

# **The “pink pound” in the “gaybourhood”? Neighbourhood deprivation and sexual orientation in Scotland**

## **Abstract**

The emergence of geographic concentrations of non-heterosexual individuals – so-called “gaybourhoods” – is often linked to housing, demographic characteristics of the non-straight population, and wider discrimination. These neighbourhoods are associated with narratives of gentrification with the non-straight population acting as gentrification pioneers. In popular imagery, non-straight households are typically portrayed with higher disposable income, and more likely to live in owner-occupied apartments in affluent neighbourhoods. This paper presents data from the Scottish Health Survey showing a disproportionate concentration of non-heterosexual people in the most deprived places in Scotland. These neighbourhoods are predominantly peripheral housing estates, dominated by social housing; not gentrifying inner-city neighbourhoods. We use data from the Scottish Health Survey (SHeS) to interrogate individual characteristics that might explain this spatial concentration of residence. We argue this means the narratives of LGBT gentrification and affluence should be regarded with caution given ongoing exclusion and deprivation among the non-heterosexual population.

Keywords: housing choice; sexual orientation; Scotland; deprived neighbourhoods; gentrification

## **Introduction**

This paper challenges societal preconceptions that lesbian, gay, bisexual and transsexual (LGBT) households enjoy higher disposable income and therefore have greater locational choice when purchasing housing (Black et al., 2002). It presents evidence from Scotland on the concentration of individuals who define their sexual orientation as lesbian, gay or bisexual or ‘other’ (LGBO) in the most deprived neighbourhoods. In this paper we introduced the broader work on LGBT households and processes of gentrification, comparing international trends to the spatial patterns of deprivation and inequality in a Scottish context. We then present our analysis of quantitative data from the Scottish Health Survey, including discussing the methodological challenges of researching sexual orientation. Our conclusions are

two-fold. Firstly, that the evidence from Scotland suggests that the broad gentrification and creative class narrative around LGBT households may be overstated, at least in a Scottish context. Secondly, recognising that LGBT households may still experience discrimination and specific barriers in housing which impacts on residential choice we comment on the implications of our findings are for public policy. Our paper thus adds a new dimension to broader research on the role of LGBT households in processes of gentrification, and increases our understanding of the actual residential choice of these households, beyond stereotypes of the “gaybourhood”.

### ***“Gaybourhoods” and gentrification***

The spatial concentration of LGBT households and services has long been recognised in popular culture and academic studies since the emergence of neighbourhoods like the Castro in San Francisco, but even earlier references to neighbourhoods of “sodomists” (Sibalis, 2004). Research in human geography has closely aligned the development of “gaybourhoods” with narratives of gentrification, as Sibalis (2004: 1740) sums up:

“An attractive and centrally located but rundown neighbourhood ripe for gentrification draws in gays who are not only responding to economic incentives (low rents and real-estate prices), but also seeking to create a territory which they can inhabit and control and where they can feel at home within a self-contained community set apart from a world perceived as indifferent or even hostile. LGBT groups as gentrification pioneers.”

Historically, the start of this narrative was the exclusion of LGBT households from traditional mortgage finance (Doan & Higgins, 2011). As a result, with other excluded individuals and households, their only residential choice was neighbourhoods with cheap, run-down housing that was black-listed or red-lined by mortgage financiers. As gentrification pioneers, they invested sweat equity in homes and businesses creating concentrations of households and specific services – bars, shops,

bookshops, cafes – servicing this community in an atmosphere where they felt safe; a “gaybourhood”<sup>1</sup> (Doan & Higgins, 2011; Doderer, 2011; Sibalis, 2004).

In later work on gentrification and neighbourhood change LGBT households are often portrayed as higher-income in-migrants to neighbourhoods aiding the displacement of existing working class residents. The role of socially marginal groups such as LGBT communities and ethnic minorities in processes of gentrification and displacement has been a focus for research and discussion in the literature (Lees, 2000). However, the close links between gentrifying neighbourhoods and the LGBT community mean that in popular culture the “gaybourhood” has become synonymous with affluent households. This draws on what is arguably the most pervasive myth about the wellbeing of LGBT people: that LGBT people and households are prosperous, with an extensive disposable income which allows them to afford an abundant range of luxuries, often referred to in the UK as the “pink pound” (referring to this money spent by LGBT people). The myth of gay wealth can be broadly linked to two main sources. Firstly, there is much greater media interest in wealthy and famous people who identify as gay, in combination with a longstanding association between gay men and high-end fashion. This association has been perpetuated by both media stories about people identifying or being ‘found out’ to be gay, involving high-profile politicians, corporate leaders, artists and musicians. Such media stories, combined with gay and lesbian stereotypes in popular media feed into the popular notion that LGBT people are a sub-group of the wealthy (Badgett, 2003). Further, the growing “homonormativity” of LGBT people, particularly gay males couples, has led to the stereotype of the white, middle-class, monogamous couple becoming increasingly predominant (Nash et al., 2014).

