



LINK Report

Coming Out, Coming Together:
LINK member's investigation into the health and social
care experiences of lesbian,
gay and bisexual people in North Tyneside



September 2010

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1. Introduction

Over the last year LINK has been developing its membership and now has over 200 members. Towards the end of 2009 we undertook a membership and engagement audit to identify areas of the community that we had not been reaching. LINK aims to engage with all sections of the community but it was felt that we had not done enough to discover what the health and social care needs of lesbian, gay and bisexual people may be. For this reason LINK decided to commission this piece of work to identify the needs of this community. LINK members Diane and Alan Varty, and Alan Porter undertook this piece of work.

The following is their report for LINK:

2. Summary

The lesbian and gay population in any area can be a difficult group to assess as they can be, largely, invisible.

In North Tyneside, as in other locations, lesbian and gay people may be reluctant to come forward to give their opinions, even on important issues like health and social care. Those we spoke with felt there was a lack of support for lesbian and gay people and that they did not know of any established groups operating in the borough to offer informal support. This is unfortunate because, as can be clearly seen in the national population, lesbian and gay people are likely to have worse than average outcomes in health and social care.

For this report, the authors were required to examine the health and social care experiences of lesbian and gay people in North Tyneside, and obtain the views of service providers and support groups active in the area.

The term LGB is used throughout to refer to lesbian, gay and bisexual communities.

The 2008 population data from the Office for National Statistics gives the North Tyneside population as being 196,000 people. The national organisation Stonewall estimates the national lesbian, gay and bisexual population to be 5-7%. Taking an average of 6% based on the North Tyneside population data; this gives a figure of 11,760 people. (The figures are taken from the North Tyneside Council Corporate Equality Scheme 2010-13).

North Tyneside Council has recently commissioned independent research, at the start of 2010, to identify and break down data about diverse communities in North Tyneside. This research is now being used to improve engagement with these communities and inform service planning.

Limitations in the council's previous data monitoring system meant that information on employee's sexual orientation could not be collected; however this has been possible since April 2010 when an integrated payroll and HR database was launched.

3. Health and social care

Health care was taken to mean any health care provided across the range of primary and secondary services. Social care was taken to mean housing, personal care at home, and residential care for the elderly.

4. The National Health and Social Care picture for gay and lesbian people

4.1. Smoking, Alcohol and Drugs

- 66% of lesbian and bisexual women have smoked compared to 50% of women in general
- Just over 25% smoke currently (as of 2006)
- 90% of lesbian and bisexual women drink and 40% drink three times a week compared to 25% of women in general

4.2. Sexual Health

- Less than 50% of lesbian and bisexual women have ever been screened for sexually transmitted infections
- 50% of those who have been screened had an STI and 25% of those with STIs have only had sex with women in the last five years

4.3. Cancer Screening

15% of lesbian and bisexual women over 25 have not had a cervical smear test compared to 7% of women in general.

- 20% have not have a test have been told that they are not at risk
- 2% have been refused a test

8% of lesbian and bisexual women aged between 50 and 70 have been diagnosed with breast cancer, compared to 5% women in general.

4.4. Mental Health

- 20% of lesbian and bisexual women have deliberately harmed themselves in the last year, compared to 0.4% of the general population. 50% of women under the age of 20 have self-harmed compared to 7% of teenagers generally
- 5% have attempted to take their life in the last year and 16% of women under the age of 20 have attempted to take their life. ChildLine estimated that 0.12 % of people under 18 have attempted suicide
- 20% say they have an eating disorder, compared to 5% of the general population

4.5. Domestic Violence

- 25% of lesbian and bisexual women have experienced domestic violence, the same as women in general. In 66% of cases the perpetrator was another woman
- 80% have not reported incidents of domestic violence to the police and of those that did only 50% were happy with their response

4.6. Discrimination in Healthcare

- 50% have had negative experiences in the health sector in the last year, despite the fact that it is now unlawful to discriminate against lesbian and bisexual women
- 50% of lesbian and bisexual women are not out to their GP
- 10% say that a healthcare worker ignored them when they did come out
- Just 30% of lesbian and bisexual women say that healthcare workers did not make appropriate comments when they came out
- Just 10% felt that their partner was welcome during a consultation

4.1 to 4.6 Source: Prescription for Change – Lesbian and Bisexual Women's Health Check 2008 (Authors: Ruth Hunt and Dr. Julie Fish)

