

Nicky Griffiths

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PARTICIPANT: My name's Nicky Griffiths. I grew up in a place called Eastham on the Wirral. I started coming over to Manchester when I was about fourteen or fifteen really and then as soon as I could I came to uni and moved over here. I've lived here ever since apart from I had a chunk of time for about eight years when I went up to Edinburgh but then I came back to Manchester because I do consider that coming back home. I started off actually in the arts, did a drama degree, became a community theatre worker. Then became an arts officer in local government and other local community projects and then gradually I became more and more interested in arts and culture with social inclusion objectives. I'd also always been interested and actively involved in equality campaigns. Around primarily lesbian and gay issues at the time and some other equality issues as well. So I kind of grew up in that Maggie Thatcher era, Clause 28, all those huge community movements really. So I'd always had this two-pronged approach of being interested in arts and culture and being interested in equality and diversity and then gradually as I moved through my career I became more and more interested in equality and human rights, so I kind of retrained and formalised that interest and eventually I became an equality and diversity officer, which I've done now in one form or another for about twenty years. One of my first key roles in the area of LGBT work was I became the lead officer on lesbian's issues at Manchester Council in 2004, I think. I think that post had been developed since the Clause 28 days. The council had always had a lead officer on gay men's issues and a lead officer on lesbian's issues. Actually I was known as chief lesbian. [laughs] I remember being introduced once at a conference and I said my job title is lead officer on lesbian's issues from chief executive's department. And they introduced me as the chief lesbian. [laughs] So that kind of stuck, so that was a bit of a nickname for me in the town hall, was chief lesbian. I started that job and there had been people before me, there had been women before me in that role, but no one had really stayed for a very long time. It was a role that was fraught with difficulty, with political difficulties. It kind of affects you, you have to have a very professional attitude and keep it very separate from your social life as well, we're a small community in comparison to the wider world, so I think other people had struggled to have that longevity in the post and I was determined that I was going to stay and I did, and I stayed for seven years, until the post was sadly dis-established as part of the review and restructuring with central government cuts in 2011. I took voluntary redundancy then for personal reasons, but the team, with the gay men's officer and the lesbian officer post were no longer. Along those years, also because of the way that the work developed, the roles did change, so it went from LG work to LGB work then to begin to look at work around transgender as well. So there were lots of issues and lots of changes in the role too. Now here I am today and I do a similar role today but with the NHS now. With a general remit of equality and inclusion.

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INTERVIEWER: That's great and hopefully we can get on to talking a little bit more about both of those roles and what you got up to, but I was wondering if I could just take you back to when you were growing up on the Wirral and then maybe your first

years in Manchester. Could you describe what it was like and how, if you're comfortable with talking about, how you first were aware that maybe you were a bit different in terms of sexuality?

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PARTICIPANT: When I grew up it was the eighties so I kind of had a good cover for being gay because there was some protection and there was a fashion and a culture and a trend at the time that was more tolerant than at different periods of my life. So I am thankful that probably made it easier at the age of fifteen, sixteen, I was hanging around with punks and goths and new romantics and going over to Liverpool and coming over to Manchester and actually there was an awful lot of acceptance around being gay or lesbian or bisexual. So it was actually okay, it was probably later in my life that I was met with some challenges really, but that period around 1984, five, six, when I was discovering my sexuality, actually, it was flipping fantastic. I had a girlfriend at the age of sixteen, I was with her for five years, I was off clubbing in Liverpool, I would frequent places with people like Holly Johnson and Pete Burns and all that kind of culture that was going on in Liverpool. I was very young. I had a serious interest, I remember I must have been sixteen, I was doing my O-Levels, anyway, this wasn't an O-Level, it was a CSE, a CSE in Community Studies I did and you had to do a project. I'm really quite proud of this project to this day because I look back on it and think, at the age of fifteen, this is what I was thinking of. So for that project I decided to do the project on HIV and AIDS and I have no recollection of how I first found out about the issue. I just knew that I wanted to do that as my community project. Can you imagine doing that at an all-girls grammar school on the Wirral? So I'm quite proud of it. I was quite oppositional, I was a bit of a rebel, so I was probably thinking, I'll get something really juicy that's going to shock everybody but I had a serious interest in it and I remember writing to, well, where on earth do you get information from? At that age, stuck on the Wirral, no internet, nothing like that, and I remember writing to the Campaign for Homosexual Equality in Manchester and writing them a letter and saying, I'm doing this school project, can you send me information? And lo and behold, some weeks later, an envelope arrived, lovely because they'd made it all secret, lovely because you couldn't tell what it was. My mum just gave it to me, thinking I'm sending away for more make up or something and they'd sent me all these leaflets and information around HIV and I did my school project on that. I got a Grade One CSE for it.

