Improving the Health and wellbeing of LGBTQ+ Communities in Wolverhampton

Conference Write Up

Tuesday 7 November 2019

CITY OF WOLVERHAMPTON COUNCIL

1. Introduction from Cllr Anwen Muston

The UK has made significant progress in recent years to further equality for LGBT people. From the partial decriminalisation of homosexuality 50 years ago to the introduction of same-sex marriage in 2013, successive governments have made remarkable progress in advancing equality for LGBT people.

In 2016, the Office for National Statistics estimated that 2.5% of the UK population aged 16 or above identified as lesbian, gay, bisexual or 'other' (almost 1.3 million people). The Government Equalities Office estimates that there are between 200,000 and 500,000 trans men and trans women in the UK.

Being out and proud as a LGBT+ person is not a life choice, being who you are is important to our overall health and wellbeing especially our mental health, LGBT+ people can't help the way we were born, we can either be happy or we can hide away and be unhappy and never reach our true potential in life.

Representation of all communities in public life is important for the successful delivery of balanced public services as well as in society in general, this goes beyond gender or from any particular ethnic background.

Equality is about people being equal and having an equal opportunity in life. The human race is complex, how we treat each other is not, respect and dignity should be given to all, if you want respect you should give respect in return regardless.

It is important that all people in a position of influence and public office understand all the different communities they represents & serve without which they are unable to make informed decisions.

If your community is not represented, at all levels in society then your community has no voice and is left behind when it comes to commissioning public services and legislation, as they say "nothing about us, without us". Its only when you are inclusive decisions and policies work for the whole of society.

Cllr Anwen Muston
City of Wolverhampton Council

2. Next Steps and the Way Forward

Recommendation:

That a second conference be arranged to follow up on all of the points, issues and concerns that have been raised.

3. Key Note Address

(Dr Michael Brady; National advisor for LGBT Health, NHS England and NHS Improvement)

Health of LGBT+ Communities

Dr Brady stated that there had been some significant progress toward LGBT equality. However, there was still a long way to go and evidence from a recent survey suggested that:

- LGBT people faced considerable barriers to leading happy healthy and fulfilling lives;
- LGBT people faced discrimination, bullying and harassment in education, at work, in the media and on the streets;
- LGBT people faced greater inequalities in health satisfaction, access, experience and outcomes.

There was also evidence to suggest that there were rising rates of hate crime and that reproductive and sexual education for LGBT people was still not good. There was still a stigma and fear around LGBT health and no matter where you looked services for LGBT people were worse off, with services for non-binary and trans people suffering the most.

Mental health was the top issue for LGBT people with anxiety, depression, self-harm and suicide being much more prominent and the take up of services (including screening) being much lower. Statistics also showed that HIV was more likely in trans women and that young bisexual people were more likely to have unplanned pregnancies or chlamydia.

Inequalities

Inequalities for LGBT people were evident in all of the following services:

- Mental Health
- Cancer Screening
- Sexual Health and HIV
- Substance Misuse
- Smoking
- Alcohol
- Chronic Diseases
- Gender Identity Services
- Social Care
- End of Life Care

The survey had received a massive 108,000 responses in just 3 months and was the single biggest survey of its kind in the world. The speed of response to the survey

had been phenomenal and resulted in a 3-year action plan with a specific section on health and 75 commitments.

(https://www.gov.uk/government/publications/national-lgbt-survey-summary-report;

https://www.gov.uk/government/publications/lgbt-action-plan-2018-improving-the-lives-of-lesbian-gay-bisexual-and-transgender-people)

Action Plan

The LGBT Action Plan listed the following health commitments:

- Appoint a National Advisor to lead LGBT improvements in healthcare
- Improve the way gender identity services work
- Improve understanding of the impacts on children and adolescents of changing their gender
- Improve mental health care for LGBT people
- Enhance fertility services for LGBT people
- Ensure LGBT people's needs are taken into account in health and social care regulation
- Support improved monitoring of sexual orientation and gender identity in healthcare services
- Continue to review the blood donation referral period for MSM
- Committed to tackling HIV/AIDS transmission
- Improve support for LGBT people with disabilities

Monitoring

Dr Brady emphasised the importance of monitoring sexual orientation and gender and stated that monitoring was essential to fully understand inequalities and experience.