A second factor feeding the widely held belief that homosexuality and wealth are associated, is the assumption that same-sex couples (especially gay men) will be childless. As the costs of having children are considerable for same-sex couples, childless gay households are thus presumed to be freed from the costs of child upbringing and associated obstacles to career advancement, and are assumed to have greater disposable income. The latter narrative has informed a number of influential studies on sexual orientation and housing and residential choices,

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<sup>1</sup> The term “gaybourhood” comes from the nickname for the LGBT-dominated neighbourhood in Philadelphia, USA. However, it has come to be used to describe similar neighbourhoods (Doan and Higgins, 2011)

particularly in work from the USA. For example, Black et.al. (2002) argue that because gay households (in their study identified as households with two adult males as recorded in the US census) do not have costs associated with child rearing they are more likely to choose, and be able to choose, neighbourhoods with high amenities for adults, such as art galleries and concert venues and thus they explain the concentration of gay households in cities such as San Francisco through econometric modelling. Using a similar measure, Florida et.al. (2010) include similarly identified gay households on a “Bohemian-Gay Index” to predict high house prices (see: Nash et al., 2014 for a broad review of this literature).

However, leaving such popular notions aside, there are a number reasons why we might expect LGBT people and households to be more likely to experience poverty, and why sexual orientation might in fact be predictive of location in a poorer neighbourhood. Firstly, there is a large empirical literature demonstrating higher incidence and severity of physical and mental health conditions among people who self-define as lesbian or gay who more frequently report acute physical symptoms and chronic conditions than heterosexual people. This difference has been attributed to combinations of socially-induced psychological suffering (Sandfort, et al., 2006), different treatment by health services (Conron, et al., 2010) and higher rates of HIV infection in gay men (Cochran & Mays, 2009). Other research has shown that ill health is strongly associated with household-level poverty and with location in a poor neighbourhood, suggesting a possible causal link between sexual orientation, ill health and residential location (Goldman, 2001; Pickett & Pearl, 2001; Anonymous 2012). Moreover, if the social consequences of minority sexual orientation are so strong as to produce ill health, it seems quite possible that these same mechanisms may exclude people from education and the labour market. While evidence regarding the mechanisms by which sexual orientation may affect labour market outcomes is scarce, some research has suggested a combination of discriminatory hiring and promotion practices as well as self-selection into more accepting work environments (Drydakis, 2009).

Only a small number of studies have investigated the relationships between sexual orientation and economic outcomes which may impact on housing choice. Most studies reviewing the effect of sexual orientation and economic outcomes focus on wage differentials. Such studies tend to find fairly large and significant effects of

sexual orientation on income for both genders, but this effect seems to be a negative one for men and a positive one for women, with lesbian women earning more than heterosexual women. It is interesting to note that this gender difference appears to be a consistent finding across all countries where such studies have been done, including the Netherlands (Plug & Berkhout, 2004), Sweden (Ahmed, et al., 2013), France (Laurent & Mihoubi, 2012), the United Kingdom (Arabsheibani, et al., 2005), Canada (Carpenter, 2008) and the United States (Baumle & Poston, 2011; Berg & Lien, 2002) despite the fact that each study uses slightly different measures of sexual orientation. A similar pattern was found for employment rates: gay men are less likely to be employed and lesbian women are more likely to be employed (Ahmed, Andersson et al., 2013; Arabsheibani, et al., 2005). Given this consistent pattern of lower wages in gay men, we would expect them to have a greater likelihood of poverty, and more limited housing choice than the myth of the “gaybourhood” might suggest.

### ***Deprived neighbourhoods in Scotland***

Since 2004 the Scottish Government has relied upon the Scottish Index of Multiple Deprivation (SIMD) to identify those neighbourhoods with a particular concentration of deprived individuals and households (Scottish Executive, 2005). Like its equivalents elsewhere in the UK, the SIMD uses a basket of socio-economic indicators, variously weighted, to rank neighbourhoods (Noble, et al., 2006). In Scotland these are defined as the specific geography of datazones which have an average population of 1,000. Analysis of the first SIMD in 2004 showed a general improvement in all indicators above the 15 per cent most deprived datazones in the index. Thus in social and spatial policy in Scotland, the terminology of the most deprived neighbourhoods has now largely come to mean those in the bottom 15 per cent of the SIMD (Scottish Executive, 2005). These neighbourhoods have a particular concentration of unemployed and long-term unemployed individuals, people with no or very low educational qualifications, people with a long-term limiting illness or disability, high rates of hospital admittance, and households with a low income.

In the three indices that have been produced by the Scottish government (2004, 2006 and 2009) the geographic spread of the neighbourhoods has changed as a

result of economic development and regeneration programmes. At a national level, if the various sociodemographic characteristics of Scotland's population were evenly distributed across Scotland then the 15 per cent most deprived neighbourhoods would, logically, contain 15 per cent of any group. At the national level, mid-year estimates from the General Registers of Scotland show that the most deprived datazones in 2009 have seen their share of population fall from 14.65 per cent in 2004 to 14.17 per cent in 2011. While Scotland's population grew 3.5 per cent over the same period, in these neighbourhoods it only grew by 0.1 per cent. The period also saw a change in the geographic spread of these datazones – in 2004 the City of Glasgow had the largest share of deprived datazones at 330, falling to 302 by 2009. The severity of deprivation in Glasgow also reduced, with the number of datazones in the most deprived five per cent of the SIMD falling from 226 to 158. While the concentration of deprivation is falling in Glasgow, deprived neighbourhoods have emerged in other local authorities, particularly in the east of Scotland, such as Fife (Scottish Government National Statistics, 2009).

