

# 'Out' in the country?

## Focus on lesbian, gay, bisexual and transgender rural isolation

### Introduction

In January 2010 Equality South West launched a survey to investigate the key issues facing lesbian, gay bisexual and transgender people in the South West of England.

Questions in this 'Pride, Progress and Transformation' (PP&T) survey were inspired by the 'ten dimensions of equality' around which the Equality and Human Rights Commission had developed the Equality Measurement Framework. This statistical framework is the means by which progress on equality is monitored at a national level. ESW has used the ten dimensions in qualitative research in the region.

At the time that the PP&T survey was first conceived it was recognised that there were important gaps in both national and regional data relating to sexual orientation and transgender identity. Equality South West undertook this (as it turned out) ambitious survey to bring home to decision-makers in the South West the issues that affect LGBT people who live on their doorstep. It was also intended to provide local LGBT groups with campaigning material that could be used to highlight issues that mattered to them.

The majority of PP&T questions were open-ended and generated a large volume of data about the first-hand experiences of the 362 LGB and T people in the region who contributed, as well as their views about how discrimination should be addressed by various agencies.

The data has since been supplemented by the findings from a focus group discussion commissioned by a multi-agency partnership within one district council area in the region. This looked at the combined impact of rurality and LGBT identity in order to inform a rural strategy for the district.

The findings from both exercises form the basis of this paper.

### What is social isolation?

Isolation is being deprived of, or withdrawing from, social contact. Social isolation is a huge risk factor for the onset of major depression and vulnerability to various forms of addiction. Social isolation can contribute towards symptoms and conditions such as heightened anxiety, panic attacks, eating disorders and general ill health.

The social and individual costs of dealing with the extreme effects of social isolation for LGBT people, which include self-harm, suicide attempts and long term incapacity, are not just financial, but are seen in the loss of human potential. They point to the conclusion that LGBT social isolation should be a key issue for policy makers to address, and urgently.

The conditions that contribute to social isolation for LGBT people in rural areas are many and diverse, and require an holistic and co-ordinated multi-agency and cross-sector approach. Ultimately it requires strategic partnerships and concerted action in support of legislation designed to tackle ignorance and prejudice, the expression of which drives many people into a state of isolation from their families and communities.

As a country that remains very largely rural, the Irish government recognised this when they launched an LGBT Diversity Programme in July 2010. The programme employed regional development workers to 'join up the dots' and establish appropriate, evidence-led local services. This stands in contrast to the actions of the UK Coalition government to date, where devolution of control and responsibility to local public bodies, and outsourcing of delivery to a vast mix of external agencies, threatens a postcode lottery in terms of equality and social justice in public service provision.

The publication of the government's 'Rural Statement' coincided with the first day of the 2012 LGBT Health Summit. This commits ministers in the Department for the Environment and Rural Affairs to engage with rural communities. It remains to be seen whether they will be seeking to engage with, and listen to LGBT and other minority voices in rural communities during the remainder of this parliament.

## UK Equality and Human Rights legislation and recent developments

A widespread understanding of the legal framework for equality in the UK, and the reasons why the legislation was created, are necessary prerequisites for achieving equality for all of the groups who are protected by law.

The Equality Act which was passed in April 2010 was the result of several years of deliberation. It consolidates nine previous Acts of Parliament and over 100 statutory instruments aimed at promoting equality and eliminating discrimination for people who have systematically been affected by prejudice. The Equality Bill was presented to parliament following an extensive public consultation process that had involved a broad spectrum of interests, from the business sector to specialist discrimination lawyers and equality organisations, with public bodies and employee representatives making significant contributions as well. The Equality Act:

- Streamlined existing legislation
- Provides new measures to fight discrimination in its various manifestations as defined in the Act
- Extended and harmonised previous provisions to cover the following 'protected characteristics': Age; Disability; Gender reassignment; Marriage and civil partnership; Pregnancy and maternity; Race; Religion or belief; Sex; Sexual orientation

The Act introduced the Public Sector Equality Duty (PSED), which requires that in the design and performance of all their public functions, public bodies must have 'due regard' to the need to:

- Eliminate discrimination in respect of the nine protected characteristics
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between those who share protected characteristics and those who do not

The term 'due regard' has been clarified through case law to mean that there needs to be demonstrable care taken in considering how current policies and practices, and any proposals to change or introduce new policies or practices, may impact on the 'protected' groups, and also how these might be designed in such a way as to advance equality. If any detrimental impacts on a protected group or groups are identified the authority is required to put in place proportionate measures to mitigate these.

To this end those considering and drafting policies need to undertake an equality analysis of proposals, drawing on both qualitative and quantitative equality data and

information, and demonstrating how this had influenced the outcome. The commissioning of services and goods is regarded as a public function to which the PSED applies.