'If you don't count us, we don't count'

Dr Brady stated that the NHS were now committed to rolling out sexual orientation monitoring and that work had begun on gender identity and trans status monitoring.

Referrals to gender identity clinics were also taking too long, years in many cases. The Government were now working with every team across the NHS but it was also vital to ensure that the community were involved, that visibility was increased and that advocates were found and engaged with who had real lived experiences. Education and training was the key, including workforce development and a focus on moving away from a hetero-normative and cis-normative culture. The workplace needed to support gender affirming and the use of preferred pronouns.

Empathy and respect for people's identities needed highlighting and any examples of good practice needed to be shared and brought together. Care also had to be taken when considering patient and service offers, to also include the LGBTQ+ workforce and issues regarding stigma at work.

'Where an organisation treats its staff well, its staff will treat patients and customers well.'

Dr Brady stated that a consistent, strategic and committed approach across the system was needed to make real change happen. This would require working across health, social care and voluntary and community sectors whilst also engaging with and involving LGBT individuals and communities at all stages.

Organisations would benefit from asking themselves the following questions:

- **Do you know how many of your service users / employees are LGBT+?**
- **Do you know how their experience/outcomes differ from others?**
- **Do you have specific approaches/initiatives to address inequalities for LGBT+ communities?**

There was also a need to address better and to more fully understand the impact of intersectionality between disadvantaged groups based on age, ethnicity, disability and poverty.

4. Young People's Needs

(Dr Ruth Wilson and Emma Savage: x2y LGBT youth group)

The x2y LGBT youth group had been started by a youth worker, Marcus Benson in 2000 as part of Base 25, before joining the Terrence Higgins Trust and then becoming an independent organisation in 2014. Since 2015 the youth group had been awarded charitable status.

Services provided by x2y included:

- Two groups for LGBTQ young people (11 to 17 youth group and 18+ young adults' group);
- An outreach worker (three hours per week, term time only) to provide support, advice and training for schools and other organisations working with young people;
- 1 to 1 support for young people who were not ready to access the group
- Counselling.

The group sought to provide a relaxed and safe place for young people and to provide them with an opportunity to meet with other members of the LGBTQ community. This was really important as so many of the young people were still on the journey, still in the process of understanding who they were and who they

needed or wanted to be. The group was a space where discussions could be held on matters such as hate crime, sexual health, internet safety and online abuse and stories and experiences could be shared. Members from x2y had also taken part in local events including Birmingham and Wolverhampton Pride. This all helped to build the confidence of the young people.

There was an online chat facility available for the older members to use or those who were vulnerable or isolated but not yet ready to attend the group in person.

Many of the young people supported by the group had additional needs such as autism or mental health issues.

In the past the majority of attendees to the group had identified as LGB but this had now changed significantly with 50% identifying as trans or non-binary. The group provided an opportunity for young people to grow and express themselves and to encourage each other and show that there could be a light at the end of the tunnel.

National Data

Dr Wilson provided some statistics as follows:

- 45% trans young people have attempted to take their own life and 22% LGB young people (Stonewall 2017)
- 24% homeless young people are LGBT and 69% of these young people have experienced rejection, abuse and/or violence from their families (Albert Kennedy Trust)
- 84% trans young people and 61% LGB young people have self-harmed (Stonewall 2017)
- LGBTQ young people from BAME backgrounds are slightly more likely to have suicidal thoughts (79%) than their White British LGBTQ peers (73%) (Stonewall 2017).

Local Data

- More than 80% LGBTQ+ young people in Wolverhampton experience depression and anxiety
- 59% LGBTQ+ young people in Wolverhampton have considered taking their own life
- 79% LGBTQ+ young people in Wolverhampton identified lack of awareness about LGBT+ issues in schools as having a major impact on their mental health
- More than 80% of LGBTQ+ young people in Wolverhampton consider themselves to have low self-esteem and to lack confidence.

