

**MIDDLESBROUGH COUNCIL**

**ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL**

**DRAFT FINAL REPORT OF THE  
ADULT SOCIAL CARE AND SERVICES  
SCRUTINY PANEL –  
THE LGB&T COMMUNITY AND ELDERLY CARE**

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## **PURPOSE OF THE REPORT**

1. To present the draft final report of the Adult Social Care and Services Scrutiny Panel following its investigation into 'The Lesbian, Gay, Bisexual and Transgender (LGB&T) Community and Elderly Care'.

## **AIMS OF THE INVESTIGATION**

2. As part of its investigation, the Adult Social Care and Services Scrutiny Panel sought to raise awareness of the issues surrounding LGB&T and elderly care, including care homes, and to develop improved cultural awareness and models of working.

## **MAYOR'S VISION**

3. The scrutiny of this topic fits within the following priorities of the Mayor's Vision 2025 (Middlesbrough Council, 2016):
  - Fairer – Fairness and reduced inequalities in income and health.
  - Safer – Safer independent lives – ensuring our children and vulnerable adults are protected.
  - Stronger – Strengthening our cultural sector.

## **COUNCIL'S THREE CORE OBJECTIVES**

4. The scrutiny of this topic also aligns with the Council's three core objectives, as detailed in the Strategic Plan 2018-2022 (Middlesbrough Council, 2018):
  - Business Imperatives – Making sure that we work as effectively as possible to support physical and social regeneration.
  - Physical Regeneration – Investing in Middlesbrough to provide and improve facilities that improve the town's reputation, create opportunities for people and improve our finances.
  - Social Regeneration – Working with communities and other public services to improve the lives of our residents.

## **TERMS OF REFERENCE**

5. The terms of reference for the Scrutiny Panel's investigation were as follows:
  - a) To understand the key issues, concepts and impact surrounding the LGB&T community in the context of elderly care, in particular within care home environments.
  - b) To examine the work that the Council, its partners and voluntary sector organisations are currently undertaking to improve care provision for LGB&T individuals, including staff support.
  - c) To explore effective strategies and interventions, and to identify any potential future work projects, to improve care provision for older LGB&T people.

## **BACKGROUND INFORMATION**

6. The suggestion for this topic was made by an officer of the Council. This followed previous national research being undertaken within this topical area (e.g. Age UK

(2017) and the Alzheimer's Society (2017)), which highlighted the importance of this issue.

7. In order to ascertain the local position following the publication of the outcomes of this national research, and in acknowledging the need for attention in this topical area, the Elected Mayor of Middlesbrough, Dave Budd, forwarded a letter to all care homes within the town. A copy of the letter is attached at Appendix 1.

#### Panel Focus

8. In light of this previous activity and the demographics involved, the Panel has addressed the issues surrounding the LGB&T Community in the context of elderly care, with particular attention being made towards care home environments.
9. The Panel was mindful, however, that care provision also incorporates domiciliary care and extra care housing, and therefore representatives from appropriate organisations were invited to Panel meetings to provide information in this regard.
10. As previous research and resources indicate (e.g. Manchester Metropolitan University, 2017), the timeline of events surrounding the history of LGB&T is extensive. Developments around pinnacle areas such as legislation, equality and diversity, social awareness and acceptance are continually emerging, thus this is a current and highly relevant topic.
11. The Panel feels that the outcomes of this investigation, together with the next steps undertaken, will have the potential to make an enormous difference to the lives of both older LGB&T and non-LGB&T people in Middlesbrough.
12. The timeliness of this investigation is demonstrated by way of other LGB&T-related projects being concurrently undertaken by third-party organisations, including local LGB&T support organisation Hart Gables' 'Age with Pride' project. Having identified this, the Panel invited representatives of Hart Gables to Panel meetings in order to discuss their progress and lessons learnt. Further details regarding this and other local projects are contained within this report.

#### **SETTING THE SCENE**

13. In order to ascertain the Local Authority's current position regarding the LGB&T community and elderly care, and to explore these issues further, the Adult Social Care and Services Scrutiny Panel held meetings on 25 July 2018, 5 September 2018 and 8 October 2018.
14. The Panel was provided with information/evidence from the following organisations/representatives:
  - K Attle – Health and Well-being Youth Worker, Hart Gables;
  - K Charlton – Home Manager, The Gables Care Home (Hill Care Group);
  - A Donohue – Regional Director, Dale Care;
  - S Gibson – General Manager, Stainton Lodge and Stainton Way Care Homes (North East Care Homes);
  - L Grabham – Head of Strategic Commissioning and Procurement, Middlesbrough Council;
  - L Holmes – Operations Manager for Teesside, Dale Care;
  - S Lewis – Chief Executive, Hart Gables;

- D Lloyd – Commissioning Officer – Nursing, Middlesbrough Council;
- E Lowther – Director and Founder, Trans Aware;
- E Scollay – Director of Adult Social Care and Health Integration, Middlesbrough Council;
- A Sykes – Chief Executive, Age UK Teesside;
- A Towers – LGBT Development Worker, Hart Gables;
- L Wedgwood – Grants and Funding Coordinator, Age UK Teesside; and
- M Whitelock – Regional Manager, The Gables Care Home.

15. The information conveyed to the Panel over the course of the investigation has been considered in respect of the agreed terms of reference, presented as follows:

**TERM OF REFERENCE A:  
TO UNDERSTAND THE KEY ISSUES, CONCEPTS AND IMPACT  
SURROUNDING THE LGB&T COMMUNITY IN THE CONTEXT OF ELDERLY  
CARE, IN PARTICULAR WITHIN CARE HOME ENVIRONMENTS**

**Concepts – LGB&T Definitions**

16. The acronym LGBT is an umbrella term, which relates to any minority sexual orientation (such as asexual or pansexual) or gender identity (such as non-binary or genderqueer). It also relates to individuals who have a variation in sex characteristics, or whose biological attributes contrast with societal assumptions regarding male/female characteristics (intersex) (Stonewall, 2018).

According to the Alzheimer’s Society (2017), LGBT is defined as:

L – Lesbian – a woman who has an emotional, romantic or sexual orientation towards women.

G – Gay – a man who has an emotional, romantic or sexual orientation towards men.