4.7. Young People

- 65% of young LGB people experience bullying at school
- 98% hear 'gay' being used in a derogatory way
- They are 4 times more likely to suffer serious depression
- 3 times more likely to be diagnosed with generalised anxiety disorder
- Boys are 7 times more likely to have attempted suicide

- Rates of self-harm are much higher in LGB studies – 25% vs 2.4% in general population
- They are much less likely to remain in school after the age of 16

4.8. Older People

- Older LGB people are often invisible. Services do not always consider their need to maintain social networks
- Older LGB people are more than 2 ½ times more likely to live alone, twice as likely to be single and 4 ½ times less likely to have children or other family to support them
- Older LGB people have little faith in health and social care staff

4.7 to 4.8 Source: Steve Paske, Senior Sexual Health Promotion Specialist, Gateshead PCT

4.9. Lesbian and Gay People's Expectations of Discrimination

- 20% of lesbian and gay people expect to be treated worse than heterosexuals when applying for social housing
- 7% of lesbian and gay people expect to be treated worse than heterosexuals when accessing healthcare for a routine procedure or an emergency procedure, while 8% have the same expectations about general practice
- Gay women who have received fewer targeted healthcare messages than gay men are twice as likely to expect to be treated worse
- Nearly 20% of lesbian and gay people have experienced homophobic bullying in the workplace in the last five years (from 2008)
- 33% think that lesbian and gay people who are open about their sexual orientation are more productive in the workplace
- Homophobic bullying in schools is getting worse. Almost 30% of lesbian and gay people aged over 55 say they experienced homophobic bullying compared to more than 50% of those aged 25-34 and over 60% of lesbian and gay students at school in 2007, according to Stonewall's *School Report*
- More than 80% of lesbian and gay people would not have felt able to be open about their sexual orientation in school

4.9 Source: Serves You Right, Stonewall, 2008

5. Method

Interviewees were recruited by the methods of:

- a) 'snowballing' which is where LGB support groups and service providers for initial participants acted as 'seeds' who identified other members, and
- b) respondent-driven where contacts actively recruited others.

Both semi-structured face-to-face and telephone interviews were carried out.

Questionnaires were posted online, and they were also handed out to appropriate groups.

Posters advertising the project were distributed around the gay scene in Newcastle, and a major gay support website carried an advert for the research. An advert also appeared in a North Tyneside free paper in the letters to the editor section.

Interviews were conducted with presenters from a recent local Health Summit. Local researchers were also interviewed. The report writers carried out a literature search and assessment of national research on the LGB population.

6. Issues

6.1. There are no LGB support organisations operating in North Tyneside

“There’s nothing in North Tyneside.”

Fruit Salad is set up in the borough but at the moment does not act as a social/support group to LGB people although it is led by a lady well-respected for her work in LGB issues in North Tyneside. She does act as a contact point and facilitates an informal network as well as being a member of the North Tyneside LGB Advisory group (which has members from the police, North Tyneside PCT, North Tyne Metropolitan College and MESMAC).

'Tea with Dorothy' is also North Tyneside-based but is, at present, a fledgling group for older LGB and transgender people. Currently the group is composed of several transgender people only and has no lesbian or gay members. It is organised by the local Age Concern.

There are groups that are not based in North Tyneside but which can be accessed by lesbian and gay people in the borough:

- MESMAC is a national organisation with a Newcastle office. Supporting gay and bisexual men, it is a centre of help and information for the LGBT community.
- Lesbiline, North East Older Lesbians Network, Women4women are all online lesbian community support groups.
- Parents Enquiry North East offers helpline and support groups for parents of LGBT children.
- Outpost is a housing project offering accommodation, support and advice for LGBT

young people.

- STaG offers a range of services to gay and bisexual men.
- University and college support groups.

6.2. Hard to Reach

“The LGB community is an extremely hard group to get to talk to. It took me years before they got to trust me.”

- Parent's Enquiry North East

The LGB community, along with transgender people, ethnic minorities, religious/faith groups, older people, disabled people, children and young people, is defined in the literature as a 'hard to reach' group. In the relatively short amount of time available for our study, it is not surprising then that we were able to talk to only a very small number of lesbian and gay people living in North Tyneside. Research into LGB issues is typically conducted with small numbers. The people we interviewed made the point that although lesbian and gay people living in North Tyneside might be difficult to contact to interview for a report, that did not mean that they were a group that was inherently difficult to provide with health and social care services.