While there is some shifting within the most deprived neighbourhoods in Scotland over time, overall we can characterise them as predominantly geographically peripheral neighbourhoods, dominated by socially rented housing. These are predominantly isolated on the edges of the large cities and towns of the central belt between Glasgow and Edinburgh, as well as in Dundee and Aberdeen (Rae, 2012; Turok & Bailey, 2004). This means the pattern of deprivation in Scotland is quite different to many towns and cities elsewhere. The more traditional spatial pattern of deprivation, existing in many English towns and cities, was of private-sector disinvestment in low quality owner-occupied or privately rented accommodation in the inner-city, exactly the type of neighbourhood that would traditionally become gentrified (see, for example, the historic discussion about the "problem" of the inner-city in: Atkinson & Moon, 1994; Deakin & Edwards, 1993).

The comprehensive processes of slum clearance and depopulation, particularly in Glasgow after 1945 effectively removed these types of inner-city neighbourhoods from most Scottish cities (Turok, 2007; Turok & Bailey, 2004). While many inner-city areas of Victorian tenements that were traditionally working class remain in Scottish towns and cities, these are very rarely the most deprived neighbourhoods, ranking in the middle of the SIMD with substantial concentrations of owner-occupation.

Investment in this housing stock, often supported by community-based housing associations from the 1970s onwards, has been sustained while the peripheral social housing stock has become more marginal (Turok & Bailey, 2004).

The one major neighbourhood that does not match this overall pattern is the East End of Glasgow, with a substantial concentration of deprived neighbourhoods stretching from the edge of the gentrified, inner-city Merchant City, out to the peripheral Easterhouse neighbourhood. Although this area is geographically in the typical inner-city, it is still dominated by socially-rented housing not private-rented housing or owner-occupied housing. Inner-city areas of older housing in Scotland do have broader reputations as being the neighbourhoods of choice for LGBT households, such as the Merchant City in Glasgow, or the area around Picardy Place and Broughton Street in Edinburgh; however these are gentrified and rank as non-deprived on the SIMD.

The most deprived neighbourhoods in Scotland are therefore not characteristic of those that are likely to be or become gentrified “gaybourhoods” in the traditional narratives of gentrification (Lees, 2000; May, 1996). The peripheral geographical location and housing types and tenure do not make these neighbourhoods attractive to incomers in the same way inner-city neighbourhoods of older housing were attractive to gentrification pioneers, such as LGBT households (Doan & Higgins, 2011). In fact the stereotypical perception of Scottish deprived neighbourhoods as predominantly white and working class and lacking diversity would suggest they would be unattractive to people who identify with a range of characteristics, including disability, race and ethnicity and sexual orientation. The depopulation of these neighbourhoods between 2004 and 2009 is testimony to the increasing marginalisation of social-rented housing and these neighbourhoods. They are increasingly neighbourhoods where people who have no residential choice find themselves housed (van Ham & Manley, 2010).

### ***Methodology***

Given the minority status of non-heterosexual orientations, an examination of relevant associated characteristics requires the use of a large-sample dataset to

capture sufficient responses to carry out analysis. The study of the population-level characteristics of sexual orientation has been encumbered by the scarcity of such large-sample datasets and the limitations of the existing datasets with sexual orientation variables. . The most significant methodological problem with the study of sexual orientation, however, is that sexual orientation is less easily observable than other demographic characteristics, such as gender and ethnicity (Laurent & Mihoubi, 2012). The traditional categories of sexual orientation are heterosexual, gay, lesbian and bisexual. These categories date back to the late nineteenth century and may refer to sexual identity, sexual behaviour or attraction, or a combination of these dimensions (Sell, 1997). Research in a number of countries suggests that the three dimensions of identity, attraction and behaviour only partly overlap, with sexual intercourse with someone of the same gender much more common than self-identifying as lesbian, gay or bisexual (Sell, et al., 1995). The most recent UK survey of sexual attitudes and lifestyles demonstrated this dramatically, with wide variations between behaviour and identity. This was particularly striking among young people, with around seven per cent of men aged 16-34 and 18 per cent of women aged 16-34 having had a same-sex sexual experience, but only three per cent of men in the same age group forming a same-sex relationship and only around five per cent of women forming a same-sex relationship (Mercer et al., 2013).

A second complication regarding the use of a small number of sexual orientation categories is that the reality of experience may be more nuanced than allowed for by dichotomous classifications, and there is a body of work suggesting that sexual identity and sexual attraction are continuous rather than categorical (Berkey, Perelman-Hall et al., 1990; Ellis, et al., 1987; Sell, 1997).. The most well-known example of a scale designed to represent such a continuity is the seven-point Kinsey scale, which includes responses such as “entirely homosexual” and “largely homosexual with incidental heterosexual history”, “largely homosexual with a distinct heterosexual history”, etc (Kinsey, et al., 1948 / 2003).

