attempting suicide in the past five years.⁶ Identity groups that are more likely to have had suicidal thoughts and attempted suicide include bisexual and queer people, disabled LGBT people and those living with a long-term health impairment.⁶

In the last year, 4% of gay and bisexual men from Brighton & Hove in the Stonewall survey said that they had deliberately harmed themselves compared to 6.5% across England and 2% had tried to take their life in the last year compared with 3% across England.¹²

In Brighton & Hove 5% of lesbian and bisexual women say they tried to take their life in the last year (compared with 6% in Britain) and 17% say that they intentionally harmed themselves (without intending to take their life) (compared with 19% in Britain).¹³

Improving health and promoting independence

Physical disability and sensory impairment: In the 2012 Health Counts survey LGB and unsure respondents (29%) were more likely to say that they have a limiting long-term illness than heterosexuals (26%), though the difference is not statistically significant. According to CMIT 15% of LGBT people identified themselves as having a long-term health impairment or physical disability. They requested improved accessibility of LGBT spaces for the disabled and greater acceptance,

understanding and information. In 2014/15, 8% of those using the Housing Adaptation Service identified as LGBT.

Not all sensory services have been collecting data on the numbers of LGBT service users but from April 2016 they will all be collecting this data. Of those that have collected this data a service for people with hearing impairments reported 18% LGBT in 2015/16 and a service for people with visual impairments 7% LGBT.

Mental health: In the 2012 Health Counts survey LGB and unsure respondents (46%) were more likely to be at risk of major depression than heterosexuals (37%), though the difference to all respondents is not statistically significant.

In the Stonewall survey 11% of gay and bisexual men in the city had both moderate to severe anxiety and moderate to severe depression compared with 13% across England; 7.6% had moderate to severe depression with mild or no anxiety in Brighton & Hove, 8.5% in England.

The 2007 mental health needs assessment for working age adults in the city identified higher risks among the LGB population. CMIT found that 79% of the city's LGBT population reported some form of mental health difficulties. Bisexual, queer and BME LGBT people more frequently reported experiencing mental health difficulties, as did those who feel isolated and those on a low income.⁶

Bisexual people have high rates of mental health problems, including depression, anxiety, self harm and suicidal thoughts. This has been strongly linked to experiences of biphobia and bisexual invisibility.³²

Dual diagnosis clients in the substance misuse service are more likely to identify as LGB (17%) compared with 11% for all clients in treatment.

HIV: 7% of CMIT respondents were HIV positive.¹⁴ The Gay Men's Sex Survey (2010) reports that of 289 respondents resident in Brighton & Hove: 19% had never taken an HIV test; 21% last tested negative more than a year ago; and of those who had ever tested, 25% tested HIV positive.

<http://www.cancerscreening.nhs.uk/cervical/publications/screening-lesbians-bisexual-women.pdf> [Accessed 08/05/2012]

³¹ Prescription for Change: Lesbian and bisexual women's health check 2008. http://www.stonewall.org.uk/what_we_do/research_and_policy/3101.asp [Accessed on 26/08/2012]

³² Barker M, Richards C, Jones R, Bowes-Catton H, Plowman T. The Bisexuality Report: Bisexual inclusion in LGBT equality and diversity. The Open University; 2012. Available at <http://www.bisexualindex.org.uk/uploads/Main/TheBisexualityReport.pdf>

In England 29% of gay and bisexual men have never had an HIV test compared with 21% locally. Of those who had never been tested for HIV in the Brighton & Hove sample 66% said it was because they did not think that they had put themselves at risk and 16% because they had never been offered a test (lower than England at 27%).¹²

In 2014, in 85% of patients in the City, the probable route of transmission was sex between men. It is estimated that 14% of gay men with HIV are unaware of their infection³³ which is important from a prevention perspective & to ensure correct monitoring to allow treatment to begin as soon as required.