B – Bisexual – a person who has an emotional, romantic or sexual orientation towards men and women.

T – Trans (gender) – a person who doesn’t identify with their assigned gender at birth, or who see themselves as between, beyond or outside of the two standard categories of male and female.

17. The acronym initially utilised by the Panel was LGBT, which is arguably the most generic and commonly used. However, the Panel did recognise that other designations do exist including, for example:

- LGBTQ+ (Lesbian, Gay, Bisexual, Trans, Queer/Questioning and others); and
- LGBTQQIP2SAA (Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersex, Pansexual, Two-spirit (2S), Androgynous and Asexual.

(BBC, 2015)

18. Following information received at the 5 September 2018 meeting, and in reflection of some of the previous research (e.g. Government Equalities Office, 2018), the Panel opted to replace use of the LGBT acronym with **LGB&T** (Lesbian, Gay, Bisexual and Transgender).

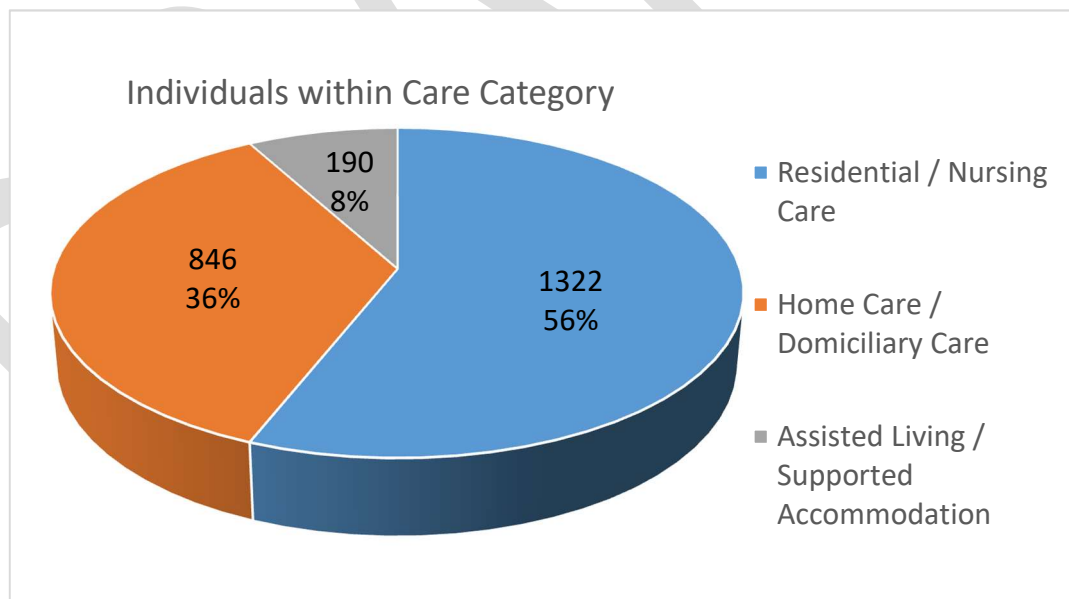
### Concepts – Categories of Care

19. According to Barchester Health Care (2018), there are three different categories of elderly care:

- **Home Care / Domiciliary Care** – Clients remain in their own homes and receive regular visits from a home care worker to assist with routine activities, including personal care, shopping and preparing meals.
- **Residential / Nursing Care Home** – While both places offer care on site at all times and residents can live there, often with a spouse, care homes can have nursing care carried out by registered nurses and experienced care assistants, or be without nursing care that, on the other hand, still provide help and assistance with personal care.
- **Assisted Living / Supported Accommodation** – This offers an option for people who are unable or unwilling to live on their own, and provide a mid-level custodial care. Services include medication support, lifestyle activities, transportation and meals.

### Key Issues – Local Care Demographics / Statistics

20. Relating these categories of elderly care to Middlesbrough's position, as at 6 September 2018 the breakdown of the 2358 individuals receiving care across all three categories was as follows:



### Key Issues – LGB&T Statistics

21. The current estimation of LGB individuals (i.e. excluding transgender) by Public Health is 2.5% of the general population. This contrasts with Stonewall's (2018) estimation, which suggests that the proportion is more likely between 5% and 7%, and others who have put it as high as 10% (Siddique, 2017). It is estimated that one million of these individuals are over the age of 55 (Clark-Neal, 2018).

22. At the 25 July 2018 meeting, the Panel heard that (using figures obtained from the 2011 census), the total number of people aged 50+ living in Middlesbrough was 45,388. If population growth remained the same between 2011-2014, there were approximately 45,962 people living in Middlesbrough aged 50+ years in 2018. Taking this figure alongside the Public Health estimation that 2.5% of the population are LGB, it is estimated that there are approximately 1149 LGB people aged 50+ currently living in Middlesbrough.
23. For various reasons, as will be discussed, the exact number of LGB&T individuals currently receiving care within Middlesbrough is very difficult to ascertain.

### **Key Issues – Societal Change**

24. Historical and societal attitudes towards homosexuality may deter older LGB&T residents, in receipt of care, from disclosing their sexuality, and engaging in discussion about it.
25. Research by Manchester Metropolitan University (2017) and Hart Gables (2018) highlights that homosexuality has historically been affiliated with impropriety, illegality and constant challenge; it is a taboo subject which is highly stigmatised. Appendix 2 depicts a timeline illustration of LGB&T history in Britain. This has been adapted from the resource referenced Manchester Metropolitan University (2017).
26. As this timeline shows, the ability for LGB&T individuals to live their lives as they choose has been greatly restricted throughout history. The Panel is of the view that, whilst steady progress to redress this has been made in the recent past, there is still much work to be done. This supports a point made by Hart Gables who indicated that progression towards acceptance was on-going, but was slow and non-linear, i.e. steps were being taken forwards, but then backwards. It is vital that work continues in order to encourage change and progress positive societal attitudes forward.
27. In terms of recent legislative developments in the context of supporting older LGB people, Taylor (2018) highlights that a number of key Acts have been passed that apply to all care and support services, including:
- ***“Civil Partnership Act 2004 - same-sex couples in civil partnerships must be treated the same as married couples and any policies or practices should reflect this.***
  - ***The Equality Act 2010 - outlaws discrimination when providing any goods, facilities and services on the grounds of someone’s sexual orientation or perceived sexual orientation.***
  - ***Protection of Freedoms Act 2012 - allows men with historic convictions for consensual gay sex to apply to have them removed from their criminal record.***
  - ***Mental Capacity Act 2005 - civil partners are treated the same as heterosexual married couples. Decisions cannot be made on a person’s behalf as to whether they consent to a civil partnership or dissolve a civil partnership, the same as for heterosexual people and marriage. Lasting and Enduring Power of Attorney’s can be same-sex partners, as well as family or close friends. If a patient loses mental capacity under the Act, staff must respect the decisions of the nominated Attorney.***