The benefit of embedding equality analysis into the decision-making process is that the services provided are much more likely to meet the needs of all members of the community, rather than being skewed towards the wishes of the most visible and vocal groups. As people who are protected by equality legislation argue, they are citizens and tax payers too.

The Act and the PSED were welcomed by equalities officers across the South West region with whom ESW was in contact. Many of them had wished for a more directive approach to be taken in the drafting of the Specific Duties (the secondary legislation that would set out in detail how public bodies should go about implementing the Duty). As equalities specialists these public servants faced a difficult task of shifting organisational cultures which in many cases offered less than an enthusiastic embrace to the idea of 'mainstreaming' equality and diversity. They knew they would need all the help they could get from government.

The Human Rights Act embeds key provisions of the European Convention on Human Rights into UK legislation. Article 14 of the Human Rights Act bans discrimination in relation to "The enjoyment of the rights and freedoms set forth in (the) convention ... on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status."

One of the Pride, Progress and Transformation survey questions explored the extent of contributors' knowledge about their equality and human rights under UK and international legislation, and the extent to which they felt they were able to influence public policy.

The questions were, it should be remembered, formulated before the 2010 general election in the wake of a long public debate about what the Equality Act 2010 should contain, and when a different approach to equality and diversity prevailed in government. The Act was given Royal Assent just before the election was called, and was supported by a majority of MPs of the two Coalition parties. Against an historic background in which equality issues were therefore under the spotlight, over one fifth of survey respondents had 'very little knowledge' of their rights under UK equality and human rights legislation. And 63% did not know where to go to find out about their rights.

	<b>Very aware</b>	<b>Reasonably aware</b>	<b>Very little knowledge</b>
<b>European Equality legislation</b>	<b>19.4% (54)</b>	<b>46.6% (130)</b>	34.1% (95)
<b>UK Human Rights legislation</b>	<b>23.0% (65)</b>	53.2% (150)	<b>23.8% (67)</b>
<b>UK Equality legislation</b>	29.8% (84)	<b>48.6% (137)</b>	<b>21.6% (61)</b>

Since the Coalition Government’s agreement was signed in May 2010, a key political aim running alongside the ‘Big Society’, ‘small state’ and ‘Localism’ agendas is that of cutting ‘red tape and bureaucracy’. There have also been intermittent gestures towards the Conservatives’ pre-election aim, of abolishing the Human Rights Act in favour of a Bill of Rights.

Ominously, within days of the key clauses of the Equality Act coming into force in April 2011, the government launched a ‘Red Tape Challenge’ website where the public – and particularly businesses – were invited to say whether the Act itself should be repealed, and if not, which clauses should be abolished. Since then the government has refused to implement some of its clauses and proposed abolition of further important provisions, with several simultaneous consultations taking place. In September 2012 the government is also reviewing the Public Sector Equality Duty under Terms of Reference yet to be revealed.

The advent of ‘Localism’ and the ‘Big Society’, and the drive to reduce ‘red tape’, coupled with an incremental undermining and dismantling of the Equality Act, may well have created confusion around what many LGBT people not linked in to support groups and organisations now understand about their rights under UK law. This has not been helped by the fact that under their devolved powers the Scottish Parliament and Welsh Assembly have taken significantly more positive approaches than the government on its implementation.

The Coalition government’s approach, enshrined in a growing body of legislation that abolishes a mass of regulatory requirements on businesses in all sectors (i.e. public protections in many cases) and gives greater powers to local councils and communities, has raised serious concerns about the potential for increased marginalisation of ‘minorities’ and their service requirements in less diverse and progressive local communities.

The Public Bodies Act 2011 paved the way for changes to the Equality and Human Rights Commission (EHRC), which are set to leave the UK’s primary equality monitoring and enforcement body weaker, less independent and with depleted capacity to support those in the community who wish to challenge breaches of

equality and human rights legislation. Under the proposals the EHRC will in essence have less independence from, and freedom to challenge ministers and parliament in future.

The increased relaxation of regulatory standards and the autonomy that local authorities and other public bodies now have carry particular implications for minorities within rural and semi-rural communities. In many, although not all, rural authorities equality and diversity are regarded as irrelevant 'niche' interests by policy makers, and an unaffordable area of concern during times of austerity.

The spectre of 'post code lotteries' in terms of equality-based decision-making looms large under these conditions, and the extent to which the needs and voices of minority groups are heeded will inevitably be linked to the extent to which equality and diversity is embedded in local institutions' awareness, cultures, service specifications and contracts. The 'burdens' may be lifted from public bodies, but they are being shifted onto the backs of people who are already battling entrenched disadvantages.