In Brighton & Hove between 2012 and 2014, 30% of HIV diagnoses were made at a late stage of infection compared to 42% in England. 28% of men who have sex with men (MSM) and 42% of heterosexuals were diagnosed late. Individuals diagnosed late have higher rates of morbidity and mortality. Mortality within a year of HIV diagnosis is ten times higher for heterosexuals diagnosed late and more than one in twenty die within a year of diagnosis.³⁴

Specific health services

In Brighton & Hove, a survey of lesbian and bisexual women showed that 42% had disclosed their sexuality to almost all GPs or healthcare professionals (compared with 36% in Britain); 57% had no negative experiences of healthcare in the last year (compared with 51% in Britain); 63% had positive experiences (compared with 57% in Britain); and 17% felt there was no opportunity to discuss sexual orientation in a healthcare setting (compared with 22% in Britain).¹³

Nationally and locally 35% of gay and bisexual men who have accessed healthcare services in the last year have had a negative experience related to their sexual orientation. In England a third are not out to their GP or healthcare professionals (out to few or none) but this is lower in Brighton & Hove at 26%. Nationally more than a quarter of gay and

bisexual men said their healthcare professional acknowledged they were gay/bisexual after they had come out; a quarter said that healthcare workers had given them information relevant to their sexual orientation; one in five said that their GP surgery displayed a policy that they would not discriminate against people because of their sexual orientation; and two in five reported that their GP had a clear confidentiality policy (44% Brighton & Hove).¹²

We do not currently have information on primary or secondary care or disease prevalence by sexual orientation.

LGBTQ people will often have distinct health needs, but can face discrimination and barriers to access around their gender or sexual orientation where healthcare professionals may have a poor understanding and awareness of LGBTQ issues and health needs. This places considerable stress upon LGBTQ people around health management, specifically around issues of disclosure and information sharing between health professionals.³⁵

As part of the new LCS contract surveys, interviews and focus groups were carried out by nine voluntary sector organisations.³⁶ These groups represent and engage with different population and equalities groups in the city. LBGT HIP was one of these organisations.

For respondents through LGBT HIPs consultation, the things that participants indicated as being of highest importance were:

- Being able to book an appointment with a designated GP with whom they were familiar. 38% of respondents indicated that this was the highest priority for them.
- That their medical and personal information would be shared effectively between different professionals supporting them in their healthcare.
- Reducing waiting times for GP appointments. This was not a theme that emerged in the focus group.

³³ HIV in the UK – Situation Report 2015: Incidence, prevalence and prevention. Public Health England, London, 2015. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/477702/HIV_in_the_UK_2015_report.pdf [Accessed on 06/07/2016]

³⁴ Chadborn T.R. Delpech V.C. Sabin C.A. Sinka K. et al. The late diagnosis and consequent short-term mortality of HIV-infected heterosexuals. 2006. *Aids*, 20(18), pp.2371-2379.

³⁵ LGBT HIP. LGBTQ People's Views on Changes to Primary Care. 2015. Submitted as part of the call for evidence for the JSNA.

³⁶ Carers Centre, Family Friends and Travellers, Age UK, Right Here, LiVE – Listening to the Voice of Experience, Speak Out, Amaze and Parent Carers Council, LGBT HIP

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- Having a certified standard of LGBTQ awareness in the services that they use.
- Being able to see another GP if their GP was busy.
- That their medical and personal information should be kept secure and could not be accessed by other professionals unnecessarily or without consent. Although this was ranked relatively low overall, this was top priority for 16% of respondents and second priority for 11% of respondents.

Key recommendations from across the reports are:

- GP practices to have more information in practices about support available to patients and carers and improved signposting by staff. This theme was mentioned in all reports
- For all practices to support marginalised groups such as Gypsies and Travellers to register and benefit from GP practice services
- There is a training need around communication and listening for all primary care staff that values different patient groups explicitly and including: older people, people with lived experience of mental health issues and people with learning disabilities
- LGBT training for clinical and non-clinical staff is included in the planning for changes to primary care
- More publicity about opening times and in particular about the Weekend Surgeries is needed
- The role of the Community Navigators should be strengthened as part of the preventative agenda and addressing the expressed need for information and signposting
- Community navigators are trained in equalities training
- Due consideration should be given to patients who have a trusted relationship with their GP. Changes to Primary Care should not jeopardise this relationship and individuals should be given the opportunity to make an appointment with their designated GP
- GP practices to ensure patient records are up to date and include key groups on registers such as carers and people with learning disabilities, this is to ensure patients are contacted and have access to annual and other health checks
- Longer GP appointments for those that need it

- To use GP telephone consultations as appropriate, it increases access for many but some groups with more complex needs benefit more from face to face consultations. Email communication where appropriate could also be helpful
- Improving communications about medicines and services provided by pharmacies.