- **Next of Kin** - has limited meaning in health and social care; it does not need to be a blood relation or civil partner (or husband or wife). Older gay people may have concerns that their same-sex partner or even their friends will not be acknowledged by staff and may therefore hide their existence.

*Next of kin can be anybody in a patient's social or family network. Staff must respect the patient's wishes about who this is. Asking open questions such as 'who would you like us to contact in an emergency?' or 'do you have somebody at home?' can encourage open discussion about who to nominate to arrange appropriate care."*

28. With regards to transgender people, the Gender Recognition Act 2004 gives a transgender person the ability to apply for a Gender Recognition Certificate (GRC), which is required in order to legally change gender. The Panel understands that changes to the Gender Recognition Act 2004, with regards to applying for GRC, are currently being considered. The Panel looks forward to receiving further updates regarding this in due course, as some of the issues identified could affect older transgender individuals and those in receipt of care services. For example: if a transgender female passes away without certification, that individual would be buried/cremated as male.

### **Key Issues / Impact – Openness to Discussion**

29. Regarding current care home residents, the Panel appreciates that communication with residents with complex needs can be difficult. However, in relation to residents that are able to communicate, even if individuals were to identify as LGB&T, potentially because of their age, upbringing and/or experiences (e.g. raised during a period when societal attitudes towards LGB&T were very different from today), there may be some reluctance to participate in open discussion.
30. However, the Panel appreciates that individuals are unique, and therefore people of the same age may hold contrasting attitudes. The example of two 93-year-old females was provided to the Panel: the first was fully open to all topics of conversation, whereas the second was more reserved and selective in points of discussion.
31. The Panel notes that a gender-bias may also play a role in the open discussion and acceptance of LGB&T. The Panel heard that in some extra care facilities, females were more prone to talking openly about LGB&T and, in general, appeared more accepting. In terms of Hart Gables' 'Age with Pride' project, male care home residents displayed an overwhelmingly negative attitude towards homosexuality. However, as previously indicated, wider factors such as age, upbringing and/or experiences may impact this, and therefore generalisations should not be made.
32. In terms of a generational shift in attitudes and cultural awareness, the Panel recognises that younger generations are seemingly more open about sexual orientation and, although some discretion may remain, the number of openly LGB&T residents within care homes in the future will most likely increase as a reflection of this.
33. Members heard from the Director and Founder of charitable organisation Trans Aware that, in recent years, an increasing number of people had come forward with a willingness to disclose both their sexual orientation and gender identity, although it is important to differentiate between the two. The Human Rights Campaign (2018) identify these as follows:

- **“Sexual orientation** - An inherent or immutable enduring emotional, romantic or sexual attraction to other people; and
- **Gender identity** - One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.”

It is vital, therefore, that effective and efficient support mechanisms are established in order to accommodate the variation in, and the increasing number of, future care recipients.

34. The Panel understands that, despite these shifts in societal attitudes, culture and legality, individuals identifying as LGB&T do continue to face significant negativity. At the 25 July 2018 and 5 September 2018 meetings, the Panel heard that transgender people may encounter:

- Hate crime;
- Family rejection;
- Poor mental health;
- Poverty;
- Transphobia; and
- Unemployment.

35. This information supports previous research findings, for example:

- *“One in five LGB(&)T people have experienced a hate crime or incident due to their sexual orientation and/or gender identity in the last 12 months.”* (Guardian, 2017)

Following a National LGB&T Survey, the Government Equalities Office (2018) concluded that:

- *“LGB(&)T respondents are less satisfied with their life than the general UK population (rating satisfaction 6.5 on average out of 10 compared with 7.7). Trans respondents had particularly low scores (around 5.4 out of 10);*
- *More than two thirds of LGB(&)T respondents said they had avoided holding hands with a same-sex partner for fear of a negative reaction from others;*
- *At least 2 in 5 respondents had experienced an incident because they were LGB(&)T, such as verbal harassment or physical violence, in the 12 months preceding the survey. However, more than 9 in 10 of the most serious incidents went unreported, often because respondents thought ‘it happens all the time’;*
- *2% of respondents had undergone conversion or reparative therapy in an attempt to ‘cure’ them of being LGB(&)T, and a further 5% had been offered it;*
- *24% percent of respondents had accessed mental health services in the 12 months preceding the survey”; and*
- *Although people may feel comfortable answering an anonymous survey, they may struggle to open up about their identity with friends, family or colleagues”.*



36. The Panel appreciates that there will be individuals who lack understanding, which is not malicious or intentional, but because of little or no experience/familiarity with LGB&T matters. This may be particularly apparent in older people; making empathising difficult and resulting in feelings of loneliness and/or social isolation for some.
37. In considering these points, the importance of reaching out to non-LGB&T individuals is paramount. The Panel understands the importance of the role of the Local Authority and its partners in taking a lead to address this through, for example, community engagement work, staff training and the establishment of diversity groups within organisations, including those providing care services.
38. The Panel appreciates that there could potentially be barriers to discussing LGB&T matters with particular community groups, such as Black and Minority Ethnic (BME) and individuals with learning difficulties, which may require additional consideration and/or resource.
39. The Panel recognises the work being undertaken by organisations such as Age UK Teesside, Hart Gables and Trans Aware in raising awareness and bringing communities together. It feels that continued promotion of activities celebrating LGB&T, such as art and culture, would help facilitate community cohesion and enrich the lives of all individuals. Continually pushing for change, advancement and acceptance is required to break down barriers.