The main concern appeared to be that people were just not very well informed and still considered being a member of the LGBTQ+ community a choice or something that a young person might grow out of;

‘Why would I objectively go out of my way to feel depressed and feel like I want to die because I’m not the correct gender? I didn’t choose to be like that, it’s me. It’s like people saying you choose the colour of your eyes.’

ROUND TABLE DISCUSSION ONE

Young People’s Needs

What LGBTQ young people need:

- For health professionals to be mindful of confidentiality – to be reassured of this right at the start
- To have equal access to health services
- Health professionals to be knowledgeable about gender identity, especially non-binary and genderfluid identities
- Clarity about when their sexuality/gender identity is relevant
- Monitoring questions to include ‘Pansexual’ and ‘Other please specify’
- Specific sexual health services for young people and/or LGBTQ+ people but also inclusive groups
- Visible signs of LGBT-friendly services (e.g. rainbow lanyards worn by staff at Gem Centre)
- Easily accessible information for young people
- Increased awareness for the lay person – more street appeal – images, rainbow bus stops, flags
- Safe places to go, talk and meet other young members of the LGBT community
- Social media access is 13 years, but services are 11 years – need consistency
- Options to request a neutral GP
- More easily identifiable access points – need feedback and guidance form young people on this – services need to be easier to search for
- Need to access mental health services quicker or as an alternative to the GP – long waiting lists at the moment
- Mental health clinics in GP surgeries
- More awareness of Gillick competence - used to decide if a person under 16 is able to consent to treatment
- Confidence that they will not be misunderstood or automatically referred to mental health services
- Training for health care professionals on unconscious bias
- For LGBTQ+ issues to be championed as a priority by the Local Authority
- Introduction of a LGBTQ+ qualification

- Inclusivity in all Policies
- More social events and visibility
- LGBTQ+ champions in the work place – make visible
- LGBTQ+ bereavement services
- Raised awareness of LGBTQ+ matters in maternity and family services
- Hub for services – general advice, sexual advice, counselling, safe space, network, café – need funding (crowd funding?)
- Network of safe spaces – invite shops to state they are an LGBT space and put posters up
- Funding for a listening service – sit in a café and talk about issues and concerns – can refer to other services from there if needed
- Office space for a paid or volunteer member of staff with responsibility for LGBTQ+ - again funding for a paid member of staff would be preferable
- Funding and resources
- Rights based approach

5. Sexual and Reproductive Health

(Dr Radhika McCathie, Newcross Hospital)

Dr McCathie stated that instances of sexually transmitted illnesses (STIs) were higher in the LGBTQ community and in particular gonorrhoea and syphilis with cases of HIV also on the rise. There had been a real upturn in infection over the last few years and even the treatment and advice being given did not appear to be having the right impact and medical staff were seeing the same patients on numerous occasions.

With regards to clinical provision for the LGBT community, there were issues regarding there only being male and female areas but this was slowly starting to change. At the moment there was no data to evidence the number of sexually transmitted illnesses in the transgender community, but the way data was being collected was changing to capture whether a patient was identifying as the gender they were born with.

There was a clear need for a better understanding of the terminology used for and by the LGBT community and a need to help health colleagues understand the issues better in order to enable them to feel more comfortable asking the important questions. Language and terminology were very important areas that needed more focus and attention.

Contraception and screening services were variable for members of the LGBTQ community and included:

- Vaccinations (Hepatitis A and B and HPV)
- An HIV pre-exposure prophylaxis (PrEP) trial

- Post exposure prophylaxis (PEPSE) – this could be signposted out of hours and a starter pack obtained
- Postal kits
- Psychosexual services
- General out-reach

There were perhaps not sufficient specific services for the LGBTQ community at the moment, but this was something that had been identified and work was ongoing.