Further, operationalizing definitions of sexual orientation in a national-level survey has practical complications. Many adults are likely to feel uncomfortable discussing either behaviours or attractions to the same sex, and the degree to which same-sex attraction is accepted is likely to differ between groups and social strata (Browne, 2010). In an attempt to avoid such complications, and making use of data which is

more readily available, many of the studies of sexual identity and location choice in the US have relied on census data recording homes where both adults are of the same sex, presuming these are lesbian or gay households (see, for example: Black, et al., 2002; Florida & Mellander, 2010). There are a number of clear methodological problems with this: it will miss single gay or lesbian people; it will miss bisexual people in a relationship with an opposite-sex partner; it will miss closeted homosexual people; and it presumes that these households are gay or lesbian when in fact they could just be same-sex friends. More recently, studies have relied upon people self-declaring in the US census that they are living in a household in a same-sex relationship, but again this would miss those who are single or not living in the same household (Badgett, 2003; Black et al., 2002).

This research used data from the Scottish Health Survey (SHeS) to understand the intersection between sexual identity and neighbourhood deprivation. The SHeS is one of a few UK surveys that asks a question on sexual identity to the respondent and much of the pioneering work on asking questions on sexual orientation in surveys in the UK was carried out for the development of SHeS (McManus, 2003). The survey is carried out biennially. It is repeat cross-sectional, i.e. households are sampled separately for each survey, with a stratified random selection of respondents, representative of the Scottish population at a national level. It is thus the only dataset that can be used in Scotland to understand some of the spatial incidence of people who self-identify with a particular sexual identity. The sexual identity question is administered as a self-completion questionnaire to all respondents over 16 with the following wording: "Which of the following best describes your sexual orientation? (If forming any of the following relationships: girlfriend / boyfriend / wife / husband / partner – with which sex(es) would that be?). Tick ONE box." The options are: Bisexual (both sexes); Gay or Lesbian (same sex); Heterosexual (opposite sex); Other; and until 2009 a Prefer not to answer category. An advantage of the SHeS data is that it was collected as self-completion, meaning that perceived stigma of minority sexual orientations is less likely to have affected responses as severely as in a face-to-face or telephone survey. However, individuals with poor literacy, some types of disability or language problems may not have been able to answer the self-completion questionnaire. In the testing of a similar methodology for a UK-wide question on sexual identity, the Office of National

Statistics found that interviewers were more likely to presume that many individuals living in low-income households or households in deprived areas could not complete the self-completion questionnaire and consequently people in poor neighbourhoods were less likely to be given the opportunity to answer such questions (Browne, 2010).

Although the survey is nationally representative, the numbers of people who declared themselves not-heterosexual were still very small. To achieve a representative sample at the level of the most deprived 15 per cent of datazones across Scotland we merged the datasets for years 2008 to 2011, in order to achieve an overall sample of 24,837. Table 1 provides descriptive statistics for this dataset.

**[table 1 around here]**

*Methodological challenges – the problem of “other”*

There are a number of methodological issues arising from the phrasing of the question in the SHeS as it conflates hypothetical behaviour “if forming a relationship” and identity, and does not include same-sex attraction or same-sex sexual behaviour. Therefore, the question excludes people who feel attracted to people of the same gender but who do not believe they would form a same-sex relationship. The number of people thus excluded may be quite significant – a 1995 study showed that 7% of adult men and 8% of women experience same-sex attraction but have never formed same-sex relationships (Sell, Wells et al., 1995). This group might, for example, include people with moral /religious beliefs prohibiting same-sex intercourse, as well as bisexual people in stable opposite-sex relationships

The question also potentially excludes people who engage in some same-sex behaviours, but do not feel their identity is captured by any of the three specific discrete categories offered. Referring to the discussion of sexual orientation continuous scales above, when presented with simple categories as in the SHeS, some “mostly heterosexual” people might choose the “other” category, thus obscuring considerable variation, but others might choose the category nearest to, but not adequately capturing, their particular experience. A third excluded group concerns individuals who are transsexual or trans-gender, and to whom to concepts of “same sex” and “opposite sex” may be quite ambiguous. Given the very low

incidence of trans-sexuality and trans-gender people this is not likely to have a substantial effect on any statistical analysis.

Given these problems, the estimate of minority sexual orientation prevalence from this question is likely to be lower than a broader set of questions relating to attraction or behaviour would produce, as demonstrated by the more rigorous survey of sexual attitudes and lifestyles (Mercer et al., 2013). It also seems a reasonable hypothesis that given these problems the question would yield a large number of people in the categories “other” and “refusal” as shown in table 1.

A methodological change in the SHeS in 2010 does allow us to explore further who may be captured by the “other” and “prefer not to answer” categories. Prior to 2010 “prefer not to answer” was the largest category behind “heterosexual”. After 2010, the category was eliminated from the self-completion questionnaire. As can be seen in table 2, the distribution of sexual orientations in 2010 and 2011 differs very little from the earlier distribution. It can therefore be assumed that the “other” category does not represent a refusal or other non-response.