#### **Impact – Mental Wellbeing**

40. The issue of mental wellbeing arose consistently throughout this investigation.
41. It is important to note that the Panel recognises that identifying as LGB&T is not the result of poor mental health, but can give rise to poor mental health.
42. Whilst the impact on mental wellbeing could be witnessed in any individual identifying as LGB&T, it was particularly acute in those identifying as transgender; mental illness and suicide rates are higher because societal acceptance is lacking.
43. It is positive that medical treatment is available and funded in the UK, but the waiting lists for access to services, such as to the regional Gender Identity Clinic in Newcastle-upon-Tyne, is particularly long (sometimes up to two years). The stress and pressure that this could potentially cause service users is acknowledged.
44. In terms of changes in terminology and classification, previously known as Gender Dysphoria, this is now termed Gender Incongruence, and classified as Sexual Health as opposed to Mental Health.
45. Reference was made to the prevention agenda and the potential for mental wellbeing, self-harm and suicide concerns/issues to be referred to the Tees Suicide Urgent Task Force. It is felt that further work could be undertaken to raise awareness in respect of these matters. For example:
- Extensive waiting lists, sometimes up to two years;
  - Mental health issues, which could sometimes delay a person's transition; and
  - The NHS Risk Reduction Strategy for self-medication means that, whilst a patient is waiting for a transition appointment, doctors are allowed to

prescribe a low dosage of hormones until that patient can attend the Gender Identity Clinic. However, as this policy is not always fulfilled, Trans Aware has found that some individuals are purchasing hormones online and self-medicating, which can present serious health risks.

46. Consideration was given to the possible outcomes of a similar project being undertaken in respect of health services, e.g. how care was delivered and the associated desired outcomes, and how inclusive the services were that were currently offered in terms of physical and/or mental wellbeing.

#### **Impact – Loneliness and/or Social Isolation**

47. A further aspect associated with negative mental wellbeing is loneliness and/or social isolation.
48. The Panel recognises that care homes are caring environments, but can also be isolating for those residents that do not have relatives visiting regularly, and for those identifying as LGB&T who are perhaps not comfortable in disclosing their sexual orientation to strangers, or to people to whom they feel they cannot trust or relate.
49. The Panel feels that training for care home staff would assist in finding a way of breaking down feelings of loneliness and/or social isolation, to enable and encourage people to talk about their sexuality, their past relationships and personal history. Provision of training and support to care homes, undertaken in small incremental steps, would offer inspiration and encouragement to become more LGB&T inclusive.
50. With regards to individuals expressing homophobic attitudes in care home environments, regardless of the age or background of the person making such remarks, the Panel highlights that this must be challenged and never overlooked.

#### **TERM OF REFERENCE B: TO EXAMINE THE WORK THAT THE COUNCIL, IT'S PARTNERS (IN PARTICULAR CARE HOME OPERATORS) AND VOLUNTARY SECTOR ORGANISATIONS ARE CURRENTLY UNDERTAKING TO IMPROVE CARE PROVISION FOR LGB&T INDIVIDUALS**

51. The Panel recognises the breadth and quality of work that is being undertaken across Middlesbrough in respect of LGB&T matters.

#### **Hart Gables – 'Age with Pride' Project**

52. Once such project, entitled 'Age with Pride', was being undertaken at the same time as this investigation; the project brief aligned exceedingly with the subject matter of the Panel's work.
53. This six-month project commenced in January 2018 as a way of addressing a recognised need (identified by agencies and organisations of the LGB&T Forum) for support to be developed for LGB&T residents within care homes.
54. The project formed part of the Ageing Better Middlesbrough (ABM) initiative, which is a six-year, £6m programme that aims to reduce loneliness and/or social isolation in those aged 50+ in Middlesbrough.

55. In terms of methodology, 29 care homes were contacted in the first instance and asked to complete a survey relating to LGB&T issues. Nine care homes engaged. Through a series of meetings and structured activity sessions, conversations were held with 27 care home residents about their life experiences, attitudes towards LGB&T issues, memories of being gay growing up, and life in their care homes.
56. Key findings from the research included:
- 96% of all care home residents that were spoken to had never discussed LGB&T issues previously;
  - One resident openly came out as LGB&T;
  - A member of staff at one care home indicated that one resident was lesbian or bisexual;
  - At one care home, a resident stated they knew of an LGB&T resident, but could not disclose who they were;
  - Residents enjoyed taking part in craft workshops and at this point were at their most comfortable talking about LGB&T issues. Six workshops at four different care homes were undertaken. Activities included basket weaving, musical bingo, preparing memory boxes, and looking at pictures of celebrities from their youth, which incorporated a mix of LGB&T and non-LGB&T individuals. These activities were designed to spark LGB&T conversations in a non-invasive way.
  - Female residents were more open-minded about LGB&T people; the attitudes of male residents came across as overwhelmingly negative.
  - Two members of staff from one care home and one member of staff from another care home came across as very aware of LGB&T issues, but were unaware of any LGB&T identified residents;
  - All staff from other care homes who engaged in conversation had little-to-no knowledge of LGB&T issues;
  - Staff showed a willingness to learn, but held lots of misconceptions (e.g. that non-binary identity was a modern trend or fad, being gay was a lifestyle choice, homophobia could not exist within their care home); and
  - Eight care home staff stated more training on LGB&T issues was needed with their care homes.
57. With regards to six-month conclusions arising from the project, these were outlined to the Panel as follows:
- The project started out with the belief that the older LGB&T community in Middlesbrough's care homes were an invisible community. It is now believed that they are a forgotten and unintentionally ignored community;
  - LGB&T people, aged over 50 and living in care homes in Middlesbrough, would find it extremely difficult, if not impossible, to come out (given the way things currently are within their surroundings);
  - Male care home residents appeared by-and-large to hold discriminatory attitudes towards the LGB&T community. This is based on the notion that these individuals were brought up with a specific set of values at a time when it was illegal to be gay; and
  - Many care home managers and staff have little-to-no knowledge about issues surrounding the LGB&T community, and eight of the nine care homes did not talk about LGB&T issues and were not visibly LGB&T inclusive. They were aware of the Equality Act, but not of specific issues relating to LGB&T.