Future plans included:

- Specialist trans clinics
- Out-reach clinics
- HIV point of care testing (POCT)
- Peer mentoring and support
- Unlimited PrEP (based on the outcome of the trial)
- Access to LGBT websites
- Contact tracking for infections

ROUND TABLE DISCUSSION TWO

Sexual Health

Key Challenges for young people included:

- Staff not trained regarding LGBTQ+ matters- competencies
- Lack of awareness of what young people were entitled to
- Concerns over confidentiality impacting **trust** and feeling able to share information
- Monitoring and forms – what should be on there and what shouldn't
- Not being heard or represented
- Mental health as a barrier to transitioning and accessing services
- Being misunderstood or just dismissed
- Access points – ensuring that they were age appropriate
- No free counselling services for couples and no consistency in services
- No culturally specific services for BAME LGBT community
- No LGBT networks
- Lack of understanding as to what age a young person could go to a GP or access a service unaccompanied.
- Lack of training or understanding for GPs
- Cultural prejudices and biases – need a culture of acceptance and inclusion
- Lack of clarity as to what is available in schools – focus on pregnancy and not so much on STIs
- Education from a heteronormative perspective

- Conflict between sexual health protection and PrEP – how do we offer advise to young people who have not experienced any previous issues
- HPV – not just an issue for people under 45 – how do we protect heterosexual men who are also MSM and their partners
- MSM and chemsex
- Women moving from a heterosexual marriage to a LGBTQ+ lifestyle – gap in support and provision here
- Support for survivors of sexual violence in the LGBTQ+ community
- Filling the gap in services previously provided by the Terrance Higgins Trust – young people not trusting GUM clinics
- How we commission services – need to commission 3rd sector provision in the same way as how we commission NHS to provide stability and sustainability in services.

Ways Forward

- Grass roots education and training
- Colleges and universities targeting final year students going into health careers
- Joined up health care events such as health pride
- Better training for GPs and other services
- Increased knowledge of services for those on the front line
- Inclusivity of screening – cervical screening and sexual health
- 'Champion' training for LGBTQ+
- Inclusive waiting areas, health services, toilets etc.
- Education on the law, rights and where to gather reliable information
- Service user led drop in sessions
- Lead clinician for LGBT mental health
- Connect the different LGBT communities – race, disability, gender, age
- Strengthen collaboration and work better with partners and key organisations
- Improve signage and communication – wording and use of pronouns, flags, lanyards – encourage people to ask questions – don't need a list of words just ask the person how they want to be addressed
- Share information better as to what services are available

6. Impact of violence, harassment and prejudice on our health and wellbeing

(Councillor Anwen Muston, City of Wolverhampton Council)

‘This is not an option, this is life’

Cllr Muston provided a very comprehensive and informative history of LGBTQ+ communities and individuals dating as far back as King Hatshepsut (1479-1457 BC) who was a female but in order to overcome the threat of revolt and other obstacles, she became king and even dressed in the garb of the male rulers. Cllr Muston also provided a very useful digest of transgender terminology and an overview of the transgender spectrum.

At the moment people who were transvestites or non-binary were not covered by the Equalities Act.

There were a lack of prosecutions regarding hate crime and in particular abuse on social media, in part due to a perception that the police would take no actions. More work was therefore needed in this area. It was also important to take a multi team approach to get the best results in prosecuting hate crimes and supporting the survivors.

Cllr Muston reiterated the need to collect data on sexual orientation and gender so that organisations could understand who worked for them and to take steps to ensure that their organisations better reflected the people they were working for and society as a whole.

Cllr Muston explained that people can be LGBT+ regardless of age, race, religion and belief, disability, gender or sexual orientation.

Hate Crime

Any incident where a person or group has been targeted because they are believed to be different, hate crime can be because of:

- Race
- Religion
- Sexuality
- Gender identity
- Disability

Targeted Hate Crime could be at work, in schools and in educational establishments, in everyday life (shopping, socialising, cinema, using a health centre or using public facilities.), in the Media or on-line social Media.

