

# Kirklees Council and NHS Kirklees CLIK Qualitative Research

*Lesbian, Gay, Bisexual &  
Transgender (LGBT) 18-24 year-olds*



## Report No.5

## LGBT FOCUSED EVENT

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- 1.1 The focused event was held in Dewsbury Town Hall with five young adults from the LGBT community. The feedback from this group is summarised below. It should be noted that this research is qualitative, not quantitative, and that the focussed event can only provide evidence which helps to explain some of the attitudes and experiences of this group of young adults. It is not intended to provide a full picture of this group.

### Physical Health and Lifestyle

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- 1.2 Although the group placed value on physical activity, none of them were members of gyms.  
*"It is expensive and I kind of think like gyms, I don't mind going to the gym, but I don't want to go to the gym with people who go to gyms generally."*
- 1.3 There was also an issue with their perception that other gym users who might make them feel inferior, although this was not related to being from the LGBT community, but with their levels of fitness in comparison to other users;  
*"You go to the gym and you are lifting the 10 dumbbells and the guy next to you is lifting about 20 and you think I might as well go home now. You think this is pointless."*
- 1.4 They felt that they could still be physically active without having to pay for gym membership, but overall, the group considered they led fairly inactive lifestyles. Some attributed this to a lack of time rather than motivation;  
*"It's one of those things that maybe I would like to have time to do it but I don't."*
- 1.5 Others said they did not see exercise as a priority;  
*"I'm lazy to be honest but it's one of those things like free time is prime time not exercise time for me at the moment."*
- 1.6 It was suggested by one participant that 'all-gay' gyms would encourage young LGBT residents to become more physically active. They advised that it should be *"run properly by the right authorities"*. However, others in the group felt this would lead to further segregation of the LGBT community from society.
- 1.7 The group felt that poor health could be caused by a number of lifestyle choices such as poor diet, smoking, and drinking. However, they also suggested that emotional wellbeing or unhappiness can also have a significant effect on physical health;  
*"It's a bit like a cycle because when you start having mental health issues it has a knock-on effect – you might start eating badly, you don't feel like doing things, you don't go out."*

### Emotional Health

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- 1.8 Being healthy was predominantly associated by this group of LGBT residents with mental wellbeing – indeed the group agreed that being happy was critical to good health; *"If you are unhappy a lot then that's not healthy."*
- 1.9 They indicated that a LGBT person would be more likely to suffer from emotional problems if they were isolated, although the group all felt that they had strong support networks around them;  
*"I think it depends on the person, how much support they have got because if you have got a big community around with other LGBT people who are going to support you then...that's going to make you happier."*
- 1.10 In terms of mental health problems amongst the young LGBT community in Kirklees, one participant felt that prevalence was higher than 'official statistics' suggest. Indeed, they

suggested that the number of young LGBT adults in Kirklees suffering from mental health issues was on the rise.

- 1.11 Another participant suggested that in certain areas of Kirklees, a young LGBT person was likely to encounter prejudice based on their sexuality which may affect their emotional wellbeing;

*“Kirklees is obviously a diverse area and I know that when I went to University I had contact with people from this age group – in LGBT – they said that there are areas in Huddersfield which are quite accepting areas...but there are obviously other places in Kirklees where you are much more likely to face issues connected to your sexuality...there are different cultures that have different views of it...you could go 500 metres down the road and find a different one.”*

- 1.12 More specifically, they cited large council estates in areas like Batley and Fieldhead as areas where they had known LGBT residents to suffer harassment based on their sexuality – *“At least they have not felt not free to be themselves which I think is bad.”*

### LGBT Support Groups

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- 1.13 Participants were also asked to consider what would help them improve their mental health. There were several suggestions, including the provision of more open support groups for young LGBT adults, which was supported by some members of the group; *“I think more support groups out there, in central areas, not on the back streets.”*

- 1.14 However, another participant felt that a key issue was the ability to promote existing LGBT groups and networks in Kirklees;