In the absence of clear and consistent ministerial and government departmental guidance, LGBT groups and organisations will need to be ready to fight their own corner to achieve LGBT friendly policies and practices.

## **Public services and rural cultures**

What both the PP&T survey, and the rural focus groups demonstrated, but many public bodies fail to recognise, is the damaging impact of social isolation, linked to actual or anticipated prejudice towards people's sexuality or transgender identity. Rural areas can be places of acute social isolation for LGBT people - particularly for single people - and in the absence of local groups, online and helpline services were essential for some.

One of the common characteristics of rural, more traditionally-minded public bodies, is an emphasis on minimising 'state' intervention and keeping council tax and spending levels as low as possible. At the same time a 'rural premium' whereby the delivery of public services carries a greater unit cost, has long been an issue for rural authorities, which on average have received considerably less government funding per head of population than do urban authorities<sup>1</sup>.

This situation is exacerbated in many ways by the Localism Act, along with the devolvement of responsibilities and discretionary powers to local councils and other local public institutions, but with reduced or no additional funding.

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<sup>1</sup> See for example 'Costs of Providing Services in Rural Areas': Rural Services Network Aug 2011 <http://www.rsonline.org.uk/press-releases/rural-communities-hit-by-financial-double-whammy-new-report-concludes>

For upper-tier councils added responsibilities include assuming the lead role – via Health and Wellbeing Boards - in planning and providing for ill-health prevention and public health improvement. This will involve working with new, diverse and largely autonomous local NHS bodies such as GP-dominated Clinical Commissioning Groups.

This new area of work comes with limited 'ring-fenced' government funds. However, within the ring fence, local authorities are applying a very broad interpretation of what are public health priorities. Some are reportedly using the funds to make up for shortfalls in other budget areas such as road maintenance. It is worth pointing out that in reality, HWBs should be transparent with regard to the evidence they are drawing on to inform their public health spending plans, and - in accordance with the Public Sector Equality Duty - undertaking a thorough analysis of their proposals to assess the impact on LGBT health and that of other groups protected by the Equality Act 2010.

However, the inadequacies in statistical and qualitative equality data gathered and/or used by many authorities, alongside the self- and externally-imposed financial pressures together create a potent 'austerity cocktail' that impacts heavily on the quality and range of services made available to their communities by rural councils. Mainstream services such as public transport, which impact on isolated young and older LGBT people disproportionately, are cut or become too expensive, and access to specifically targeted services for 'minority' groups is almost entirely absent from the agendas of rural authorities.

Given the importance of a supportive school environment to LGBT children and young people, there are serious concerns that the increasing autonomy of schools threatens to bring with it less transparency and accountability in terms of their approach to homophobic and transphobic verbal, physical and cyber-abuse. As was well-demonstrated at the 2012 LGBT Health Summit, the impact that prejudice-based bullying has on those who are targeted is ignored at society's peril. The implications for the mental and physical health, the emotional and educational development, and the realisation of economic potential of young LGBT people affect society as a whole. However, evidence that these are being considered and addressed by government, or at a local level by Health and Wellbeing Boards are yet to be revealed.

All this has serious implications for LGBT and other rural minorities, not least for future health and care improvement and provision. In the midst of a national austerity programme, new Health and Well Being Boards should take steps to understand and include in their Joint Strategic Needs Assessments evidence of specific health risks and ill-health prevention measures necessary to address these risks for diverse equality groups.

HWBs are also charged with commissioning local HealthWatch organisations to act as watchdogs and advocates acting on behalf of the public. These organisations will

have a similar but an extended role, and will themselves be required to pay regard to the need to promote equality and eliminate discrimination in the performance of their functions.

But whilst these new public health and NHS bodies are subject to the Public Sector Equality Duty, there are worrying signs in the South West that the architects and builders of these new structures are paying scant attention to equality legislation. There is every indication that the extent to which they will be held to account on their PSED performance will increasingly depend on local engagement and campaigning by LGBT and other equality groups. Worse yet however - the government is currently reviewing the PSED itself within the context of its collective drive to cut whatever they or businesses identify as 'unnecessary red tape'. There are grave fears that this essential clause of the Equality Act will soon become fuel for their 'red tape' bonfire with little attention being paid to the protections such provisions offer.

## Pride, Progress and Transformation

### The survey

The Pride, Progress and Transformation survey was designed by the South West Lesbian, Gay, Bisexual (LGB) and Transgender (Trans) Equality Networks and carried out on their behalf by Equality South West (ESW).

Its purpose was to identify the real issues for LGB and Trans people living, working and visiting the South West region. The survey planning and launch coincided with the final stages of the passage of the Equality Act in April, 2010.