[Insert Table 2 near here]It also enables us to hypothesise more about who is in the “other” category. It seems apparent that these are likely to be non-heterosexual people, or people whose sexual identity, behaviour or attraction is not fully explained by the labels provided, as discussed above. Of course, this includes a range of people who might face very different personal circumstances such as the asexual widow or widower, perhaps explained by the slightly average older age of this group, a group traditionally ignored by definitions of sexuality (Emens, 2014). It is also possible that this group contains people who are mostly heterosexual but do not feel they can answer using one of the other categories; or someone who is homosexual but not “out” and is unwilling to even disclose their sexual identity on a self-completion questionnaire. However, because they share many other characteristics, such as higher incidence of poverty and higher incidence of limiting illness, we include them in the broader LGBO category for statistical analysis. In the remainder of this paper when we are referring to this group of people we will use the acronym LGBO. When we are discussing the non-heterosexual population more generally we use the widely accepted acronym LGBT.

Despite these problems of definition and categorisations we have used the SHeS as it is the main survey instrument in Scotland that allows for some spatial analysis of LGB and “O” individuals. The data we have used enables us to identify heterosexual people, bisexuals, gay and lesbian people and a group of people who are non-heterosexual “other” and understand the deprivation rank of their neighbourhood and their housing tenure.

Despite the short-comings of the particular question and the SHeS, and more generally, the short-comings of large-scale surveys as an instrument to capture sexual identity, we share the view that such analysis is nevertheless useful as a way to approach differences in socioeconomic outcomes (Browne, 2010). The ability to further understand the problems of minority groups – in this particular case challenges around housing and neighbourhood choice for non-heterosexual people – allow public services to tailor and focus delivery to benefit these groups. It also brings statistical analysis to an area of theoretical debate around gentrification and sexual orientation that has been dominated by perception, stereotype and historical experience.

## **Results**

The discussion of Scottish deprived neighbourhoods above suggested they are predominantly marginal housing locations where those whose housing choices are limited by income move into. Table 3, based on a bivariate binary regression model of sexual orientation and SIMD classification, shows how sexual orientation is associated with the characteristics of areas. Exponential B values were derived from bivariate binary logistic regression models with the indicated SIMD area as a binary dependent variable and a binary definition of sexual orientation as the independent variable. People who are gay or lesbian are 1.4 times more likely to live in the poorest neighbourhoods, while people who describe their sexual orientation as “other” are 1.6 times as likely to live in a deprived neighbourhood. This concentration clearly suggests that gentrifying “gaybourhoods” in Scotland may not be the preferred residential choice for LGBO households. There appears a clear pattern of overrepresentation of non-heterosexual individuals in the most-deprived 15 and 20 per cent of neighbourhoods and underrepresentation in the wealthiest

neighbourhoods – countering the stereotype of the “pink pound” in the “gaybourhood”. There is no statistically significant difference in gay representation in the second and middle SIMD quintiles. Given the spatial patterns of deprivation in Scotland described above, we would expect these areas to be the type of gentrifying, inner-city neighbourhood that typified the “gaybourhood”.

To understand the specific concentration of non-heterosexual individuals in Scottish deprived neighbourhoods we uncovered, we therefore have to ask what is limiting their housing choices? Traditionally such exclusion might be driven by wider discrimination in society or barriers such as legal restrictions on equal marriage rights, which would lead to restricted access to mortgages (Doan and Higgins, 2011). Related factors might potentially include more restricted access to direct parental financial contributions if the family had broken down due to issues regarding sexual orientation, and a lower propensity to have children. Research on home-ownership has shown that having children and marriage are very strong triggers of entry into the housing market (Smits & Mulder, 2008). Single and non-married people may also have a reduced household income compared to a household of two employed adults.

[table 4 here]

Table 4 uses the merged category of all LBGO people in order to show significant differences in household formation, partnership status, disability and ill-health and home-ownership by sexual orientation. Table 5 shows differences in these characteristics by gender and by specific orientations. This table should be read with some caution, because within group sample sizes may be small and differences have not been corrected for age. The median age of the different groups differs, as can be seen in the final row of the table. It is clear that for both sexes, the likelihood of being married and being single differ considerably by sexual orientation. Gay men and lesbian women are far less likely to be married than heterosexuals. Being bisexual appears to somewhat decrease the chance of being married, but to a far lesser extent. Homeownership follows a similar pattern – gay / lesbian groups and bisexuals are less likely to own a home than heterosexuals. As a result, they may be

more likely to be renting social housing and be in one of the most deprived neighbourhoods.

[table 5 here]

A second aspect of a potential relationship between income poverty and sexual orientation may be found in the striking difference in health status by sexual orientation. For all non-heterosexual categories, rates of bad or very bad health are much higher. Long-term illness does not show such a clear pattern, but it is notable that rates of long-term limiting illness are considerably higher *despite* average age being lower. It is interesting to observe that though similar in many other aspects to heterosexuals, people who refused their sexual orientation also have considerably more health problems. A relationship between poor health and non-heterosexual orientation is consistent with other research (Cochran & Mays, 2009; Conron, et al., 2010; Sandfort, et al., 2006). Bad health and long-term illness are significant in this context because they are indicative of lower earning potential and reduced likelihood of employment (Cai, 2010). Lower income will affect housing choices and housing market access. Our broader research found that disabled people and those with a life-limiting long-term illness were almost twice as likely to live in the most deprived neighbourhoods in Scotland (Anonymous., 2012)

The third notable factor explaining neighbourhood location for LGBT individuals more broadly may be poverty. As can be seen in table 4, poverty rates are significantly higher for the LBGO group than the heterosexual population. Higher poverty rates are likely to be related to the other types of disadvantage identified in this paper.