*“It should be talked about more...it’s going back to the stage where nobody is talking about LGBT...the issue we have with our group is that we are not getting any members at all because we can’t publicise...our age range is 13 to 19 year olds and we are the only ones in Kirklees for that age range. At the moment nobody knows we are there and nobody knows to come down.”*

- 1.15 This view was strongly supported by others in the group, who also felt that LGBT issues were now been ignored to some extent; thinking that issues relating to being LGBT were solved sufficiently within society *“My perception is that people think it is fixed or it’s fixed enough that it’s not a problem.”*

- 1.16 In terms of the type of support group, participants had some clear ideas about the needs of the LGBT community. One participant felt it was important to provide emotional support for young LGBT adults whilst also providing them with social activities or information about more practical issues such as housing or employment opportunities. The concept of a ‘support group’ had negative connotations for this participant;

*“I think there should be a group that is more based on activities where you can go to on a social, for the social side of it but then you can also get advice. Because then people might not necessarily think ‘I don’t want to go to a support group because I don’t want to be seen to be needing support’, whereas if they go into a social group you think ‘oh, I can just pick up a leaflet while I am there’ or ‘I can just speak to someone while I am there’ then that kind of opens up for whoever wants to go.”*

- 1.17 Another participant suggested that there should be groups to provide support for parents of LGBT residents and the older LGBT community, as they also needed information and advice on related issues. They also felt that it was important to provide groups which did not target specific issues relating to being LGBT – rather, they would prefer to set up a network where residents from the LGBT community could socialise and feel comfortable discussing any kind of issue;

*“I’m lucky enough it’s not a problem for me but that doesn’t mean it’s not part of me...I don’t feel I need the support particularly, at least not that kind of round a circle*

*type support which is my perception of them...but some sort of ones that are more informal, more social.”*

1.18 One participant suggested that there was a need for a balance in the support provided;

*“There is a place for both but there has got to be a balance as well because if you are going to sit around debating LGBT issues it’s not necessarily going to help anyone.”*

1.19 One participant suggested that the support group had attempted to publicise through local schools and GP surgeries, but had been denied this opportunity based on what they considered to be cultural prejudice relating to religious beliefs;

*“They just say we haven’t got any of that in our school or we can’t have it in that school because we have got this high population of religion in our school or our religion doesn’t believe in that.”*

1.20 Local health and Council departments, such as GP surgeries, pharmacies and libraries were also seen as reluctant to display materials about LGBT groups;

*“No I don’t think there is enough support out there in your libraries and your health clinics. I mean we sent out a load of publicity to doctor’s surgeries and pharmacies and libraries and we have been round to see if they are up and none of them had them up.”*

#### Healthcare Staff

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1.21 One of the key grievances aired by the group was that healthcare staff often appeared to lack understanding of LGBT issues. Some had experienced situations in hospitals and GP surgeries where they had felt uncomfortable due to a perceived lack of sensitivity to their sexuality;

*“When you go into A and E, straight away because of the way you look, they are presuming you are male, presuming you are female. I mean there are five genders, and a lot of health issues could be related to your sexuality and they are presuming you are straight male or straight female.”*

1.22 Some participants in the group also suggested that they would feel uncomfortable seeking support from certain GPs based on their perceived cultural or religious beliefs;

*“A lot of the GPs are Indian or Muslim and I feel myself I couldn’t go to him for support, I know myself in their culture it is not acceptable and I would feel like he would think of me in a completely different way and treat me completely differently.”*

1.23 In response to this point, another participant argued that this was a barrier for LGBT residents rather than healthcare staff. His own experience had suggested that healthcare staff were professional and did not allow personal beliefs to affect their treatment of patients;

*“One of the doctors at my doctors is Muslim – I know because I have talked to him – but I would feel comfortable talking to him, letting him know if it was connected to whatever, about the sexuality, because I trust that his professional enough to deal with it, so I think it is not a problem, I am not bothered if he might be thinking that it is wrong or that it’s weird providing he treats me in a professional way”.*