Hate Crime Review

The criminal offences that specifically deal with hate crime only cover some of the protected characteristics from within Equality Act 2010. These are covered by two bits of legislation. The Police and Crown Prosecution Service (CPS) record all hate crime related incidents involving race, religion, sexual orientation, gender identity or disability;

The Criminal offences that specifically deal with hate crime are covered in these two bits of legislation

- **Crime and Disorder Act 1998**

  If someone commits one of a list of offences and, in doing so, demonstrates, or was motivated by, hostility on the grounds of race or religion & belief then this is known as an aggravated offence.

- **Public Order Act 1986**

  This tackles the problem of stirring up hatred on the grounds of race, religion or sexual Orientation. There are different tests that need to be applied before any prosecution can be considered.

- **Criminal Justice (CJA) Act 2003**

  As well as these offences the law deals with hate crimes through special sentencing powers:

  I. Section 145 Race & Religion & Belief
  II. Section 146 – Disability, Sexual Orientation, Gender Identity

  They all have to demonstrate the same evidence under the prosecutes code test.

  There is a starting point of 30 years for transphobic murder.

If someone commits one of a list of offences and, in doing so, demonstrates, or was motivated by hostility on the grounds of:

- Race or
- Religion & Belief

Then these are known as **aggravated offences** and the maximum penalty that can be imposed is significantly higher than if the crime is not classed as aggravated.

Crimes committed on the grounds that a person is a member of the LGBTQ+ community are not classed as aggravated and can therefore only receive the lesser sentence.

The Differences are:

Basic Offence	Maximum Penalty for Basic Offence	Maximum Penalty for Aggravated Offence
Malicious wounding	5 years	7 years
Actual bodily harm	5 years	7 years
Common assault	6 months	2 years
Criminal damage	10 years	14 years
Fear or provocation of violence	6 months	2 years
Harassment, alarm or distress	Fine up to £1,000	Fine up to £2,500
Causing intentional harassment, alarm or distress	6 months	2 years
Offence of harassment	6 months	2 years
Putting people in fear of violence	5 years	7 years

‘Sexual Orientation and Gender Identity are Different’

Bullying

Any action against any person or group who may be seen as different:

- Homophobia - abuse because you are, or people think you are lesbian, gay or bisexual
- Biphobia – abuse because you are, or people think you are someone who could love either sex
- Transphobia – abuse because you are, or people think you are transgender

‘Surviving can be Hard’

Domestic Abuse

- Being LGBT+ means that you have the same right to be protected from domestic abuse as anyone else.

- Anyone suffering physical, sexual, emotional or financial abuse, or are being threatened or intimidated by a current or former partner who have experienced domestic abuse.
- Child abuse within the home for being LGBT+
- It can happen anywhere - a pub or club, in the street or at work - it doesn't just have to happen in the home environment.

Initial Response by the Police

- Use of correct names and identities
- Understand what has gone on and why
- Properly recorded as Transphobic or Homophobic
- Taken seriously and understood
- Properly Investigated with respect
- Ongoing support offered
- Special measures explained
- Refusal to prosecute find out why
- Hormone Therapy – Trans Women & Men

The Court

- Special measures are in place if required
- The Court is briefed on the issues and legalities surrounding the case
- Offer private space for interviews
- Police and court security are briefed regarding the perpetrators family and friends that maybe in the court
- Use of correct names and identities

Issues faced by the LGBTQ+ Community:

- Dealing with none acceptance
- Confidence
- Self esteem
- Social exclusion
- Isolation
- Stress
- Anxiety
- Fear & perceptions of others
- Dealing with hate crime
- Family rejection
- Self-Harm
- Suicide

- Alcohol and drug abuse
- Prostitution – personal safety, STIs

The Way Forward:

- Through understanding
- Removing Stigma
- Education in schools
- Training for people who provide services and the wider community
- Clear policies and procedures

‘It is important to take a multi team approach to get the best results in prosecuting hate crimes and supporting the survivors’

7. Case Study - My Story: Festus Osuji

Festus had been arrested in his home country of Nigeria for being gay and detained there for a year in 2002. In 2003 Festus become fully aware that his life was in danger and that he needed to go elsewhere to secure his safety and save his life.

Festus undertook an extremely hazardous and brave journey across the Sahara Desert towards Libya, a journey during which a number of his companions lost their lives.