The final question in our analysis was whether gay people are overrepresented in the lowest SIMD areas because their sexual orientation places them at greater risk of other characteristics, such as bad health and low income, which have been shown to predict living in poor areas. Alternatively, we might assume that there may be an independent effect from sexual orientation determining residential location, such as discrimination or preference. Our analysis supports the first of these two hypotheses. In a model (table 6) predicting the odds of living in the lowest SIMD quintile, sexual orientation was shown to make no significant improvement to the model after variables such as being single, poor health and limiting illness were introduced. In other words, people who are gay, lesbian, bisexual or other live in poor areas

because their sexual orientation places them at greater risk of other factors which affect where they can locate. Once the effect of those characteristics, including poor health, poor household income and being single, are taken into account, there is no independent effect of not being heterosexual.

[table 6 here]

## **Discussion and conclusion**

Our analysis demonstrates that a disproportionate number of LGBO individuals in Scotland live in the most deprived neighbourhoods, although not the majority of the group.. We have considered some of the reasons for this above: household poverty and low income; poorer health and wellbeing; and marital status. The analysis above is complex, and given the small numbers involved has to be partial. We cannot interrogate the data as much as we would like to; for example our analysis has to be at a national level and we cannot drill down to the individual datazone, or even local authority level . Given the small proportion of the population under consideration, this would be difficult even with a much larger dataset. There are the continuing problems with gathering data on sexual identity discussed at length in our methodology which would apply to all national datasets globally, and with our dataset the specific problems around the “other” category.

However, the overrepresentation of sexual minorities in poor neighbourhoods raises a number of important questions and challenges around our understanding of LGBT household choice and location more broadly. It is increasingly argued that, due to gentrification, the declining significance of place for accessing potential sexual partners, and “post-gay” sexual identities, place is far less important in LGBT identities (Nash et.al. 2014). However, this research demonstrates that in Scotland place does matter, but not in the traditional way discussed in the literature. The analysis specifically questions the “pink pound” and “gaybourhood” gentrification narrative that has been dominant in discussion on LGBT household location. This is not to say that Scotland has not experienced this sort of spatial patterning. The east ends of Glasgow and Edinburgh city centres both have the concentration of LGBT-owned and LGBT-friendly bars, shops and other services, as well as the smaller properties that may be favoured by LGBT households. To put it simply, Glasgow’s Merchant City in the east of the city centre could be considered the city’s “Castro”

with a range of public and private services specifically for the LGBT population (Nash et al., 2014), and the local authority has developed the area to specifically attract the “creative classes” (Adams & Tiesdell, 2013; Tiesdell, 2010). Similarly, all of Scotland’s major inner cities contain a large number of one and two-bedroom traditional tenement properties and flats which are likely to attract households of young people, gay and straight.

As stated above, the most deprived neighbourhoods in Scotland, unlike those in England and elsewhere, are very rarely inner-city areas of poor quality owner-occupied or privately rented housing. They are predominantly peripheral social housing estates. It could be that the disproportionate concentration of LGBT households reported above is solely contained in a small number of datazones that are on the edge of these deprived neighbourhoods, and this area is more like a neighbourhood we would traditionally associate with being a gentrifying “gaybourhood”. However, we just do not have the spatial data to demonstrate this with, but believe it is highly unlikely to explain the broader trend we have found.

We believe our findings add a new, more problematic angle, to traditional gentrification narratives and stories of “gaybourhoods” in cities (Doan & Higgins, 2011; Nash et.al. 2014). The narrative is broadly progressive – as LGBT people have been more accepted by society they have flourished and even surpassed the socio-economic outcomes of their heterosexual peers. The data presented here suggest that a disproportionate minority of LGBO individuals in Scotland face specific barriers in their lives that mean they end up living in the most deprived neighbourhoods. Research on deprived neighbourhoods in Scotland has demonstrated that the predominant cause of the concentration of deprived households in these neighbourhoods is selection effects, or choice effects – people are housed in these neighbourhoods as they “choose” the social housing that dominates (van Ham & Manley, 2010). This explains some of the more expected results in broader research on characteristics such as disability and race and ethnicity that we carried out (Anonymous, 2012). People are excluded from labour markets due to disability, ill-health or broader, historic discrimination and this may limit their housing choice. The analysis above demonstrates that for some LGBO individuals a similar life history means they also live in the most deprived neighbourhoods, particularly around limiting ill health and poor mental health and

wellbeing. Further causal factors that we cannot interrogate fully using our dataset could be: exclusion from the labour market due to poor educational attainment associated with homophobic bullying in school; or exclusion from the labour market due to historic discrimination, later resulting in lower incomes; or even discrimination from more affluent heterosexual suburbs. This would suggest that the progressive narrative of gentrification needs some re-evaluation, either as applied in a Scottish context, or if data were available, in other countries with a similar history. There are a group of people who are still suffering from discrimination and exclusion and this is impacting on their ability to choose their residential location. Further research at the neighbourhood level would be required to unpack these mechanisms further and understand further the theorised causes.