6.3. Promoting LGB Equalities

“People who are LGB should feel comfortable using any health service. We need to make our services better for people who are lesbian, gay or bisexual... We will make sure that all of our staff are trained to understand some of the problems LGB people might have.”

- North Tyneside PCT Single Equality Scheme Easy Read Version 1

'There is not yet a duty on public bodies requiring them to promote equality of service for gay people in the way that already exists for gender, ethnicity and disability' within service delivery. (Ben Summerskill, Chief Executive, Stonewall, *Serves You Right Lesbian and gay people's expectations of discrimination*, 2007). However, it should be noted that NHS North of Tyne and Newcastle and North Tyneside Community Health provider services have included sexual orientation as part of its Single Equality Scheme over the last two years.

The recent Equalities Act legislation gives a new perspective to this comment, bringing sexual orientation more in line with other equalities issues. However, the view from several organisations we have spoken to in the borough is that the emphasis is still on fulfilling their legal obligations and having appropriate policies in place, and responding to problems, rather than being pro-active. If promoting LGB equalities can be said to encompass action, implementing or putting policies into practice would still appear to have some notable gaps. These are:

- no funding for LGB community workers in North Tyneside
- no designated LGB space/room in North Tyneside
- an absence of supportive literature (literature affirming an official position that North Tyneside is LGB-friendly. Sunderland for example has a Your City Lesbian, Gay, Bisexual Independent Advisory Group leaflet)
- a lack of LGB identity in the borough

- a lack of representation on some equality and diversity service provider groups
- training and engagement limitations – LGB equalities issues, however, are recognised as important, with the infrastructure of training and awareness building being more developed in some organisations than others

***“When I was younger, the scene was incredibly important to me.
Having a safe place to go where I could meet people like me.”***

- Claire, Lesbian living in North Tyneside

“There are people who don't feel safe coming up to Newcastle and going back late at night. But there's nowhere for them to go in North Tyneside.”

- LGBT support worker

In response to these comments North Tyneside council have told us that in 2009 they set up a network of the equality officers from key partner agencies to work together on equality and diversity projects, raising awareness of the issues amongst the thousands of staff they employ and those who use their services.

The council's annual Residents' Survey has been reviewed to ensure that it better collects and presents the views of different communities in North Tyneside and they are improving analysis of complaints, to include diversity dimensions and increase our understanding of how services impact on different communities.

The council attended the 2010 Northern Pride festival to promote the council as being accessible to and keen to work with LGB residents, raise the profile of council services which may be of particular interest to LGB residents and identify specific LGB contacts who live in the borough and may be interested in being involved with the council in the future.

Also, the council has a minority staff group for LGB staff, which was established in October 2008. This group has a significant role in influencing council policies and decision making processes. Results from the council's staff survey are analysed and disaggregated according to sexual orientation, to ensure that action is taken on any issues.

6.4. Health care

“I've never had any problems, personally.”

- Judith, Lesbian living in North Tyneside

'There is a lower uptake of some health services (e.g. gay and bisexual men are less likely to be registered with a GP) and a higher occurrence of various health conditions (e.g. LGB people demonstrate significantly higher levels of mental distress, self-harm and suicide when compared to heterosexual people).

How can equality around sexual orientation make a difference? By addressing identified needs locally we can tackle these health inequalities, developing more responsive services which are appropriate to the needs of LGB individuals.

- North Tyneside Primary Care Trust's Single Equality Scheme 2008-2011

Our report does not reveal individual encounters with health care providers. The small number of interviews we did carry out with lesbian and gay people living in North Tyneside produced only general comments. Comments from the wider spread of interviews we carried out were positive about the care given to LGB people at the One to One sexual health centre based in North Tyneside. Interviews with staff at the centre revealed that some lesbian and gay people living in the borough prefer to go outside of the borough for treatment (where it is less likely they would see people who knew them). Staff at the One to One centre also drew our attention to the group of 'men who have sex with men' but who do not identify themselves as gay. This is an important distinction as such a group may not consider material produced for gay men to be relevant to themselves.

As mentioned, we could find no instances of targeted health care for non-sexual LGB health issues in North Tyneside. However, it should be noted that Newcastle and North Tyneside Community Health provider services work with all services to help them consider the needs of LGB people in the delivery of their service.