Where we are doing well

The community itself has an increasing number of assets, in the form of independent support groups, including Allsorts Youth Project, LGBT Switchboard and Brighton Bothways and BLAGSS (Brighton Lesbian and Gay Sports Society).

Brighton and Hove Clinical Commissioning Group and Brighton & Hove City Council have commissioned the LGBT Health and Inclusion Project, which consults local LGBT people, and uses the information gathered to improve access to services, service provision and delivery.

Predicted future need

As the LGB population of Brighton & Hove ages, they will have additional health and wellbeing needs.

What we don't know

Although there has been a significant shift in social attitudes over recent decades has seen civil partnerships between same sex couples brought into law in 2005 and same-sex marriage legalised in 2013, there is next to no data available on the inequality outcomes of groups by sexual orientation in England, particularly at local authority level.

Data is limited to information on civil partnerships from the Census 2011 to give some insight, but this is less than ideal.

Data on the age, gender, ethnicity and geographical location of the LGB population in the city is difficult to describe as it is not routinely collected.

The End of Life Palliative Care Partnership is now focusing on the collection of protected characteristics and postcode data.

There has been little information around the intersectionality between sexual orientation and other protected characteristics. This concept highlights the impact of “...multiple forms of discrimination occurring simultaneously”⁶ and had particular salience for these participants who reported discrimination and exclusion because of their LGBT identity as well as other characteristics.

The LGBT Health and Inclusion Project was asked by the City Council and Clinical Commissioning Group to look at what were perceived to be constituencies within those communities who were seldom heard and who were understood to find consultation and engagement activities less accessible than other groups. LGBT HIP sought to undertake activities to address this exclusion and to engage with those groups. It should be noted that some of these were focus groups with small numbers of participants. Groups included:

LGBT disabled people (nine people)³⁷:

- The issue of exclusion from LGBT venues and events was a significant issue that received considerable attention. Participants spoke in detail of physical access barriers they had encountered and complained of being made to feel like a spectacle when requesting to use facilities such as ramps or accessible toilets.
- The attitudes and behaviours of staff on the commercial LGBT scene were also cited as barriers. There was reportedly an apparent lack of basic awareness of disability issues.
- It was also noted that such problems were encountered within LGBT community and voluntary groups where there was an expectation of a higher level of awareness about the issues and disappointment that these organisations were not doing more to respond appropriately.
- Participants spoke of the ways in which they felt that LGBT disabled people were desexualised on the LGBT scene.
- Participants were frustrated by a lack of visible participation and representation of LGBT disabled people within LGBT organisations.

- The issue of invisibility was also highlighted in relation to the media.
- It was felt that more proactive support was needed for developing a sustainable group for LGBT disabled people in the city.
- Peer support was also thought needed.
- A key issue that emerged was that of intersectionality. Participants expressed frustration with initiatives and projects that worked in ‘silos’, i.e. could not work in a holistic way with the complexity of the issues they faced as people who were both disabled and LGBT.

LGBT people with learning disabilities (eight people)³⁸:

- Participants were asked where they felt safe or unsafe in the community. There was strong theme of familiarity and friendliness of staff as to whether participants found a space/venue safe.
- Very few participants had accessed LGBT support services. There seemed to be a low level of awareness about what groups and support is available.
- Some participants have been to LGBT bars and clubs. Again, staff friendliness is an important factor in feeling safe and several mentioned loud music and dim lighting being a barrier to access.
- Generally, participants have had limited appropriate support around LGBT relationships. Some participants felt anxious about coming out to support workers or family.