Once in Libya, Festus was again arrested, tortured and sexually abused.

Festus then managed to get on a boat that was crossing the Mediterranean Sea. The boat capsized and once again many of his companions lost their lives.

Festus made it to Italy and then to the UK in 2003. At this time he was wrongly advised not to seek asylum and he went underground and back into the closet. In 2015 Festus started to live his life as an openly gay man and sought asylum.

Festus lost many of his friends due to being gay and has suffered greatly as a result of the stigma that being gay still has in countries like Nigeria. Anxiety and depression are just some of the many side effects that Festus has experienced along with the trauma and torture detailed above.

Unfortunately, there are still many members of the LGBTQ+ community from ethnic minorities who are living in fear of being arrested and deported today. These attitudes and stigmas need to change.

All of the attendees present at the conference thanked Festus for his honest and emotive presentation.

8. Nate Ethan

Nate was Britain's first openly trans grime rapper and was now 16 months into his transition. Nate explained that he had suffered discrimination from when he was in primary school and had been openly bullied. Due to this Nate had suppressed a lot or emotions and developed some anger issues.

Sport had provided an outlet for Nate to focus his anger and had enabled him to achieve well and handle his issues in the short term. Now music and lyrics were his focus, carrying out the same role as sport had previously, as well as being something in which Nate was very talented and could turn into a career.

As a female rapper however, Nate had often been told that he was not feminine enough.

Nate explained his trans journey and talked about the huge waiting list (years) that had confronted him when his journey began and all the psychological referrals that he had been made to undertake. Nate explained that in the end he had opted to pay for his transition and go privately, the wait would have been just too long otherwise.

At the start of his treatment Nate had been under shared care, with the private clinic and his GP working together. However, the NHS provider had pulled out and Nate's treatment stopped resulting in him suffering high levels of fear and anxiety as to the future. Luckily, Nate had made some useful contacts through his music and was able to work with the BBC to investigate what was happening.

The statistics showed that there had been a 240% increase in demand for treatment with some people having to wait years for a preliminary consultation.

Nate stated that GPs should be able to refer people wanting to transition to a gender identity clinic immediately without the need for a psychological assessment first. Nate explained that he had been sent to Penn hospital and put with patients suffering from very serious mental health conditions. This was not appropriate in any way for people who want to transition. The process needed to be less medicalised, more holistic and more humane. There was an urgent need to educate people working on the front line in health care and in other public services including the prison service. At the moment for instance a trans prisoner would still be put in a prison and a patient on a ward that matched their anatomy. The fact that people wanting to transition had to undergo mental health assessments was a huge barrier to them and there was fear as to how they would be perceived and that they would automatically be judged.

Nate stated that without his contacts, his work and the support he had, he may not have been so lucky regarding getting his treatment back on track.

All of the attendees present at the conference thanked Nate for sharing his story.

9. Mental Health and Wellbeing

(Tommy Sylvester)

It was noted that any internet search for LGBTQ+ in Wolverhampton failed to return any results which was considered highly unacceptable. It was vital to find out from members of the LGBTQ+ community what help was required and to provide education to everyone dealing with or having contact with members of the LGBTQ+ community. At the moment there was too much uncertainly as to how to properly support LGBTQ+ people.

It was noted that a new LGBTQ+ qualification was coming into effect from February 2020 and that further information on this could be provided at a later date.

Education was the key.

ROUND TABLE DISCUSSION THREE

Access to and Utilisation of Healthcare and Mental Health and Wellbeing

- **Stop being referred to mental health and psychological assessments if trans – this is appalling**
- **Awareness and education – stop the heteronormative being the only narrative**
- **Holistic approach – subjective and unbiased**
- **Prostate examinations – paperwork asks how this will affect your wife**
- **Maternity services – not prepared for same sex couples or people from the LGBTQ+ community**
- **Sometimes an individual may present with more than one mental health problem and get lost in the system**
- **Fear of judgement from healthcare professionals**
- **Postcode lottery affect quality of service**
- **Availability of GP appointments**
- **Support in schools – young people need to understand the range of services available**
- **Need to use non-binary inclusive language**
- **Ensure that all documentation and resources are representative**
- **Ensure that GPs consider the effect of a long waiting list or delays in referrals on an individual's mental health**
- **Services need to work together to ensure that people have a safety net and feel that things are still progressing during the waiting period**