In addition, NHS North of Tyne have informed us that steps are taken to consider people in the LGB community when commissioning and delivering services, where they might be placed at a disadvantage. They also aim to carry out equality impact assessment screening and full assessments if required on all new initiatives. Equality and diversity awareness is included in the statutory and mandatory training for all NHS North of Tyne staff and the organisation.

NHS North of Tyne has a service level agreement with MESMAC to deliver services for North Tyneside residents. The need to engage with the LGBT individuals/ communities is included within the service specification with MESMAC for sexual health and youth projects.

NHS North of Tyne is proactively encouraging health services to achieve the Department of Health 'You're Welcome' accreditation which aims to improve access to health services for young people. One of the areas included is a requirement to demonstrate how services meet the needs of marginalised groups and specifically refers to LGB. Another initiative, C-card training, also includes work with LGB groups (i.e. where a member of the sexual health service staff gives training to other staff in those places where the C-card and/ or free condoms are going to be distributed).

6.5. Mental Health

“There's a great need for counsellors who understand lesbians. We had one – a volunteer – but she left three years ago. We still get women ringing and asking for counselling.”

- Lesbian Line

There is a perceived lack of freely available counselling specifically for lesbians in North Tyneside. MESMAC in Newcastle offer counselling for gay men.

We could find no sources of specific LGB mental health support based in the borough.

6.6. Social Care

“Older people will still be able to remember when being gay was said to be a mental illness”

- LGB support worker

Our report found that there is no Council-provided residential or home care catering specifically for LGB older people's needs in the borough.

6. 7. Information Needs

“We sent our leaflets to every GP in the region. But when parents check their doctor's surgery we find hardly any that are displaying the leaflets.”

- Parents Enquiry North East

“Some of the leaflets that are produced by the gay community are just not appropriate. They're too explicit to be on show. Families find them offensive. They're not the sort of thing you want young people to see.”

- LGB support worker

We found that sexually-explicit content and the competition for available space were two factors said to be limiting the display of LGB leaflets in public areas such as waiting rooms. Lesbian and gay information displayed in GP surgeries was said to be taken by lesbian and gay people to be an important sign of 'GP friendly' services and valued highly by lesbian and gay people.

Information needs go beyond sexual health issues and extend to wider health concerns and addressing the stigma and prejudice in society towards LGB people. Local research suggests that we need to re-examine how gay men use information to assess risk (*Re-imagining Risk: Exploring understandings of risk in sexual health in the North East*, Young, 2009).

6.8. Housing needs of young lesbian and gay people

“For every one we help, we know there are others who aren't so lucky.”

- LGB Support worker

Homelessness is a real problem for young lesbian and gay people who may be ejected from the family home when they 'come out' to their parents. No services exist in North Tyneside specifically addressing the needs of young LGB people in need of re-housing. North Tyneside Homes (North Tyneside Council) however is alert to the problem and have policies in place. One of the difficulties can be when the young person does not feel confident enough to disclose their sexual orientation to officials. Newcastle-based Outpost is one of only four organisations in the country and works to help young LGB people who require accommodation. They have only eight properties. They record the number of referrals they receive based on where the person was living. The referrals for North Tyneside are given below.

Year (April-March)	No. of referrals
2001 – 2002	1
2004 – 2005	11
2005 – 2006	1

2006 – 2007	2
2007 – 2008	not collected
2008 – 2009	2
2009 – 2010 (to Feb.)	7

6.9. Support for parents of lesbian and gay people

“We speak to lots of parents of gay people in North Tyneside.”

- Parents Enquiry North East

It can be a traumatic event for some parents to find out/be told that their child is gay. There are attendant health consequences (stress, anxiety and depression) and attendant social consequences (break up of marriage, end of parent-child relationship). There is no specific support for parents from North Tyneside service providers.

6.10. Work

Lesbian and gay people's sexual orientation makes them vulnerable to prejudice in the workplace. This can have significant health consequences, in terms of adverse mental health conditions such as stress and depression. Our report found that this was recognised and that staff networks were in place.

6.11. School

As in the workplace, so at school, bullying has consequences in terms of poorer health caused by stress and depression.

6.12. Homophobia

“We are part of the community where we live, although for a number of years we suffered a lot of harassment which has now faded away, we even had our car torched outside the house. . . My sister said not to visit in case we were seen walking up her garden path.”