Four themed reports emerged from the findings and these were officially launched almost two years after a change of government brought significant changes in approach to implementation of the Act in England. The findings revealed significant issues facing LGBT people at different ends of the age spectrum, as contributors reflected on their own experiences and on concerns for younger and older LGBT people (and their older selves). The vulnerability of their situations in many rural parts of the region and in different circumstances, as well as the risks of isolation faced by LGBT people who are not involved in the 'scene', were highlighted.

While ONS figures for 2010/11 show that 33% of the South West population live in rural areas<sup>2</sup>, 45% of the 362 PP&T contributors live in rural areas parts of the South West, which has a total population of 5.3 million according to the 2011 census. Few

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<sup>2</sup> Rural and urban areas: comparing lives using rural/urban classifications. Pateman, T; Regional Trends 43 2010/11, Office for National Statistics

local authority areas have populations of more than 250 people per square kilometre. By far the largest urban centre is Bristol, with a population of 428,200, the next largest being Plymouth with 256,400.

All Equality South West's research activity has been directed towards exploring the experiences of people who are protected under by the Equality Act 2010 in relation to the 'ten dimensions of equality' established by the EHRC. These 'quality of life' dimensions are the foundations of the Equality Measurement Framework used by the Commission to create indices and a statistical picture of equality at national level. The Framework itself is underpinned by the concept of 'human flourishing' - the valued things in life that people "can do and be". The survey was no exception to this, and whilst questions were focused on different 'dimensions' the issue of isolation featured as a recurring theme that affected experiences across all of them. It was clear that not everyone who contributed to the survey chose to be part of the LGBT 'scene' or needed to be associated with LGBT groups. It was equally clear, however, that to have the choice would have felt like a luxury for many others.

## The findings

### **Invisible citizens**

Many contributors to the PP&T survey said that they were selective about the circumstances in which they were openly expressing their identity, and fewer than half of all contributors said they were 'out' in all situations. Significantly, a good proportion of contributors who said that they did not experience prejudice relating to their sexual or gender identity were not 'out' in key situations such as the workplace or in their home locality.

The extent to which individuals and families are known to each other in rural communities can give rise to fears of speculation and gossip about their activities, including events such as visits to GP surgeries.

One effect of living in a sparsely populated area is that in general there are too few 'out' LGBT people within close enough proximity to each other to form viable local social and support networks, or to influence or challenge local policy-makers and service providers to address LGBT issues. In 'Little Britain', Matt Lucas famously proclaims himself to be 'the only gay in the village', blissfully assuming that 'gays' are instantly recognisable by the adoption of his own outré style.

In the real world many PP&T contributors identified particular problems associated with life in smaller, more 'traditional' communities as far as coming out or becoming politically active and vocal about local issues was concerned.

“I think being LGBT does affect opportunities to take part in local councils or local voluntary organisations etc. especially in small local communities.”

“Whilst I am generally very open about my own sexuality I am aware of negative attitudes and this would impact on my willingness to engage locally, for example in local politics.”

When commenting on factors which influenced their voting behaviour, some PP&T contributors highlighted the importance of local policy making, local attitudes and actions necessary to create an inclusive environment.

“I feel that there is no practical support for young LGBT people in my area - there are helplines, but no social groups for just being able to chat with other people or get support for the little things.”

“Perhaps more accessible information on individual MP's and their voting records re LGBT issues. It would be nice to take this down to a District and Council level, because this is where decisions on services which have a high impact on our lives are made.”

Reportedly a majority of those who live in rural areas surrounding cities tend to link up with city-based groups and networks for socialising and/or campaigning, in preference to seeking recognition by and influence with their own local authorities. However, this is dependent on people having the access to means of transport that enables them to do so. Night buses, common in and around cities, are a rarity in most rural areas of the South West.

For younger LGBT people without access to their own transport who may not be 'out' to their family and friends, or whose families and friends reject their sexuality, the isolation is much more acute, and can seem insuperable.

The virtual invisibility of LGBT people – and particularly young and older LGBT people - in many rural areas clearly has an impact on the extent to which public bodies, businesses, and community based organisations are aware of their issues and concerns. In these circumstances it is probably safe to say that few would recognise benefits to be gained by being openly supportive of sexual and gender diversity. A limited understanding of LGBT issues affects the attitudes, policies and practices of many corporate and voluntary bodies, and frontline service providers in rural areas and this, in turn, reinforces many people's reluctance to be 'out' in these communities.

Equality South West has many contacts among equalities officers in the South West. Where they exist in rural authorities they almost invariably wage a lonely and unequal campaign in trying to change the way that colleagues, senior managers and elected representatives think about equality and diversity. In the past two years we have seen a number of these posts deleted, and increasingly 'customer services'

staff or those performing similar functions allocated responsibility for 'equalities' as a part of a growing portfolio of duties.