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INTERVIEWER: Fantastic. What was it, do you think? Where do you think that interest came from or how had it-

PARTICIPANT: I don't think it would have come from a deep understanding of the health issues, I think I had a strong need to identify with being queer and the friends I had, I didn't have many lesbian friends although I had a girlfriend at the time, that was somebody I met through school and the support and the friends I had were generally young gay men over in Liverpool. So I must have picked up on conversations and things there and somehow realised that it was of concern and an issue and that's all I remember, a need to identify with them or that community in some way.

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INTERVIEWER: That's really interesting about the way that HIV is also a kind of identity thing in terms of queer identity in that era. Maybe we could move to Manchester and you could tell us about coming to Manchester. You were studying here, is that right?

PARTICIPANT: Well I studied in a place, I went to a drama school in Alsager campus, which is part of MMU but you're shoved out to Crewe and Alsager for Performance Arts. But I absolutely loved it and it was the best thing for me. I wouldn't have been able to focus on that if I'd been in Manchester. I used to come up here at weekends to go to the theatre and to go on the gay scene and things, but actually I got my degree done so I was kind of glad that I was out in the sticks. And then I, in my last year of uni, I moved to Manchester. I can't remember where my first home was. I lived in various places. I was homeless for a bit. Back then there were things called women's cooperative houses, so I lived in a couple of those as well, still friends with some of the women that I met there to this day. I was what they used to call the baby dyke in those houses, I always seemed to be a lot younger than everybody else and I'd have the little room in the attic, blasting Sinead O'Connor out, that kind of stuff. I moved to Manchester and I was at one point, I lived at Lockton Court in Ardwick. I think I was one of the few kinds of gay people to live there and over the years there's become a little gay community there in Ardwick, because I got that council flat after sofa surfing and being homeless for a bit. There were difficulties at the time in Manchester. I had a bit of an issue with my identity really, because I struggled with that because in those days you couldn't really be femme, as a lesbian. It was quite a separatist community and it was no make-up and non-femme and I didn't really fit with that. I'd been with the punks and the goths and the new romantics and I was, and I've always had a kind of femme side to me so for a long time back then I remember I struggled with my identity, I thought I'm going to have to look like a dyke. I was getting my haircut and going, I have to stop wearing this red lipstick and I'm going to have to get - it's a cliché but it's true - I'm going to have to get the dungarees! [laughs] So you know, in my younger years I did struggle with coming to terms with life here in Manchester.

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INTERVIEWER: Okay, did you manage to meet people who were a bit more supportive or friends who-

PARTICIPANT: Yeah, I did and this was a bit of a tension in my life because where I found that support was in my gay male friends but I'd live in a women's coop houses which were a really very different culture. Perhaps much stronger in their political views and there was me, dancing at the Union with drag queens and my gay male friends, so I found that, there's different aspects in our Manchester culture. I think it's much more mixed now, much more tolerant now, but back then it was a bit more segregated. So I found a kind of solace in that and I think there was a class difference too. You either went to the lesbian disco up at Sappho's above the Rem, or you went to the Union. There was a class difference and I was sort of in between

and a bit torn and I would dip in and out of both because I had this political activism side to me but at the same time I wanted to be dancing in the Union. [laughs]

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INTERVIEWER: During this time how aware were you of HIV as an issue?

PARTICIPANT: In those younger days, not so much in the first years but then when I reached the age of perhaps twenty-three, twenty-four, that's when I experienced the first death of a friend. So then it became a much more part of my life and I became much more aware and I suppose became much more involved. So things like the vigil and the campaigns and getting involved in fundraising became part of my normal life, my everyday life. I look back on those times and I remember the sense of dread and fear, you know perpetuated by those awful adverts on TV with the gravestones and all that baloney. But also it was real on the streets and in our homes, that fear. Those attitudes penetrated everybody's deep feelings so it was really scary. When I look back on that now it feels unbelievable compared to where we are today because we talk about living with HIV and we've talked about that for a long time and when you think about how it was. I mean, the travel, the journey, has just been amazing. In my twenties, in that decade, lost a lot of friends and maybe not just close friends, just people that you knew. It seemed to be happening every few weeks at one stage because you would know people from the bars and the clubs and different projects and I remember a time in my twenties where it just felt like every other month you would hear about somebody else being very ill or dying. I moved to Edinburgh for a bit so I did some work up there with a project called SOLAS which was really good and changing for me because it took, the project was much more about living with HIV and the problems in Edinburgh were critical, pretty acute really. I was doing community arts then and I used to do a lot of arts projects at SOLAS and SOLAS was this amazing place that had a cafe and that concept of just eating with people who were HIV positive was ground-breaking. Can you imagine that? That's where we were, that people were afraid to share an eating place and a kitchen with people who were HIV positive. Then I moved back down to Manchester after Edinburgh so I guess a similar progress was happening down here. But that's what it was like: people did not want to share a toilet, people did not want to share a knife and fork, people did not want to eat in the same canteen or cafe where other people, where food was prepared. Absolute, total, awful stigma. Awful. God knows what people actually went through mentally at those times and there were just little pockets of charities and self-help community groups that were the only support, actually. There wasn't any mainstream support. I didn't work for the NHS back then, I was doing the community arts work but I'd say I can't imagine that there was any mainstream support at all to deal with physical or mental or emotional health. That's not that long ago. We're talking '95, '96, '97, that kind of era.