- Brian and Dave, Gay couple living in North Tyneside

We heard from people who work supporting LGB communities that the levels of aggression towards lesbian and gay people are far higher than reported to the police.

“There's a constant low level abuse that you just get used to.”

- Chris, gay man living in North Tyneside

“It's better than it was say 20 years ago. Certainly it's better than it was when I was growing up. But more people feeling able to come out means more vulnerable people out there.”

- LGBT Support Worker

“There was a group set up in North Tyneside some years ago. It was at a bar owned by a gay couple. But when they sold up and moved, it ended. There was nowhere else that was safe.”

- LGBT Support Worker

The police have recorded a total of eight homophobic incidents in North Tyneside from April 2009 to the present (March 2010). None of the incidents was considered serious enough to be a crime i.e. there was no direct assault, damage or theft. None of the incidents involved repeat victims.

7. Discussion

7.1. Limitations of the research

We were unable to talk to many lesbian and gay people living in North Tyneside. We did not obtain detailed accounts of encounters with health and social care providers. It is likely that those who we did speak to (including service providers and LGB support workers) constitute a well-defined expert group. However, as is reported elsewhere (see *A Review of services and support for Lesbian, Gay, Bisexual and Transsexual/Transgender Young People*, Sandwell Metropolitan Borough Council, 2006) research on LGB issues is typically conducted with small numbers.

It is also recognised that the notion of any LGB sample being representative is problematic: 'It is, quite simply, not possible to carry out such research in the expectation that a 'representative sample' may be recruited. Indeed nor is it possible to imagine what such a sample would look like, since individuals who are lesbian, gay or bisexual are found across all other communities, whether of ethnicity, socio-economic class, age or disability,' Professor Wilton, quoted in Sandwell Metropolitan Borough Council document cited above).

Detailed material concerning actual interactions with health and social care professionals can be more readily gained from research that focuses on specific sub-groups with a narrower focus of examining their health or social care encounters (such as lesbian experiences of breast cancer, as in *Coming out about breast cancer Lesbian and Bisexual Women*, Fish, 2010).

That the wider group of lesbian and gay people residing in North Tyneside remained outside of the reach of the report can in large measure be put down to the lack of time available to build trust with this population, set in the broader context of the pervasive lack of trust that seemingly defines LGB outside group relations.

7.2 Policies and promotion

In a nutshell, service users we spoke with thought that although organisations might be meticulous in assembling the policies required by equalities legislation there was still some work to do to translate these into a pro-active commitment to action, beyond that of providing staff with equalities training.

Newcastle and North Tyneside Community Health provider services has completed the Stonewall index and has a group working together with Stonewall to consider how to improve their work environment. They also work with service delivery teams to provide training which includes challenging discrimination towards LGB individuals. They have undertaken equality impact assessments and through this have identified changes that need to be made to policy and practise.

Our interviews with service providers and LGB support groups revealed that there appeared to be a perception of a lack of funding, a lack of North Tyneside based-LGB

support organisations, limited levels of training in LGB issues, limitations on the type of information produced around LGB issues, constraints on its display in public areas such as GP waiting rooms, and a gap in the construction of a LGB friendly culture in the borough.

On the surface, at least, for those outside of organisations especially, ownership of lesbian and gay identity issues seemed to have been exported to nearby Newcastle.

However, North Tyneside Council have informed us that the council is committed to all the borough's diverse communities and feel that the examples of proactive and positive work mentioned previously in this report demonstrate this in relation to the LGB communities.

7.3 Engagement – a two way process

Although there appears to be difficulties in engaging with the lesbian and gay population in North Tyneside this does not necessarily categorize a lack of explicit demand as an underlying lack of demand. There appears to be sensitivity to the fact that barriers exist that prevent lesbian and gay people (and the LGB population in general) from presenting openly to the health and social care 'official' establishment.

From LGB quarters, this reluctance was unanimously attributed to a lack of trust. Policies were not perceived to be embodied in the behaviour of 'the people on the ground', those whom lesbian and gay people actually came into contact with. This did not mean that good practice was felt not to exist. Good practice was inquired about but inevitably was not seen to be the focus of attention when we spoke to people.

Service providers have the power to create an atmosphere of trust and thereby remove the barriers to the two-way engagement necessary to identify and meet the needs of lesbian and gay people in North Tyneside.