In spite of the requirements of the Equality Act and the need for the equality evidence necessary to support compliance with the Public Sector Equality Duty, there is widespread ignorance of the importance of, and often in-built resistance to the idea of gathering information about the LGBT resident population within rural public bodies. When monitoring customer satisfaction or analysing complaints, as well as when equality monitoring applicants for jobs, many choose not to include questions about sexual orientation or gender identity.

A number of PP&T contributors felt strongly that the exclusion of monitoring questions made them invisible.

"Most surveys don't ask me about my sexuality they ask everything else but not this question so they have no idea and this makes me feel that they simply don't care. They ask me about my religion and my age and race but never, not once have they ever asked me about how my sexuality affects where I live, the assumption is that everyone is straight and has children ..."

On the other hand LGBT people may choose not to provide this information when asked, often because they doubt the confidentiality with which it will be treated, or the motives of authorities that do little to inspire confidence in their intentions. In smaller, more 'tight knit' communities people fear gossip, even if confidentiality is part of the professional code for staff who may come across information about people they know, or know of.

This situation means that organisations which should seek ways of effecting beneficial changes in accordance with the legislation may possess limited data on which to assess their own performance in relation to LGBT residents, and too little local pressure upon them to address the gaps in their data.

At the request of equality and diversity officers from more forward-looking local authorities, the survey asked about the best ways for public bodies to engage with and consult them on policy options. Various comments drew attention to the fact that, since many LGB and Trans people do not have social lives that include or revolve around the 'gay scene' they can be difficult to reach.

"... Not everyone goes to pubs or clubs or belongs to a group and if they do not fill in a questionnaire truthfully there is no way of knowing. The only people you can contact are those who you can see."

"Tricky, I expect, to target LGB/Trans folk directly, as the usual avenues - LGB venues, publications etc do not reach everyone, and the most isolated and hard to reach are likely to be those most in need of help."

A popular suggestion from PP&T contributors was the inclusion of sexual and gender identity monitoring questions in general, anonymous surveys, along with other equality groups. This would answer many of the concerns raised about confidentiality.

“ ... so that we can be visible everywhere.”

## **Isolation and its impacts on health and well being**

Rural life creates an acute sense of isolation for a significant number of PP&T contributors, and in the absence of local groups, online and helpline services were essential for some, in spite of their limitations.

One of the open-ended questions in the survey asked about the health issues that concerned contributors the most. They were then asked what they thought could be done to address these concerns.

Mental health and sexual health were clearly ahead of all others as the major concerns, and identified a need for funding specifically for LGBT services to address isolation and its effects. Local support groups “in all corners of the region” were called for, with a remit and the expertise to provide counselling, friendship and support to people who are struggling against depression and isolation – which were often bracketed together.

“(services for LGB and Trans people) need to be more widely available, help should be offered to everyone so people who may be sensitive or reluctant to discuss or even accept who they are.”

“Specialist services that recognise being LGBT is a complicated issue in itself.”

“Clubs, Youth Clubs, Groups, Activities... ANYTHING LGBT!!!! We are totally isolated out here.”

“... map where there are support groups and where there are none ... lobby the council to provide or support such services/groups.”

“Ensuring people have access to LGBT specific support and groups.”

While several of these comments came from people of different age groups, behind these often lay a particular concern about the plight of younger LGBT people, and an awareness that schools were often not addressing their needs. Some other contributors made specific reference to the need for safe and supportive services for young LGB and Trans people across the region.

“More LGBT youth provision.”

“... offer more support groups in the southwest for younger people, a more open attitude that being LGBT is normal and part of life.”

“Greater support from Social Services and youth groups when individuals are exploring sexual identity.”

Mention was made of third sector ‘mainstream’ help lines and counselling services, but some comments suggested that there was little confidence that these were consistently able to understand and support people with issues arising from their sexual or transgender identity.

In rural areas there is little choice between mental health support services, and vulnerable young people may be referred to support groups where prejudicial attitudes emerge, denying them the safe and affirming environment that they need. Evidence from the PP&T survey suggested a lack of awareness of, and sensitivity to LGBT issues among some rural voluntary sector organisations, even those commissioned by public bodies to play a crucial role in supporting people with depressive mental illnesses. In one contributor’s experience the emergence and toleration of homophobic language cancelled out the intended benefits but left the individual little or no local alternative.

One question in the PP&T survey asked whether contributors had experienced violence in the home, if so from whom, and whether this was related to their sexual orientation or transgender identity. We also asked whether they reported this to anyone.

Some PP&T contributors talked about their experiences of abuse as children. They particularly needed support in relation to the effects this had had, along with understanding and acceptance of their sexuality. In a predominantly rural region, questions concerning access to such support, and access to information about where it can be obtained are particularly relevant, and highlight the need for explicitly inclusive messages and practices on the part of agencies and organisations.