## Prejudice and Discrimination

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- 1.24 There was evidence that the group had experienced prejudice in other scenarios such as finding accommodation. One participant suggested that certain people still consider LGBT relationships to be abnormal, which obviously makes them feel uncomfortable;
- “We went to move into a house together and it was a one bedroom, and the landlord who came to show us around she didn’t bat an eyelid and I think that’s a real good practice to have because for a lesbian couple moving into a flat together some people might see that as a bit strange. We went to a different letting company and they showed us around and it was a two bedroom place and they were like ‘oh one of you can have this room and you can have the other’ and it was just presumed that we were going to be having a room each”.*
- 1.25 Another participant claimed that some young LGBT residents in Council accommodation had been moved to less tolerant areas where they were more likely to encounter prejudice based on their sexuality. They felt that this was again due to a lack of understanding about LGBT issues;
- “Quite a few of the members who have come to my group have moved out of their house and have got flats and they have just been put in really ridiculous places where you wouldn’t put people of their sexuality, like they have put them in the middle of Dewsbury Moor...you wouldn’t put a young gay man or gay woman that’s got their first house in that estate”.*
- 1.26 The mood of the group was summed up by one participant who stated *“You are not asking for special treatment, you just want the same”.*
- 1.27 The group agreed that training for healthcare and other staff would make LGBT residents feel more comfortable when seeking medical advice and discussing related issues. They suggested these changes would only need to be minor, for example;
- “It’s like the political correctness thing but it does make a difference...if I signed up to the GP on the campus at Huddersfield and they talk to you...there is not a presumption of any sexuality and it’s stuff like saying ‘have you got a partner?’ which is fine but then if they say ‘have you got a girlfriend?’ and you say ‘no I haven’t got a girlfriend I am gay’...you know it’s an additional thing that you should not have to say - it’s not relevant”.*
- 1.28 Another common problem they identified was the gender question on certain forms. One participant felt that this appeared to discriminate against transgender residents;
- “Even just things like male or female on a form or something – it doesn’t need to say male or female it could just say specify your gender and then you don’t have to explain yourself”. “I work with a lot of transgender young people where they are filling out forms...they want to identify themselves as not being a gender or being a transgender and sometimes some of them burst out into tears because they are that down and depressed because they can’t come out because of this little white form saying you must be male or female”.*
- 1.29 Indeed, the group felt strongly that they should be able to define themselves as LGBT, much like people define themselves by ethnicity, gender and age;
- “One good thing I think that has changed in my lifetime is that ethnicity, how you define your ethnicity, I think that’s a good idea, but they don’t do it for sexuality...why not just say ‘what do you define your sexuality as?’ in the same way ...so you are not forcing people to say I am this or I am this, they can just say what they want to be”.*

- 1.30 It was also suggested that modifying these forms to take LGBT preferences into account would help staff avoid awkward questions relating to sexuality;

*“I think that would solve a hell of a lot of issues as well with training of staff as well because everybody has to fill out a form for nearly everything that you have to do and if it is stated there what your sexuality is or what your gender is then there is going to be no awkward, are you this or are you that, you wouldn’t have to explain it because it is there ticked in a box”.*

### Relationships

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- 1.31 The group agreed that relationships with friends and family were the most important to them personally. They also felt that positive relationships had a significant impact on wellbeing. Indeed, the group felt it was particularly important for young people to have good inter-personal skills, as they were more likely to come into contact with a variety of different people of different ages and backgrounds. They also suggested that young people at university or college were more likely to feel lonely due to their new-found independence and fewer contact hours, creating potential risk;

*“From my perspective it is particularly important for my age group, you have got people who are starting work for the first time, who have left school or have just left college, you know they might be starting work for the first time or they might be going to university and...the amount of people that they come into contact with...I mean even at university you are going to be meeting a lot of people... I am in university for seven hours a week at the moment and if I was to not do anything during the rest of the time, I would be sat on my own in my room so I would feel lonely then so I think it is an important issue”.*

### Community

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- 1.32 The group felt that community was important but was divided over whether they felt part of a community in Kirklees. One participant suggested there were regular events in Huddersfield which brought residents together;