7.4 Hard to reach – or hard to reach out to?

It can be argued that 'there are no hard to reach communities, just hard to reach services' (Yorkshire MESMAC, Values and Principles) while at the same time appreciating that not all of the so-called 'silent' or 'invisible' members of the lesbian and gay population in North Tyneside have unmet needs that pertain to their sexual orientation.

The lesbian and gay people we did speak to reported that they themselves had experienced no problems when dealing with health and social care providers, although one person did say that they would be reluctant to disclose the fact that they were gay because they did not trust healthcare professionals to react positively. When we deal with lives and not labels we recognize that lesbian and gay people do not form a homogenous group, that they are individuals with unique perspectives, influenced by a range of factors such as age and background.

Nevertheless, lesbian and gay people living in North Tyneside are highly likely to have a health profile that matches the national picture detailed earlier in this report. For local health and social care markers to be improved for lesbian and gay people in North Tyneside, i.e. for them to be healthier and have better social care provision than the national standards, we suggest that this would require there to be corresponding higher levels of service provision. We have not found that this is the case in North Tyneside.

7.5 Space to be yourself

More than ever, we live in a society that aims to be inclusive. We believe we are enriched

by diversity. In society there is room for all people. It is important to note that the people who we talked to in our report believed that this ideal was having a real positive influence on the lives of lesbian and gay people and that it had a definite presence in the region. 'Things are getting better', was a comment that summed up this position. 'Better, yes, but still not good enough' was the more fully articulated sentiment.

While there were differing views about the desirability of a new LGB centre to be based in Newcastle, for example, (most views were emphatically in favour of this though varying in exactly what such a centre would be), the provision of a low cost venue for lesbian and gay people in North Tyneside was considered to be very important. This venue was thought of in terms of no more than the use of a room, on a part-time basis, to be funded by the local statutory agencies. The room would act as a focal point for information and social contact. It would serve as a demonstrable sign that North Tyneside was a LGB 'friendly' borough and would form an essential fulcrum for the business of establishing local lesbian and gay, and indeed, LGB identity.

The room should be put in place in tandem with other concrete examples of official support, which for our interviewees principally meant funding in North Tyneside for a community worker for LGB issues. It was felt a community worker for LGB issues could promote a climate where existing advisory committees for LGB affairs would assume a more effective role in their activities with various organisations within the borough. It was also the view from one source that the tangible benefits brought by community workers to lesbian and gay groups can easily be overlooked, reducing the effectiveness of groups and placing too great a demand on the resources of volunteers.

The question as to whether lesbian and gay people in North Tyneside have a voice in the borough needs to be framed by an understanding that our social selves only gain life in a social context. Having structures in place would embody the real will that exists in the borough to address lesbian and gay issues. Those we spoke with felt that a physical space, a room; a virtual space, room to talk to others; community workers, representation at meetings, real two-way engagement accompanied by appropriate literature and information were all structures that could give lesbian and gay people space to be themselves.

7.6 Action

Research carried out locally at Newcastle University (the *Sexuality, Equality and Local Governance* project, Richardson, McNulty and Monro, 2010) highlights the fact that LGB equalities work is undergoing a period of rapid change driven by changes in legislation and that local government in particular with its modernisation agenda is acting to bring LGB minorities into the mainstream of civic affairs.

Researchers have also identified barriers within organisations which form obstacles to such a change: resource limitations, the crowded policy agenda facing local authorities, and organisational inertia. Our capacity to act and bring about concrete changes depends on releasing the potential 'locked up' behind these barriers. It depends also on addressing not just the needs of our borough's lesbian and gay population. Lesbian and gay people have distinct needs, but the solution to the problems that may exist in having these needs met will only come about when as a group; LGB people are not seen as a separate part of those living in North Tyneside. We must look to all sections of our society, not just to LGB communities, and work to fill the gaps in information and understanding that lead to discrimination and disharmony. No one can really come out, until we all come out together.

8. Recommendations

- **To actively promote lesbian and gay equalities in the borough**

We can promote these equalities by **implementing** a number of measures.

- **To explore existing health care provision for non-sexual LGB health issues in North Tyneside and target those areas where the service does not meet the needs of LGB people.**

We need to find out more about current provision and introduce programmes of care specifically for non-sexual health problems known to have high rates of incidence in the LGB population.

- **To make funding available for a community worker appointed for LGB issues in North Tyneside**

At present there is no funded 'mediator' between the considerable amounts of work done by the various organisations in the borough and the lesbian and gay people who live in North Tyneside. As a consequence we feel it is difficult for professionals to 'reach out' into the borough.