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INTERVIEWER: When you came back to Manchester did you know of any projects that were a bit similar to the SOLAS project in Edinburgh?

PARTICIPANT: Yes. I feel though that when I came to Manchester, when we came to around the millennium, gosh remember all that, the countdown to the millennium

and everything? I remember feeling frustrated, I knew that there were projects around, like the George House Trust and there was then the LGF and there was also a project, I don't remember its name that was beginning to look at HIV in different sections of the community. It wasn't just about the queer community, it wasn't about gay men, it was about the straight community and young people and stuff. I remember thinking around that time, this has gone off the agenda now. As if it had been dealt with and that was it. So I did feel that things went quiet for a while and I remember then when I started in my role at the council with my colleagues Seb Fairweather and Terry Waller [?] and Mary Murphy and we were kind of a formidable bunch to be honest with you. [laughs] And we would have these conversations that, it's gone off the agenda, how do we get it back on the agenda? And it was a struggle. And it had to be a kind of, literally a permanent item on every meeting agenda that we had, because it needed to be pushed again. But there was also some great work happening, it just felt like it slipped back and was a bit of a battle and I remember we would talk about, and tell each other stories of how we'd met young people who'd never heard of HIV and we found this astounding. And we thought maybe because the work has gone into a bit of a lull and not had the visibility and what we're looking at now is a new generation who need to be told about it all over again. And with a different approach because by then we were talking about living with HIV and we'd done a lot of work at the council. Some of it was just about the visibility, so every year getting a five-foot mesh red ribbon out to put on the top of the town hall for World AIDS Day, repairing it every year, making sure there were ribbons, doing that kind of thing, making sure there were communications put out. There was other work we did as well, one of the best pieces of work we did, with what's his name? Terry Gee. There was a documentary called Living with HIV, Terry Gee. Wow, I need to get in touch with Terry, this is going back a long time now. So he was a young man at the time, in his twenties and this documentary followed his journey and his partner's journey through his diagnosis and treatment and it was a ground-breaking documentary so we invited Terry Gee to the town hall and did a screening of the documentary with a question and answer session after it and invited lots of managers and staff who were in relevant roles that needed to have some understanding and that was an excellent piece of work and the documentary is quite entertaining as well, there's a bit of humour in there and Terry is such a character. That was just fantastic, so we did that kind of work as well but really, the educational work and the proper frontline work was being done by places like LGF and George House Trust and there used to be a committee called the WAD committee, the World AIDS Day committee which Terry and I, Terry Waller and I, would attend now and again, but actually it was those third-sector groups that were delivering the work, we were just stuck at the town hall doing the corporate stuff really, and we used to, you know when the Christmas markets start? We used to allocate a stall right by the door of the town hall, right by the steps, to the World AIDS Day committee.

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PARTICIPANT [continued]: So I'm not sure if it was volunteers from LGF actually, or from different organisations that staffed it, and it would be an awareness stall. [coughs] So they'd have leaflets and things to give out, and ribbons and information. So at the beginning of the Christmas markets we'd allocate a stall to a group of volunteers to do a World AIDS Day stall and they'd have leaflets and information about support, they'd have ribbons and information about different schemes and

they'd have posters on the stall and the stalls are like these little cute wooden huts like a German or a Norwegian market or something. We'd allocate that to them and this happened for at least two, maybe three, years, with no challenge at all and then I remember being in work one day and getting a phone call from the reception down at the town hall. You need to come down, there's a member of the public really complaining about this stall. Not happy at all and vocally getting quite loud and stuff. So I said, okay then, I'll come down, and I went down and it was a guy and his wife, and the guy's saying this is disgusting, this is absolutely disgusting, this is a Christmas market, you've got Father Christmas here and within yards of Father Christmas, I don't mean the real one, I mean the one on the top of the town hall, within yards of Father Christmas you had a stall with this filth on. I said, what filth? What he was referring to was the posters. So some of the posters might have a bit of naked flesh and be a bit flirty and stuff, but that was one of the bits of work that was really successful, that was how you would engage with people and sometimes the end justifies the means, doesn't it? They weren't pornographic, they were just a bit gay. Well this guy was just fuming, saying he was going to report us to the police, and put a complaint in that we were displaying these awful photographs of men. So because I keep very calm, bring him into the town hall, give him the information to complain, say we do know about this, this is not something that's happened without discussion with us, in fact we support it. And I tried to explain to him why and what the work was about and I remember it being quite funny, but the irony in this is that one of the things he found quite abhorrent was in close proximity to a choir that had been singing Christmas carols and I remember thinking, do I tell him or do I not? That's actually the Lesbian and Gay Chorus. [laughs] That had come down to do an hour's spot at the market, so I thought, I'll save him from himself, I won't mention that. [laughs] But I remember thinking, there's some kind of justice in that that he thought it was awful that carol singers could be in such close proximity to our AIDS awareness posters. [laughs]