58. The Panel feels that there is a compelling need to progress the findings of this research forward.
59. A Care Home Manager advised the Panel that, in conclusion to their involvement in Hart Gables' work, they predicted that by 2030 a much more open and diverse group of people would be accessing care services, who were in their twenties in the 1960s and 1970s, and may therefore be more open to participating in similar sessions.

### **Local Authority Commissioning and Procurement (and Personalisation of Care)**

60. In recognition of the three various types of care, the Panel is mindful that the proposed recommendations of this review will need to be rolled out to the entire local care sector, and not just to care homes.
61. The Panel understands the importance of recognising and appreciating unique character traits, and how the Local Authority can ensure that personalised care is provided in reflection of this.
62. In understanding the importance of individual needs in successful care provision, it is also vital to recognise the fundamental role that others, such as relatives and friends of the individual concerned (where applicable), play.
63. The Panel feels the provision of support and educational opportunities to an individual's wider network is paramount, and supports the work that is being carried out in this regard. For example: The Gables Care Home and Hart Gables are currently undertaking a joint project in the establishment of a LGB&T Dementia Café, to be based at The Gables Care Home. This would be open to all, including residents of the home, other care homes and the wider community, and would be a point for family members to attend.

### **Wider Initiatives**

64. Throughout this investigation, invited representatives raised a number of cross-cutting issues in relation to LGB&T with other demographics, including asylum seekers and young people. A significant number of support initiatives, such as youth groups; counselling; outreach work with schools and colleges, and other group work for family and friends are being provided, and the Panel welcomes this. There would be potential for other appropriate Scrutiny Panels to investigate these further, for example: services and support being offered to children and adolescents identifying as LGB&T.
65. One particular project currently being undertaken by Hart Gables is 'Top Tips from Trans Teens', funded by Children in Need. It was explained that, having found teachers, parents and professionals are often making errors in terminology or pronoun use, a group of young transgender people has created a resource around terminology and social and medical transition, in order to help with this.
66. Hart Gables currently operates a LGB&T Tees Valley Forum with partners, which directs work towards key areas/themes including: Health; Education; Poverty; Exclusion; Hate Crime; Sexual Exploitation; Community Cohesion; and Domestic Abuse. The Forum discusses these areas/themes and identifies gaps in service provision. Work is then undertaken to bridge these gaps and improve accessibility and inclusion for the LGB&T community. This work spans the life cycle and will therefore include older LGB&T people.

67. Regarding hate crime and other negative behaviours, the Panel notes that organisations, such as Hart Gables ('LGBT Advance project) and Trans Aware, deliver training packages which include awareness raising and taking appropriate action. Other training topics currently offered by organisations include:

- Gender identity and the journey through transition;
- Domestic abuse and LGB&T domestic abuse; and
- LGB&T awareness.

The Panel welcomes this training and feels that opportunities could potentially be progressed with both Elected Members and employees of the Local Authority.

68. Following the success of the 'Age with Pride' project, Hart Gables operated a stall at The Gables Care Home Summer Fete in August, and are currently planning more LGB&T-inclusive activities with the residents in the future. There is a desire to build upon these valuable relationships and foster similar links with more Middlesbrough care homes in the future.

69. It is the role of the professionals involved with service users to build relationships with them in order to understand what is important to them as individuals, which may include gender and sexuality matters. These could then be taken into account by care providers. This is not something that has been undertaken to date. However, as a Local Authority, progression has started towards this with, for example, the establishment of an inclusion and equality working group, which is concerned with the Authority's responsibilities under the Equality Act.

70. The Panel was informed of partnership work between Age UK Teesside and Trans Aware (which is the first transgender-specific charity in the North of England). There were a lot of older people who found it very difficult to open up about their feelings and, as a charity, Age UK Teesside had recognised that further involvement in this particular area of work was required.

71. The Panel notes that all of Age UK Teesside's staff members have undertaken training with Trans Aware, and that there may be opportunity for Elected Members to receive similar training.

72. Trans Aware has undertaken a variety of work with partners in order to improve care provision and support for transgender individuals. In respect of older transgender persons, this includes offering direct support to individuals and their families; delivering training and awareness sessions; preparing transgender inclusion policies for various organisations, including uniformed services; and speaking at national conferences and local health care meetings.

73. In terms of collaborative work between Trans Aware and other groups and organisations, this has included:

- Provision of support to a homeless cafe in Middlesbrough; the Panel notes that over 40% of homeless people identify as LGB&T (previous research, such as Government Equalities Office, 2018, indicates that this is often as a consequence of family rejection following disclosure);
- ABM - consultation work pertaining to the concerns and aspirations of transgender people living and growing older in Middlesbrough was commissioned by the Community Action element of the ABM programme.

Trans Aware operates an online support group which, amongst other things, aims to reduce isolation for people coming out as transgender. This is a peer-led support group with over 100 members. Members of this group contributed to this consultation exercise;

- 'Our House' project - featuring on national news, this project provides shared accommodation to transgender individuals. The organisation currently has ten-bedroom accommodation in Stockton and ten-bedroom accommodation in Middlesbrough. Work is currently taking place with partners to create an 'Our House' project for all community groups; and
- Community space - Trans Aware currently delivers support sessions on Mondays from a community room at Watson Woodhouse Solicitors on Stockton High Street, and it is very well attended. It is possible that a similar model could be replicated in Middlesbrough to enable support to be made available to everybody, including transgender people, their family and friends and professionals. It is all about raising awareness.