*“I would say yes, sort of...they do have events that go on in the community which kind of brings the community together like Huddersfield has a festival where everyone comes together and that’s something that not a lot of places do”.*

- 1.33 Others felt part of a University community but indicated that students are also welcomed into the wider community in Kirklees;

*“Kirklees does a good job of bringing students in as well, so it’s not just students and then on the other side you have got Kirklees as a community”.*

- 1.34 However, others in the group disagreed. One participant claimed that they could not visit certain areas of Kirklees without *“having something thrown at you...because I don’t come from that area or people in that area don’t know me”*. There was also some suggestion that the racial divide in certain communities meant that white residents were excluded, in particular within the predominantly Asian communities; *“There are a couple who are OK but they tend not to acknowledge that you are there”*.

- 1.35 For the younger participants in the group, the issue of belonging to a community was apparently less important than to the older participants. Indeed, one 24 year old stated that they would like to feel part of their local neighbourhood community; *“I have increasingly felt it would be nice if there was more of a community sense even on my road but there isn’t really”*.

- 1.36 However, some participants suggested that their online community was an adequate substitute for this social network;

*“Discussion boards and chat things....they offer a chance to be in a community in a way that a street might not...obviously it’s different but it can certainly be rewarding and you feel close to people”.*

### Access to Services

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1.37 The group agreed that there was enough information and advice about health issues traditionally associated with the 18-24 year old age group such as alcohol abuse and sexual health;

*“From what I have seen I think there is a lot of support out there, drug awareness and alcohol and stuff like that, there is absolutely loads, I mean, there are days when you are going shopping and there is a little tent in the middle of town, either on drug awareness, knife crime and stuff like that, I think that’s perfectly alright”.*

1.38 However, it was suggested that there could be more promotion of LGBT issues and support/social groups in existing health centres and clinics.

### Perception of Health

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1.39 Based on the issues that had been discussed in the group, participants were asked to consider why they were healthy and equally why they were unhealthy. The responses are summarised in Figure 1, below, which clearly shows that most of the group focused on lifestyle and emotional factors as indicators of health. More specifically, the results suggest that participants feel healthy due to their emotional wellbeing – all the participants said they were happy – but unhealthy due to lifestyle factors such as lack of exercise and sleep deprivation.



## Opportunities

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1.40 Below are presented some potential opportunities for action. These have been identified by the researchers, based on the feedback from young LGBT adults.

- Raise awareness of unhealthy lifestyle behaviours amongst the LGBT community, such as a lack of physical activity and poor diet.
- Encourage gyms to promote themselves as 'LGBT-friendly', and to ensure that LGBT residents are provided with a safe environment in which they can keep fit without fear of prejudice or segregation.
- For those who are still uncomfortable attending a gym, promote alternative ways of maintaining an active lifestyle.
- Develop more LGBT support across Kirklees (particularly outside of Huddersfield University) where young LGBT residents can discuss issues related to their sexuality and increase their social support networks.
- Consider further issues relating to the mental well-being of LGBT residents, in particular issues relating to isolation and loneliness.
- Provide support groups for the parents of young LGBT residents.
- Further promote existing LGBT support groups and services across Kirklees.
- Encourage local businesses, health care providers and Council services to work collaboratively with the LGBT community to help to promote LGBT support groups and services.
- Build community cohesion between young LGBT adults and the wider community in Kirklees.
- Train healthcare and Council staff in LGBT related issues to ensure young LGBT residents within the community feel more comfortable accessing local services.
- Review forms which are provided by different services and consider amending gender question categories or introducing transgender monitoring on questionnaires to provide opportunities for LGBT residents to define themselves correctly.
- Review how the Council provides social housing to LGBT residents, so that it avoids relocating LGBT residents to areas of suspected intolerance and discrimination.
- Work with local estate agents and landlords associations to provide information and support on equal treatment of LGBT residents.
- Support young adults to be assured of confidentiality and impartiality of GP services, particularly in relation to sexual health issues.

## Information by Design

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## Mind Map

The mind map below shows perceived relationships between factors affecting health and well-being among young LGBT adults