In this context, it is important to note how dramatically public opinion towards same-sex relationships have changed in Scotland over the past decade and the wider context for discrimination and prejudice against LGBT people. Consenting sex between men was only decriminalised in Scotland in 1980, not 1967 as in England and Wales. One of the earliest controversies of the new Scottish Parliament after devolution in 1999 was the proposal in 2000 to repeal section 2A of the Local Government Act 1986 (known as section 28 in England and Wales) which prevented teachers from “promoting” homosexuality in schools. This led to the transport entrepreneur and evangelical Christian Brian Souter funding a private postal ballot of Scottish households to “Keep the Clause”. A decade later, the Scottish Social Attitudes Survey showed that only 27 per cent of people thought same-sex relationships were “Always/mostly wrong” compared to 48 per cent in 2000 (Ormston et al., 2011). While it is clear public opinion has shifted in Scotland, we cannot discount that latent homophobia had a historic impact on LGBO individuals’ life chances in Scotland. Another reason for this concentration could be the higher rates of homelessness among young LGBT individuals. Although homophobia has decreased, the process of exploring one’s emerging sexual identity and then coming out to family can still be difficult (Dunne, et al., 2002).

While we have identified this concentration of LGBO households the other consideration is what are the policy implications of this? This is particularly pertinent in Scotland as, with limited powers over welfare benefits, the Scottish Government has traditionally used place-based policies as a key way to alleviate and tackle

poverty (Matthews, 2013, accepted in press; Turok, 2007). Further, many health and other public services for LGBT people are traditionally located in neighbourhoods with a high concentration, often in the inner-city (Doan & Higgins, 2011; Nash et.al. 2014). We can consider two sides of this. Firstly, ideally we would want all groups to be evenly distributed across Scotland so that 15 per cent of LGBT households are in the most deprived neighbourhoods. From the discussion above there is clearly a role in focusing some policy resources on preventative measures to help LGBT individuals not find themselves in the position where their only housing choice is a home in a deprived neighbourhood, such as activities in schools and with families to prevent homelessness.

There are implications for policy within deprived neighbourhoods themselves. For over 50 years deprived neighbourhoods in the UK have been subject to specific policy initiatives to try and alleviate their problems (Atkinson & Moon, 1994; Rae, 2011). In Scotland these are targeted through the process of Community Planning, whereby public sector partners come together with community organisations to develop neighbourhood management to ensure resources are targeted at those neighbourhoods that need them most, a policy commitment reiterated in the Scottish Government's most recent regeneration policy statement (Hastings, 2003; Matthews, 2014; Scottish Government, 2011; Sinclair, 2008).

A long-standing criticism of such neighbourhood regeneration policies is that they presume neighbourhoods are demographically similar – in Scotland, white, working class (Edwards, 2001; Gosling, 2008; Grimshaw, 2011). When diversity is explicitly recognised by regeneration policies it is often in a problematic way (see for example: Atkinson, 2000 on race and ethnicity).

To the authors' knowledge, LGBT individuals or households have never been considered in national regeneration policies. The numbers of individuals are small, but we cannot ignore that these most deprived neighbourhoods in Scotland do contain a disproportionate concentration of LGBT individuals who may have specific needs overlooked by policy-makers and local service providers. At a local level, initiatives to support LGBT people have been largely supported by statutory public sector processes of mainstreaming equalities into service delivery. Similarly, many housing providers offer specific support for LGBT individuals taking on tenancies.

However, even mainstreaming could lead to inadvertent discrimination for the individuals identified here, such as the case cited by Monro (2010) where firewalls on library computers prevented LGBT individuals accessing any web resources associated with sexual orientation.

A further challenge for these individuals and households within the neighbourhood could be isolation and harassment. The physical remoteness and social networks of many deprived neighbourhoods in Scotland makes them isolating places for many individuals. Social attitudes data suggests the population of the most deprived 20 per cent of neighbourhoods is less tolerant of diversity and difference than those in the least deprived neighbourhoods (Ormston et al., 2011). Being physically and economically excluded from the LGBT lifestyles of city and town centres may make this isolation even more extreme for these individuals (Doderer, 2011). Problems of isolation and harassment among another minority group in deprived neighbourhoods – new in-migrants – became a particular concern following a high-profile suicide and racial attacks in North Glasgow (Kearns & Whitley, 2010). Whereas exclusion from mortgage finance in the 1960s led to LGBT developing gaybourhoods as centres of service delivery and political power, the LGBO people living in deprived neighbourhoods in Scotland in this research may be living isolated lives, marked by ill-health, exclusion and disempowerment.