- **Concerns over data breaches and confidentiality matters at health provider receptions**
- **HIV and patients – when cross indexing medication HIV patients have a marker put on their files by the GP – confidentiality could be breached when other health care providers access these files.**
- **Funding – high cost procedures and medications shunned by budget holding GPs**
- **Not about generating new money but about distributing the existing funds equally**
- **Utilise community groups to support the LGBTQ+ community into health services**
- **Ownership – not passed between services (or getting lost in the system), need a key worker to coordinate**
- **Supporting schools with understanding**

10. Dementia and care in later life

(Caron Rogers)

At the moment if you were to google dementia care for a homosexual man you would get zero results. It was vital that this change and that we gained an understanding of what members of the LGBTQ+ community wanted and needed as they aged in order to alleviate as much fear as possible and provide the right and appropriate care and support for each individual.

In dementia care, identity was referred to as personhood and it was important to understand from an individual where they wanted to go, who they were and how they wanted to be seen. It was vital to ask, listen and when appropriate change.

Regression with dementia patients was a huge issue and for members of the LGBTQ+ community there were many added complications that needed to be taken into consideration including the individual's life history and any cultural changes that may have happened during their life.

There were very few care homes that allowed same sex couples to share a room.

Training was the key and it had to be mandatory, to keep saying we don't know what to do with our LGBTQ+ patients was not acceptable. Care workers needed to be able to support the wishes and needs of the individual. There was a requirement form the CQC for person centred care but at the moment this was not being done adequately for those patients from the LGBTQ+ community. The CQC did not instruct only suggested that a patient's LGBTQ+ needed be considered. This was an area that could be included during the commissioning process and drawing up of contracts. The Director for Public Health agreed with this, stating that LGBTQ+ needs should be considered as standard when agreeing contracts and during consultation rather that as an add on or exception. All commissioning processes needed to be explicitly clear regarding the standards expected.

All policies associated with care homes needed to be reviewed to ensure that any heteronormative approaches to service delivery and training were reassessed and training was essential for all care home staff. Care had to be taken to never assume what an individual wanted or needed, questions had to be asked. Funding was essential to make the changes happen.

ROUND TABLE DISCUSSION FOUR

Dementia and care in later life

- **Fear – based on previous experiences**
- **Personal dignity to be at the centre of care**
- **Appropriate, accessible and bereavement counselling**
- **Improve the way in which we commission services – staff training, and education is essential**
- **CQC – need to communicate with patients and carers about the care they receive**
- **Informal befriending services**
- **Ensure that the environment is safe to be 'out' in**
- **Put ground rules in place to challenge problematic behaviour**
- **Have an identifies ally within the facility**
- **Awareness to be raised of PTSD**
- **Make sure constantly communicating and talking**
- **Training on the Equality Act**
- **Mandatory training in supporting and caring for older LGBTQ+ people**
- **Ensure respect for all individuals**
- **Acknowledgement of relationships**
- **Better monitoring of gender and sexuality**
- **Find out what is happening now for older people in the LGBTQ+ community**
- **Check all existing documents, procedures and imaging to audit whether they are hetero-normative**
- **Revise and amend those documents to take into account LGBT needs and circumstances**
- **Staff training to raise awareness that relationships and lifestyles take many forms and are valid**
- **Privacy and confidentiality: avoid gossip**
- **Residents are individuals not income generators**

Other issues raised:

- Maternity support for same sex couples including support for breastfeeding and implications for family and health of child in later life
- Attitudes around sexual health, including when going for a smear test - assumptions made by health professionals
- Sexual violence
- Children young people and education – topic for next time

11. Recommendation

That a second conference be arranged to follow up on all of the points, issues and concerns that have been raised.