“There should be mental health services to help talk through (childhood abuse) because.....HELP?!!”

“Better access to help & therapy to overcome & understand what happened to me and why it happened.”

“Have attended a Men's Group for victims of childhood sexual abuse but I am only gay man in group. Has been very positive but know many gay men are seriously screwed up by this and seem unaware that there is help out there which is very caring and non-judgemental.”

The response from one young person who had experienced violence at home demonstrated just how isolating life in a rural area can be at a time of crisis.

“I didn't know about any service in the rural area where I was living at the time.”

Another contributor suggested that LGBT people should be willing to form supportive groups and networks to combat isolation.

“I think there needs to be more opportunities for local groups to be there for local lgbt to talk to, not just helplines. We need to act more as the "family" and be there. Voluntary lgbt orgs offering support with use of volunteers would be good to counteract discrimination or isolation which can happen.”

In contrast to many of the voices of PP&T contributors, there was evidence that for some settled LGBT couples who have been in a position to choose rural life it can be a haven of peace and security, dispelling anxieties resulting from any previous experiences of harassment or abuse.

It is not difficult, however, to conclude that rural isolation for young LGBT people in particular is created and intensified by prevailing ‘traditional’ cultures and social attitudes which give rise to an oppressive mixture of poor service provision, a lack of affirmation and support from schools, family, friends and other young LGBT people, and limited alternatives in terms of social life, education and employment opportunities. This needs to be tackled in an holistic way by agencies that are willing to understand the issues and build a dialogue that creates trust among those affected.

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## LGB Voices from Moorhaven<sup>3</sup>

### The focus group

In March 2012 a focus group discussion among lesbian, gay and bisexual people took place in a rural district of the South West of England. It was commissioned by the Moorhaven Strategic Partnership to explore the key issues affecting participant’s lives, and provide evidence to support positive initiatives that could help promote lesbian, gay, bisexual and transgender (LGBT) equality in the Moorhaven District Council area.

Moorhaven has five small to medium-sized towns, and parts of the district are within relatively easy reach of two cities for those who have their own transport. Those bus links that do exist are expensive, however, and do not provide access to and from evening leisure activities, or enable people to enjoy a social life in these cities. Accessing employment in the cities by public transport would also be difficult if not impossible.

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<sup>3</sup> The name ‘Moorhaven’ which is used in this report is fictional, the rest is derived from an actual research report.

Invitations to attend the focus group for LGBT people who lived in rural Moorhaven were circulated through a number of initial contacts from January 2012. These included an LGBT voluntary sector health organisation, the local NHS, and Equality South West contacts via e-bulletins and the LGB and Transgender networks which ESW supports. Through these channels, other organisations and communications 'hubs' were reached, including an organisation of and for young LGB people, and a lesbian network, both with a county-wide membership. Opportunities were taken during LGBT History month to spread the word among numerous other correspondents who were in contact with ESW during the month.

No Transgender people responded to the invitation, and it was a group of four that eventually met. However, each participant had links to, and was active within, wider LGBT networks in the Moorhaven area, and beyond. Given the size of the group there was a good mix of ages, experiences and perspectives among participants, one of whom was registered as disabled.

The topics to be covered were agreed with the Moorhaven Strategic Partnership of key public and voluntary sector agencies, but the discussion ranged more widely at times, giving a broader picture of the lives and experiences of LGBT people living in this rural district.

## Overview of findings

Moorhaven district has much that attracts lesbian, gay and bisexual couples, although many tend to be selective as to whom they trust to know about their relationships. For single people – in particular those who are young or old, and/or whose mobility and spending power is restricted – living in Moorhaven can be severely isolating and mentally debilitating.

While legislative changes have provided a vital platform from which cultural and attitudinal changes towards sexual diversity can gain momentum, a legacy of ignorance and discrimination still overshadows many aspects of life for even the most open advocates of lesbian, gay bisexual and transgender (LGBT) equality.

Few of us worry that family photos and other favourite household artefacts might be the cause of hostile reactions from strangers entering our homes. Few of us have cause to feel anxious that the sound of the letter box might bring an unspeakable token of a neighbour's hatred because of who we are. These are among the experiences that participants had faced.

The focus group discussion revealed how the dominance of 'traditional' social norms creates a difficult environment for LGBT people to 'be themselves'. This is manifested in key areas of their lives: health, feelings of safety, security and

belonging, educational achievement, and ability to influence decision-making are all undermined. At the same time, services which are dedicated to supporting and improving these quality of life 'domains' are too often failing to do so for LGBT people, largely through lack of awareness and recognition but in some instances through outright expressions of prejudice.