74. The Panel supports this work and feels that it could potentially be extended further to involve wider care providers, including care homes and domiciliary care organisations.
75. For older LGB&T individuals, the importance of being able to come out and be true to themselves before passing away was conveyed to the Panel. It was explained that, in relation to care homes, further staff training may assist in this regard.
76. Regarding older people in the context of Associative Discrimination and Perceptive Discrimination, the Panel gave consideration to older parents who, having accepted their transgender children, had become excluded from their friends and communities.
77. The Panel was advised of a link between autism and transgender individuals, which supports information provided by the National Autistic Society (2018). However, evidence to explain the reasoning for an autistic person potentially being more likely than a non-autistic person to have gender dysphoria, is currently lacking. Trans Aware currently supports a number of people who are on the autistic spectrum.
78. The oldest person currently receiving support from Trans Aware is 78 years-old. After discussing such matters as older transgender people, post-operative care and isolation, the Panel feels that support mechanisms such as the provision of a befriending service for LGB&T individuals could assist in reducing feelings of loneliness and/or social isolation, particularly for care home and house-bound residents. The Chief Executive of Age UK Teesside highlighted during the investigation that, through the help of this Scrutiny Panel's recent 'Reducing Loneliness and/or Social Isolation in Later Life' work, Age UK Teesside has put in place a valuable befriending service.
79. The representative of Trans Aware indicated that work had been undertaken with partners in relation to policy preparation to support staff identifying as transgender. The Panel feels that this is potentially something that officers of the Local Authority could discuss further with the representative.
80. The Gables Care Home provides support for residents requiring nursing, residential, dementia nursing and general care. The home worked closely with Hart Gables on the 'Age with Pride' project, and further collaborative projects are currently being pursued, including an LGB&T Dementia Café.

81. The following care homes also worked with Hart Gables in respect of 'Age with Pride':
- Kirkley Lodge;
  - Linthorpe;
  - Montpellier Manor;
  - Ormesby Grange;
  - Stainton Lodge;
  - Stainton Way;
  - Victoria House; and
  - Windermere Grange.
82. In terms of further work with care homes in the future, Hart Gables would like to engage with as many care homes as possible across the region. Further contact would be made wherever possible.
83. The Panel notes that officers of the Local Authority have been in regular contact with Hart Gables and, following completion of 'Age with Pride', officers would now be considering next steps.
84. The Panel heard that quality surveys are carried out with care home residents; when these were first introduced, a question pertaining to sexual orientation was included. However, following negative feedback, this was subsequently removed. From the work that Hart Gables and partners have carried out, it appears to the Panel that there is a sensitive way of holding these conversations, which the Council could consider further. The Panel understands the reasoning as to why services need to know an individual's sexual orientation, that this is not about prying, but is instead concerned with ensuring that a person's personal needs (their holistic and person-centred needs) can be identified, respected and provided. The successful transmission of this message across to care recipients is imperative.
85. Dale Care is one of the Council's registered domiciliary care providers. Established in 1986, the organisation has been successfully operating in other areas, including Hartlepool, Gateshead and Newcastle; it is fairly new to the Middlesbrough area. Dale Care provides domiciliary care and extra care facilities. Four members of staff have recently identified as transgender; the business is keen to work with partners in order to provide as much support as possible to both staff and clients identifying as LGB&T.

**TERM OF REFERENCE C:  
TO EXPLORE EFFECTIVE STRATEGIES AND INTERVENTIONS,  
AND TO IDENTIFY ANY POTENTIAL FUTURE WORK PROJECTS,  
TO IMPROVE CARE PROVISION FOR OLDER LGB&T PEOPLE**

86. In recognition of Hart Gables' 'Top Tips from Trans Teens' project, the Panel feels that a similar terminology guide could be created for use by older people (particularly those residing in care homes), their relatives and friends. This could facilitate understanding of LGB&T, explore the issues faced and promote empathy and support through open and honest discussion.
87. As discussed previously, there are a number of training and support initiatives being undertaken by organisations such as Age UK Teesside, Hart Gables and Trans Aware. Partnership and outreach work is fundamental in raising awareness. The Panel feels that there is opportunity in this regard to ensure that both Councillors and Council employees are fully versed in LGB&T and wider equality and diversity issues.

Potential work projects could include creation of LGB&T-related online training modules, perhaps within the corporate induction programme, as well as a programme of training and briefing sessions/events.

88. In terms of training and support to care home staff, the Panel acknowledges that care homes are caring environments, but they can also be isolating for residents not receiving regular visitors. In addition to the provision of befriending services, training for care home staff would hopefully assist in finding ways of breaking down feelings of loneliness and/or social isolation to enable and encourage people to talk openly about LGB&T matters.
89. Care home staff involved in Hart Gables' 'Age with Pride' project acknowledged the need for further training on LGB&T matters within their care homes. The Panel supports this view. One potential area for exploration could be training for care home managers and staff around how they can take incremental steps to make their establishments more LGB&T inclusive.
90. It is appreciated that care homes are private entities and therefore training cannot be enforced (which is reflective of comments made by others, e.g. Clark-Neal (2018)), and they are also exceptionally busy establishments. Any proposed training would need to be considered in this regard.
91. Regarding mental wellbeing, there are effective strategies and interventions around this currently in place. For example, at the 25 July 2018 meeting, the Panel was informed of the prevention agenda and the potential for mental health, self-harm and suicide concerns/issues to be referred to the Tees Suicide Urgent Task Force. The Panel feels that further work could be undertaken to raise awareness in respect of these matters, particularly in terms of health service settings and the impact that waiting lists and other factors can have on an individual's mental wellbeing. For older LGB&T individuals residing in care homes, future work projects could include befriending, as above, as well as specific mental wellbeing and LGB&T awareness training with both care staff and clients.
92. Sheltered housing could provide further avenue for obtaining qualitative and quantitative research data from LGB&T people over the age of 50 in Middlesbrough. Sheltered Housing residents may be living more independently, have a lower level of need and be less vulnerable, therefore removing barriers to communication.
93. In terms of general awareness-raising, the Panel acknowledges the very positive initiatives that have been undertaken to date. To progress this further, the Panel understands that some individuals may have never met an LGB&T person, and therefore mixing communities together and delivering workshops to all residents would be very positive. Regarding care home residents, undertaking of subtle awareness-raising sessions, such as introducing the rainbow colours in order to move into the realms of open discussion around gender identity and sexual orientation, could be explored.
94. The Panel considered the importance of inviting organisational and community representatives to participate in the work of Forums, Panels, Committees, activities, events, etc., in order to ensure that those voices could be heard. This has proven fundamental to this investigation and the Panel's view is that this strategy continues.
95. The Panel feels that partnership working is vital in driving change forward. In terms of health services, following information received from various representatives



around health matters, a future work project could be undertaken to look at how care is being delivered in health-based settings, and how effective and inclusive this is.