A separate 2015 report from Speak Out gave the following recommendations:

Health professionals

- Raise awareness of the rights of people with learning disabilities. Share Council and Sussex Partnership NHS Trust Policy with GP practices
- Strengthen links and knowledge of specialist support organisations and improve signposting

³⁷ LGBT HIP. Consultation with LGBT Disabled People. Submitted as part of the call for evidence for the JSNA.

³⁸ LGBT HIP. LGBT and Friends Event. 2015. Submitted as part of the call for evidence for the JSNA.

4.2.3 Sexual orientation

- Access to easy read resources around contraception, parenting, sexual health, abuse

Learning Disability Commissioners, Managers Provider Services and Support Staff

- More pro-active support from support workers for people learning disabilities to learn about their bodies, sexuality and relationships. Make sure support workers are well trained and confident in supporting diverse individual situations.
- Build the confidence and knowledge of people with learning disabilities through opportunities to learn about their bodies, sex, sexuality, protective behaviours, rights and consent.
- More accessible contraceptive and sexual health advice.
- Couples contraceptive advice.
- Spaces to talk about relationships
- Training for support workers
- Safe spaces for LGBT people with learning disabilities
- Support for parents to enable them to stay parenting.
- Look at recommendations from Tizzard Centre research around prevention and supporting women who have experienced domestic violence
- Look at how to share accessible resources between health, social care and voluntary sector.
- Look at how police are working with people with learning disabilities who have experienced sexual abuse and provide support and training if necessary.
- Share amended Sex and relationships policy.³⁹

Ethnicity

In a 2014 event hosted by the Trust for Developing Communities brought together people from diverse BME communities across the city, with over 50 participants, to discuss mental health and

wellbeing.⁴⁰ When asked whether there are there any specific needs that the Black and Minority Ethnic (BME) community have which could help to improve these services or help people to find out about them participants said it is a struggle for BME LGBT groups to access community groups.

Further information

Main sources of information:

- One of the main sources of local information on LGB people is the Count Me In Too (CMIT) research project which utilised data collected in 2006. This was undertaken by the University of Brighton, Spectrum and members of the LGBT communities, and the findings are based on the results from a self-selected survey of 69 focus group attendees and 819 questionnaires <http://www.countmeintoo.co.uk/>.⁴
- The 2010 Annual Report of the Director of Public Health looked at the community resilience of LGBT communities in the city.
- The 2012 Health Counts Survey of over 2,000 adults in the City provides much recent evidence for equalities groups in the City.
- Key findings reflected in other sections of this report are also highlighted.
- Stonewall conducted the largest ever survey of gay and bisexual men's health needs with 6,861 respondents from across Britain and 167 respondents from Brighton & Hove.⁴¹ In Brighton & Hove a higher percentage of respondents (96%) were gay, 2% bisexual and 2% other (91; 7%; 2% across Britain).
- A similar survey of lesbian and bisexual women across was conducted in 2007. Brighton & Hove (130 respondents) results are presented here – 80% of respondents were lesbian, 15% bisexual and 5% other (82%; 15%; 4% across Britain).⁴²

The LGBT Health and Inclusion Project

<http://switchboard.org.uk/projects/health-and-inclusion-project/>

⁴⁰ Trust for Developing Communities. DRAFT Report of the All Our Voices Event. 12 June 2014. Submitted as part of the JSNA 2015 call for evidence

⁴¹ Guasp A. Gay and Bisexual Men's Health Survey. Stonewall 2012. <http://www.healthylives.stonewall.org.uk/lgb-health/gay-and-bisexual-men/default.aspx> [Accessed 10/07/2013].

⁴² Prescription for Change: Lesbian and bisexual women's health check 2008. <http://www.healthylives.stonewall.org.uk/lgb-health/lesbian-and-bisexual-women/> [Accessed 10/07/2013].

³⁹ Speak Out. Good Support for People with learning disabilities around relationships. March 2015. Submitted as part of the call for evidence for the JSNA.

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The Brighton & Hove equalities profile

<http://www.bhconnected.org.uk/content/reports>

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