Access to an adequate personal income makes a crucial difference to people's health, whatever their background and characteristics, as the Marmot report<sup>4</sup> and many other influential research studies have shown. For LGBT people in Moorhaven, a decent income enables those who are otherwise isolated, and too fearful of repercussions to disclose their sexual identity at home, to travel to places where they find acceptance, support, friendship and relationships. It also provides greater choice in housing, and other basic freedoms that can mitigate the impact of isolation. A key problem lies in the fact that those LGBT people who are most affected by prejudice and discrimination - including within their own households - are by definition those least able to afford means of escape from it. These include children and young people, and those who, through disability, age or educational disadvantage for example, do not have access to adequate disposable income.

It is clear that life can feel less safe than living in cities, particularly for single people. Public knowledge of people's sexual orientation can lead to anything from ostracism to harassment and physical abuse, and perpetuate a sense of insecurity, even when at home. These factors drive many to seek a social life outside of their home areas, when they are able to do so. Within Moorhaven, a high value is placed on 'safe' spaces, where LGBT people know that they can be themselves. But they are few and – literally - far between.

Rural isolation can be particularly acute for single LGBT people, and even more so for younger people who especially need support, crucially from family and friends, and from others who understand their situation. Those who do not have their own means of transport, and cannot rely on buses, or lifts from supportive family members, friends or neighbours, are effectively cut off from such support.

The Equality Act was introduced to create a coherent platform and catalyst for change so that people are able to feel at home, and part of their communities whatever their characteristics, wherever they live, and regardless of their means. Through the Public Sector Equality Duty, the Act assigns particular responsibilities to public bodies. In essence the duty seeks to ensure that services are delivered, and public funds are spent in such a way that discrimination is eliminated from public policies and practices, and in considering proposals, the potential to advance equality of opportunity is properly assessed.

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<sup>4</sup> Fair Society, Healthy Lives: Strategic review of health inequalities in England post 2010  
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

These public bodies include local authorities, social housing providers, schools, colleges and primary, acute and mental health care providers. Particularly relevant in light of the Localism Act is that parish and town councils are also bound by the Duty. Each of the above has a role to play in changing the social climate in Moorhaven.

While the PSED is a powerful legal provision, implementation is everything. Public bodies, and organisations that tender for public service contracts need to be confident that they can deliver on the Duty effectively. This requires knowledge of the Equality Act and what forms discrimination can take. It also calls for an holistic understanding of how discrimination can be unconsciously embedded and institutionalised within the every-day way of doing things. Better understanding enables creative thinking at all levels of the organisation about how services can be shaped to be inclusive. Developing relationships with groups who are affected by discrimination on grounds of sexual orientation and transgender identity can go a long way towards achieving this understanding.

## Tackling the conditions that create LGBT isolation: conclusions and suggestions for action

The conditions that cause LGBT people to feel particularly isolated in rural areas, are broadly related to prevailing cultures and attitudes. These not only shape the public sphere but can also pervade the home, and influence parental/familial responses to LGBT family members. In older age LGBT people in rural areas are vulnerable to all the conditions that result in isolation for their older neighbours, however, the separation and anxieties caused by prejudice, including the loss of contact with their own families, can exacerbate the sense of isolation so that it is felt even more acutely.

In areas where a 'critical mass' of LGBT activists and organisations is absent, and policy-makers are less than diverse in respect of their backgrounds, characteristics, gender, age group, and political perspectives, minimal consideration is often given to the presence and needs of diverse, but statistically invisible 'minorities', in spite of the law requiring otherwise.

Based on the belief that attitudes and cultures can be shifted by changes in the behaviour of organisations, and that public statements supported by changes in structures and practices, can embolden those whose voices are unheard, the suggestions for action are largely aimed at organisations which, after all, have a legal responsibility to act. Hopefully, a sense of moral duty will be nurtured among

policy-makers and yet-to be converted officials as they recognise the justice of inclusiveness and gain greater awareness about why it matters.

However, the lengthy list of suggestions below can also be used by local LGBT groups as a basis for to deciding which actions are particularly important to campaign and lobby for – bearing in mind that the law is on their side.

In the age of the ‘small state’ and austerity economics it is important that LGBT and other equality groups who support them should combine resources to challenge complacency and the status quo. This is increasingly urgent as new NHS structures – Clinical Commissioning Groups – and public health bodies – Health and Wellbeing Boards - come into being in April 2013.