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**Table 1: Proportion of people in most deprived neighbourhoods in Scotland, by sexual orientation, using SHeS 08-11**

	<b>Total unweighted sample</b>	<b>Proportion living in the most deprived 15% neighbourhoods (weighted)<sup>2</sup></b>
<b>Total sample</b>	24837	13.8
<b>Heterosexual</b>	23457	13.7%
<b>Lesbian / Gay</b>	194	18.3%
<b>Bisexual</b>	223	12.8%
<b>Other</b>	253	22.2%
<b>Prefer not to answer</b>	598	16.2%

<sup>2</sup> For any percentages quoted, data was weighted using the standard merged dataset weight variable included in the SHeS dataset. This weight is not age-standardised.

**Table 2: Differences in distribution of sexual orientation following the removal of “prefer not to answer” option after 2009.**

	<b>2008-2009</b>	<b>2010-2011</b>
<b>Bisexual (both sexes)</b>	1%	1%
<b>Gay or Lesbian (same sex)</b>	1%	1%
<b>Heterosexual (opposite sex)</b>	93%	97%
<b>Other</b>	1%	1%
<b>Prefer not to answer</b>	5%	--

**Table 3: Proportion of people in wealthier and poorer neighbourhoods in Scotland, by SIMD Quintile and sexual orientation, using SHeS 08-11**

SIMD Quintile	Percentage LBGO	Exp. B value <sup>3</sup>	Sig
Poorest SIMD Quintile	24%	1.422	***
Second SIMD Quintile	22%	1.092	
Third SIMD Quintile	20%	1.025	
Fourth SIMD Quintile	17%	.758	**
Highest SIMD Quintile	16%	.755	**

\* = p<0.5 \*\*=p<0.01 \*\*\* p<0.001

Calculated from the Scottish Health Survey, years 2008-2011 using the standard 08-11 sample weight.

<sup>3</sup> Exponentiated B values were calculated from bivariate binary logistic models with LBGO as a dichotomous independent variable merging lesbian, gay, bisexual and other into a single category. Dependent variable in each model is the variable listed in the left column.

**Table 4: Socio-demographic characteristics of the Scottish population, by sexual orientation (percentages)**

	Heterosexual	LBGO	Exp. B value <sup>4</sup>	Sig
<b>Single</b>	32%	52%	2.3	***
<b>Married / civil</b>	51%	34%	0.5	***
<b>With children<sup>5</sup></b>	24%	15%	0.5	***
<b>Bad or very bad health</b>	6%	11%	1.8	***
<b>Limiting illness</b>	25%	33%	1.5	***
<b>Homeowner</b>	70%	59%	0.6	***
<b>Income poor<sup>6</sup></b>	24%	33%	1.5	***
<b>Median age</b>	46	45		-

\* = p<0.5 \*\*=p<0.01 \*\*\* p<0.001

Calculated from the Scottish Health Survey, years 2008-2011 using the standard 08-11 sample weight.

<sup>4</sup> Exponentiated B values were calculated from bivariate binary logistic models with LBGO as a dichotomous independent variable merging lesbian, gay, bisexual and other into a single category. Dependent variable in each model is the variable listed in the left column.

<sup>5</sup> 'With children' is defined as living in a household with children aged 0-16. Children may not be biologically related.

<sup>6</sup> Income poverty was calculated as 60% of the median equivalised income. The equivalised income was derived as the annual household income divided by the McClements score.

**Table 5: Socio-demographic characteristics by gender within the adult population in Scotland, by sexual orientation (percentages)**

	Heterosexual		Bisexual		Gay/Lesbian		Other		Refused	
	M	F	M	F	M	F	M	F	M	F
<b>Single</b>	36	29	42	56	85	75	33	25	30	20
<b>Married / civil</b>	52	49	44	32	11	1	51	48	55	43
<b>With children<sup>7</sup></b>	24	28	13	21	3	11	19	26	11	10
<b>Bad / very bad health</b>	6	6	10	7	13	8	9	16	14	11
<b>Limiting illness</b>	23	27	35	32	23	29	36	42	40	39
<b>Homeowner</b>	71	69	61	60	54	52	63	55	69	64
<b>Income poor<sup>8</sup></b>	23	26	24	38	15	18	45	54	43	49
<b>Median age</b>	50	48	58	37	42	39	64	56	65	67

Calculated from the Scottish Health Survey, years 2008-2011 using the standard 08-11 sample weight.

<sup>7</sup> There are children aged 0-16 living in the household in which the adult is also resident.

<sup>8</sup> Income poverty was calculated as 60% of the median equivalised income. The equivalised income was derived as the annual household income divided by the McClements score.

Table 6: Logistic regression model predicting the odds of living in a poor area, by individual characteristics

	Exp B	Significance
<b>Single</b>	1.438	***
<b>With children<sup>9</sup></b>	1.084	
<b>Bad / very bad health</b>	1.950	***
<b>Limiting illness</b>	1.427	***
<b>Homeowner</b>	1.271	***
<b>Income poor<sup>10</sup></b>	.352	***
<b>Gay</b>	1.078	

<sup>9</sup> There are children aged 0-16 living in the household in which the adult is also resident.

<sup>10</sup> Income poverty was calculated as 60% of the median equivalised income. The equivalised income was derived as the annual household income divided by the McClements score.