- **Create a space to be lesbian or gay**

North Tyneside Council should be approached to fund a room, possibly on a part-time basis, for lesbian and gay people to use. The room could also be used as a base for an appointed community worker. Initiatives to establish virtual networks for LGB people in the borough should be supported.

- **To inform and affirm: creating identity within the borough**

Information for LGB health care and well-being that is of an appropriate nature for public display (that is, not too sexually explicit) should be made available in places such as libraries, GP surgeries, and hospital waiting areas. A booklet which clearly endorses an official view that North Tyneside is a LGB-friendly borough should be commissioned and distributed. It should include clear statements on positive LGB equalities practices carried out by organisations and organisations' contact details. The material should be tailored so that it can be included on web sites. Engagement efforts from service providers should build on this and develop mechanisms for involving LGB people in the borough.

- **Involve LGB support organisations in delivering training**

There is evidence of an existing strong commitment to LGB equalities training in the borough. Service providers however may increase the effectiveness of their training by enlisting the help of LGB support organisations/health specialists. North of Tyne NHS have linked with MESMAC and their LGB staff network in relation to this point.

- **Include a specialist counselling service with current service provision**

Specifically, there is a lack of freely available counselling services for lesbian and gay people in North Tyneside. Given that lesbian and gay people are known to suffer from high levels of depression, there is a need for counsellors who specialise in lesbian and gay issues to be employed in the borough.

- **Explore and develop ways to make room for older lesbian and gay people**

There is a willingness to tailor council services for older people (residential care and home care) to meet the needs of older lesbian and gay people. Ways to make this happen should be explored and developed.

- **Develop a local support service for young lesbian and gay people and their parents**

Ways to support young people coming out need to be developed and available in North Tyneside. This would include a pathway of safe care for those made homeless when they come out to their parents and are rejected by them. Parents too should have access to North Tyneside-based support so that they can cope themselves and support their children.

9. Interviewees and Contacts

Thanks to the following people for their help:

- Jeannie Fraser, Janet Owen, Mark, and Ian Addison
MESMAC
- Lindsay Perks
Newcastle and North Tyneside Community Health NHS Equality and Diversity Group
- Jamie McKenna
Fruit Salad
- Lucy Hall
Equality and Diversity Lead
Newcastle and North Tyneside Community Health NHS
- Alison Broady
NASUWT
- Ann Lough
Community Engagement Co-ordinator, Age Concern, Tea with Dorothy
Newcastle University
- Dr Ann McNulty
Newcastle Council
- Sian Broadhurst
Manager, North Tyneside Council
- Sue Regan
Engagement Officer, North Tyneside Council
- Felicity Shoosmith
- North East Older Lesbian Network
- Lesbiline
- Bev Oakley
Project Manager, North Tyneside Council
- Joy Hermiston
North Tyneside Council
- Susan Meins
Service Development Officer for Older People, North Tyneside Council
- Graham Sawyers, Heather Witham
Outpost
- Joan
Parents Enquiry North East
- Sue Ingram
1 to 1 Centre
- Ingrid Young
Newcastle University
- Anne McNall
Northumbria University
- John Eggleston
Equalities and Diversity Officer, Northumbria Healthcare Foundation Trust
- Lucy Malarkey
Gentoo
- Ruth Berkley
UNISON
- Steve Paske, Mark Oddy
STaG
- Sargeant Frank Best
Northumbria Police
- Janet MacLean
RCN Membership Development
Facilitator/Regional Equality and Diversity Lead
- Kenneth Mortimer
- Stonewall

- Kayleigh Wilson
 - Philip Pollard
 - Judith *
 - Claire *
 - Mary*
 - Viv*
 - Brian and Dave*
 - Chris*
 - Sue Kenney
 - Michele Spencer
- Student Union President, Newcastle College
Housing Options Manager, North Tyneside Council
Lesbian living in North Tyneside
Lesbian living in North Tyneside
Lesbian living in North Tyneside
Lesbian living in North Tyneside
Gay couple living in North Tyneside
Gay man living in North Tyneside
Community and Health Care Forum

*Not their real names

The term LGB Support Worker is used throughout instead of specific titles to ensure confidentiality.

Diane Varty, Alan Varty, Alan Porter, March 2010 on behalf of:

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The Shiremoor Centre
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