### **All public bodies (including local councils, NHS organisations, schools and colleges) should**

- Publicise their responsibilities under the Public Sector Equality Duty and invite service users to suggest ways in which they could better fulfil them.
- Display evidence of inclusiveness in their literature, on their premises and on their web sites.
- Ensure that they/their staff provide a welcoming environment for all LGB and Trans people.
- Identify gaps in the LGBT evidence available to them and develop action plans for filling these, including use of existing research, surveys and direct engagement.
- Encourage the reporting of any homophobic or transphobic incidents experienced by employees in the workplace or by services users when accessing services, and have clear, accessible, and confidential procedures for reporting and dealing with these.
- Ensure that all their surveys and monitoring processes include questions about sexual orientation, making it clear why the question is being asked and that there is no obligation to answer.
- Develop training programmes to ensure that those who make decisions, and those who carry them out, are meeting the requirements of the Equality Act 2010 in relation to LGBT residents. Training should include:
  - Developing a basic understanding of the Equality Act 2010 and the requirements it places on the organisation in order to achieve compliance.

- Ensuring that officers and councillors involved in developing and scrutinising policies and procedures understand the importance of equality evidence and equality analysis to the development of effective policies.
- Work with voluntary sector organisations to inform them of the Equality Act provisions, and of the impact of homophobic and transphobic language and behaviour particularly on young LGBT people, and others who are particularly vulnerable through age, disability or mental health problems.
- Ensure that when commissioning, or providing grants, and when tendering for contracts, organisations delivering publicly funded services are aware of their responsibilities under the Equality Act, and act within the terms of the Public Sector Equality Duty in the delivery of those services.

## Councils in rural areas

- should identify ways of working with other councils, agencies, and organisations to tackle isolation among young LGBT people in rural areas, in particular, providing access to specialist counselling, advocacy and support services for LGBT people in each district, and raising the issue with Health and Well-Being Boards.
- **Parish and Town Councils** should ensure that they are familiar with the provisions of the Equality Act 2010, and that they are complying with the Public Sector Equality Duty in the performance of their functions.

## Other agencies

- **Specialist LGBT support organisations** should ensure GPs and other public service agencies are aware of their existence and support they offer.
- **Youth service providers** should ensure they are providing for the social and support needs of young LGBT people, and that their services are explicitly inclusive.
- **All public-facing organisations** should publicise their desire to develop and maintain good equality and diversity practice, and invite suggestions and comments as to how they can improve in this area.
- **School heads and governors**

- Need to ensure they are fully acquainted with their responsibilities under the Equality Act and Public Sector Equality Duty as employers, educators and guardians of children’s welfare during school hours.
- Should review and evaluate all their policies and practices against the impact they have on LGBT pupils and staff and against their obligations under the Public Sector Equality Duty
- Should address any gaps or shortcomings identified and if necessary seek appropriate advice, support and training.
- Should provide a members of staff to whom students and staff can go to discuss any issues of prejudice-based bullying or harassment.
  
- **Voluntary sector organisations should**
  - Ensure that they are familiar with the key provisions of the Equality Act 2010 and their relevance to the work that they do
  - Assess and evaluate their organisation’s ethos, policies and practices in relation to LGBT people who are currently, or may wish to become involved or access their services
  - Seek support / access training to develop knowledge, skills and good practice as indicated through their self-assessment
  
- **Health and social care staff, mental health workers, supported housing staff, and voluntary sector employees and volunteers**
  - need to be properly trained to understand and recognise specific health risks and health care needs for LGBT and to deal sensitively and professionally with LGBT patients
  - need to be helped to develop awareness of issues and concerns affecting older, and disabled LGBT people, including people with mental health problems and learning disabilities.
  
- **GPs and medical centre/practice-based staff**
  - should ensure they have an appropriate understanding of the medical and social issues connected with LGBT identities and lifestyles - including particular physical and mental health risks, and care needs.
  - should make sure their premises are welcoming and supportive to LGBT patients

- should include patients' sexual orientation as part of their patient registration process, making it clear that the information will be strictly confidential and that answering is optional
- should ensure that particular needs of Transgender people that are not covered by the National Commissioning Board are paid due regard through local clinical and public health commissioning.
- should ensure they are aware of LGBT support services that cover the area with a view to signposting patients as appropriate.

**Health and Well Being Boards** should familiarise themselves with public health/mental health impacts of social isolation for LGBT people of all ages<sup>5</sup>. This should be part of the Joint Strategic Needs Assessment as a public health issue, particularly in commissioning services for younger and older LGBT people.

**The police, housing providers and employers** all have responsibilities both to prevent prejudice based abuse within their areas of responsibility, and to take effective action should it arise. Failure to do so compounds people's sense of insecurity and mistrust of those that have a duty to act. They need to

- ensure that they are sufficiently aware of the issues to be able to deal sympathetically and effectively with any incidents that come to their notice
- listen to and act on behalf of those against whom the abuse is perpetrated.

Brenda Weston  
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<sup>5</sup> Additional data can be found in the Pride, Progress and Transformation Health and Well Being report from Equality South West.