96. An effective strategy/intervention for bringing people together is via arts, culture and events. The Panel feels that by utilising key LGB&T events, such as Gay Pride, opportunities for non-LGB&T individuals to mix with LGB&T individuals would not only assist with awareness-raising, but also help foster relationships and strengthen local communities.
97. Proactive, as opposed to reactive, action is paramount in encouraging open and honest conversations so that LGB&T individuals feel at liberty to be themselves. A sensitive approach will facilitate this.
98. There is scope for further work between partners in order to progress this area of work. For example:
  - Reaching out to more care homes to carry-out work (e.g. an extension of or re-visit to 'Age with Pride'; and delivery of trans awareness training within care homes);
  - Establishment of LGB&T support sessions for older people and those in receipt of care services;
  - Events across the town to celebrate key dates in the LGB&T calendar in order to raise awareness and bring different communities together; and
  - Engaging with sheltered housing providers as a potential source for qualitative and quantitative research data in respect of LGB&T people over the age of 50 in Middlesbrough.
99. Any work involving care providers would need to be reflective of their environments, with activities diligently planned in order to ensure the most effective and efficient use of resources. Provision of training and support to care homes, undertaken in small incremental steps, would hopefully offer inspiration and encouragement to become more LGB&T inclusive.

## **CONCLUSIONS**

100. The Scrutiny Panel reached the following conclusions in respect of its investigation:
101. This is a complex and sometimes hidden issue. Though strides forward have been made in recent decades in terms of LGB&T rights, social attitudes and acceptance, there is still reluctance amongst many to discuss these topics openly.
102. Progression and advancement of LGB&T is increasing and acceptance is being made, but this is slow. Changes in attitudes will continue over time as generations shift. The younger generation appears to be more open about gender identity and sexual orientation than their older counterparts, which could be a reflection of age, upbringing, personal and social experience. The number of known LGB&T residents within care homes in the future will increase as a reflection of this, which may facilitate future project work.
103. Partnership working and networking is crucial in addressing LGB&T matters. Existing work is underway by a select group of organisations and it is important that this is continuously encouraged and supported.

104. Societal factors have contributed to the negative treatment of LGB&T individuals. The timeline shown at Appendix 2 indicates salient points in the history of LGB&T to demonstrate this. Some of these barriers, such as an individual being homosexual when it was illegal in Britain, and a lack of awareness amongst non-LGB&T individuals, impacts upon LGB&T-focused work.
105. LGB&T individuals continue to face a number of issues, despite changes in attitudes and culture. These include family rejection, hate crime, discrimination, poor mental health, unemployment and poverty. Incidents must be challenged and not overlooked; the Local Authority and its partners must take a lead in addressing this. For example, through community engagement work and the establishment of diversity groups within organisations.
106. Training and development is fundamental to progression in this area. Training for care home staff, in particular, is a necessity and should be two-fold. The first should focus on general awareness of LGB&T matters, and the second should focus more specifically on how to encourage service users to discuss their personal lives more openly. This will ensure that their individual needs can be identified, acknowledged and met, and potentially reduce any feelings of loneliness and/or social isolation (particularly for older residents who have fewer visitors).
107. Poor mental health does not cause an individual to identify as LGB&T, but identifying as LGB&T can impact upon an individual's mental wellbeing. Current health services are not adequately supporting individuals who are experiencing changes within themselves, and require access to expertise. There are lengthy referral and wait times which can lead to individuals self-medicating, which can be harmful.
108. In terms of both LGB&T and non-LGB&T care home residents, the willingness to participate in open and honest discussion is very much a personal choice, which may be based on such factors as age, personality and/or experience. The more development work undertaken, the more comfortable people may feel discussing their private lives. Creation of a reference guide with LGB&T terminology, for example, may make it easier for non-LGB&T individuals to discuss matters; people may be more willing and able to share information in supportive environments.
109. There is no 'one size fits all' approach to providing care and support to individuals identifying as LGB&T - services need to be personalised. Trust, confidence and relationship-building are key components of this, which supports the need for the provision of quality training. Pro-active conversation, undertaken in a careful and sensitive manner, is vital in ensuring that individual care needs can be identified and subsequently met.
110. To ensure that personalised care can be provided, it is important to recognise and appreciate the unique traits that each person has. However, although care is about the individual, consideration ought to be afforded to the wider support network, including relatives and friends. Information and other support activities are paramount in enhancing the wellbeing of all those involved.

## **RECOMMENDATIONS**

111. As a result of the information received, and based on the conclusions above, the Adult Social Care and Services Scrutiny Panel's recommendations for consideration are as follows:

## TO BE DETERMINED BY THE ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL ON 3 DECEMBER 2018

### ACKNOWLEDGEMENTS

112. The Adult Social Care and Services Scrutiny Panel would like to thank the following for their assistance with its work:

- K Attle – Health and Well-being Youth Worker, Hart Gables;
- K Charlton – Home Manager, The Gables Care Home (Hill Care Group);
- A Donohue – Regional Director, Dale Care;
- S Gibson – General Manager, Stainton Lodge and Stainton Way Care Homes (North East Care Homes);
- L Grabham – Head of Strategic Commissioning and Procurement, Middlesbrough Council;
- L Holmes – Operations Manager for Teesside, Dale Care;
- S Lewis – Chief Executive, Hart Gables;
- D Lloyd – Commissioning Officer – Nursing, Middlesbrough Council;
- E Lowther – Director and Founder, Trans Aware;
- E Scollay – Director of Adult Social Care and Health Integration, Middlesbrough Council;
- A Sykes – Chief Executive, Age UK Teesside;
- A Towers – LGBT Development Worker, Hart Gables;
- L Wedgwood – Grants and Funding Coordinator, Age UK Teesside; and
- M Whitelock – Regional Manager, The Gables Care Home.

### ACRONYMS

113. A-Z listing of acronyms used in the report:

- ABM – Ageing Better Middlesbrough;
- BME – Black and Minority Ethnic;
- LGB&T – Lesbian, Gay, Bisexual, and Transgender;
- LGBTQ+ – Lesbian, Gay, Bisexual, Trans, Queer/Questioning and others); and
- LGBTQQIP2SAA – Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersex, Pansexual, Two-spirit (2S), Androgynous and Asexual.

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114. The following sources were consulted, or referred to, in preparing this report:

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**COUNCILLOR JULIE MCGEE  
CHAIR OF THE ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL –  
2018/2019**

**MEMBERSHIP**

The Membership of the Scrutiny Panel for 2018/2019 is as follows:

Councillors J McGee (Chair), J Walker (Vice-Chair), D Coupe, D Davison, E Dryden,  
L McGloin (part year), P Purvis (part year), J Rathmell (part year), Z Uddin and M Walters.

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DRAFT

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**David Budd**  
Mayor of Middlesbrough

**Tel: (01642) 729701**

PO Box 500, Town Hall, Middlesbrough, TS1 9FT

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As Mayor, I am committed to creating a fairer Middlesbrough. Every citizen has the right to feel valued, respected and safe. As a care home which works with people in their later years, your organisation plays a vital part in ensuring this is the case.

A recent report from Stonewall indicated that nearly half of lesbian, gay or bisexual people would feel uncomfortable telling health and social care staff about their sexual orientation and 70% felt they would not be able to be themselves living in a care home. Many fear discrimination, either from other residents or staff. Added to this, LGBT people may have specific care needs - they are less likely to have family support in later life, and are more likely to have needs related to mental ill health, for example. It is vital that our care homes provide an inclusive environment for all residents, LGBT people included.

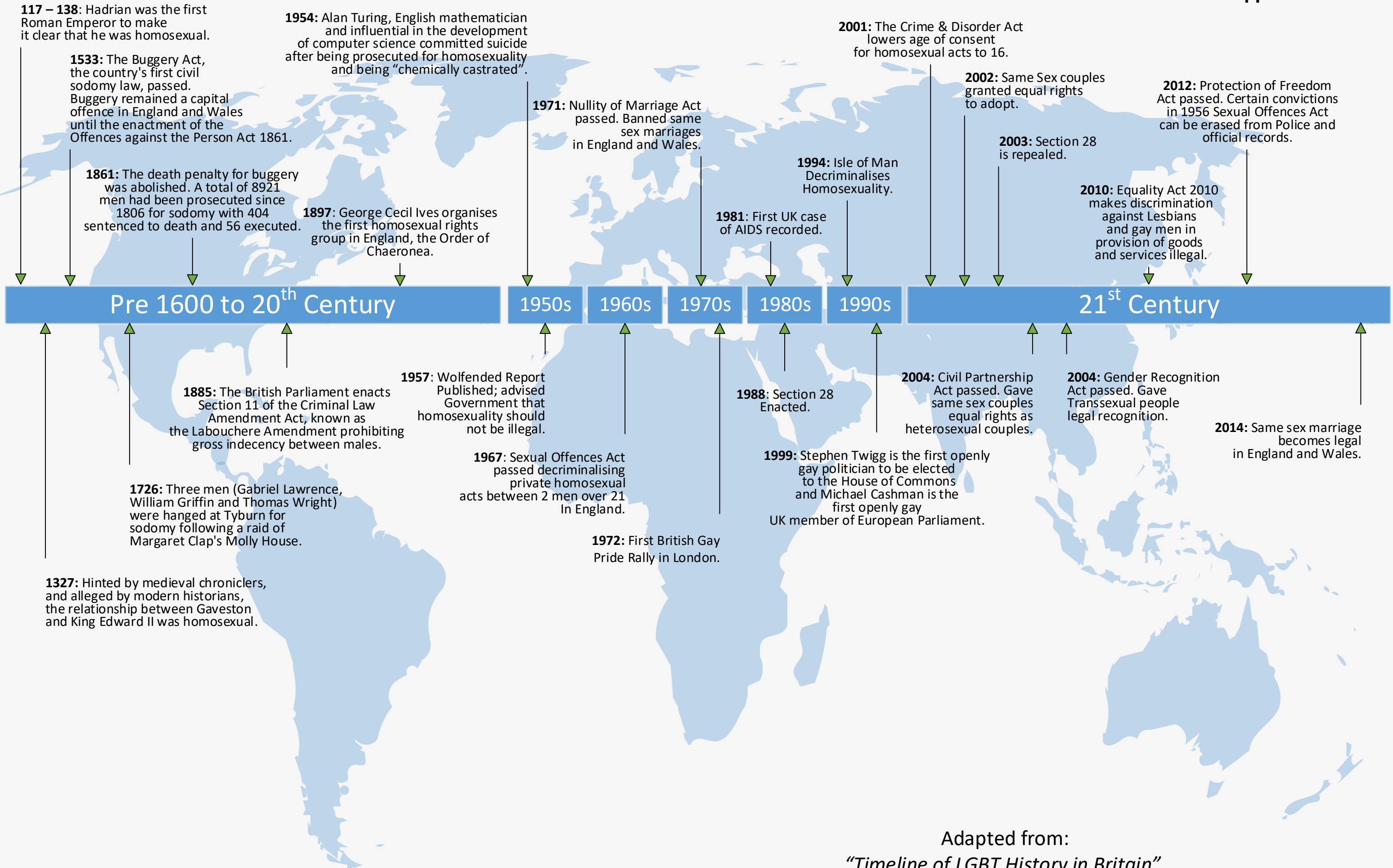
Middlesbrough Council is committed to ensure services meet the needs of recipients, and as part of this we are looking at how we can improve the lives of LGBT people with care needs. However, we lack a body of evidence around the experiences of LGBT people living in our care homes in Middlesbrough. We would really appreciate hearing about your thoughts on this issue. We are keen to hear any anecdotal evidence of your experiences with people in care homes who are LGBT. It would be also useful to hear what information is available in the home, what training staff receive and what monitoring is in place in your home.

We appreciate that older generations may be less open about issues of sexuality, making these issues difficult to identify – however, recent research into this topic from Stonewall, Age UK, The Alzheimer’s Society and various universities demonstrates this is an important issue.

We greatly appreciate any insight you and your colleagues are able to provide, comments can be sent to

Best wishes.

Dave Budd,  
The Elected Mayor of Middlesbrough



Adapted from:  
 "Timeline of LGBT History in Britain",  
 Manchester Metropolitan University,  
 2017.