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INTERVIEWER: That's amazing. Do you feel like- Was there, in terms of things I heard, that the council was quite supportive of those types of interventions, did you get a sense that there was any sort of resistance or backlash more widely than that to some of the work that you did, that was going on?

PARTICIPANT: I'm not sure whether I was in a bit of a bubble because the people I worked with were all very supportive of the developing way of working. One of the problems, one of the things I said before that we were quite a formidable bunch, there was a bit of a downside to that is that people might not like what we did but might not tell us. [laughs] They might just not take it on board or say that in other places but not to us but we always did everything with a strong rationale and we weren't just bolshie about it, we worked, I can't remember the names of the meetings about it but we had different forums where members of staff and managers and directors of services could come along to and look at the agenda, really, with us, whether it was LG or later LGBT agenda with us and how it impacted on their service delivery. In my experience most of those people were really on board and took it very seriously, so adult social services for example, I remember them taking it very seriously and actively wanting training and awareness for their front-line staff. There were a multitude of issues to deal with, not least around confidentiality and how to

deal with somebody's information around their status because of course in social services you can very often find yourself speaking to somebody's, a member of somebody's family, not the person directly, because you're dealing with a wider care package for somebody. So people needed to be trained, well what do you do with that information? And not just disclosing it and not thinking or assuming that somebody's family already knew. So if you were dealing with somebody's partner, or their mother, or an extended member of their family, then to understand that still somebody's status might not have been disclosed there and what a bombshell you would be landing on somebody should you slip up and disclose that information. So I remember that being a really good bit of work that adult social care did at the time.

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INTERVIEWER: So you said that you had a role as lesbian officer and I wonder if you could say a bit more about the kinds of work you did on lesbian issues?

PARTICIPANT: Around health agenda or just generally? The work we did around lesbian's issues. Goodness me, where do I begin? I remember going for the interview for the job and actually a good friend of mine, Jacqui Driver, from the Equality and Human Rights Commission, she was on my interview panel and I remember the question that I was asked was so what do you consider to be a lesbian's issue? And my answer was, basically everything. What isn't? So I think the work that I did really moved away from perhaps other work that had happened, thinking there was such thing as lesbian's issues, that they were somehow owned by the lesbian community and caused from being a lesbian and I changed the perception to look at lesbian's issues can be anything because really, what this is about is about how your identity can impact on the way that you access services, or the way that you experience services and the way that you also perhaps identify with those services and thinking it's not for you, etcetera. That was the connection with health, lesbian's thinking and the way things worked for them. It wasn't so much about lesbian's issues, but about accessibility to all of public services and what the negative impacts of those were and when you would perhaps have to tailor services, make them more bespoke to certain groups. The health aspect around the lesbian community, there was just so much ignorance of thinking there weren't any health issues.

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[interruption]

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PARTICIPANT: So the health work, and again I have to say that the work we were doing at the council was either at a corporate level about visibility and awareness or supporting our own services, of course, and we didn't actually work very much with the NHS in those days. That's changed and has still got lots of change to do as we look at the joining up of services but actually there was a huge gap, we very rarely worked with the NHS and I look back on that as a real issue, because how do you deliver social care and public services without connecting it to health? So the health work we did around the lesbian community, actually I worked with LGF, then LGF,

with a woman called Annie Emery, fascinating work! Oh, she did some cracking work! There was always some work around sexual health and HIV and the screen test project about cancer smear screening because generally lesbians thought they didn't have to go and there were all those myths around that needed lots of work to be done. But I remember Annie doing a project, we did the launch of it at Vanilla bar, I think it was called Girls on Pop, and what we'd done was, well, people had gone out and done interviews in Coyotes bar and other bars and interviews lesbians around the amount of alcohol they consumed. The result of that piece of research, even though we knew the stats were going to be high and challenging, but we needed the evidence, so this project was about providing the evidence but even us that kind of knew were really shocked. I remember young lesbians answering the questions of how many units of alcohol they'd had, and they'd maybe answer, oh, twenty-three or something and you'd say, you do realise that's quite a lot in a week and I remember one woman saying, that's just today. This was the starting point that we were at and we know now, I'm going back maybe ten years now, but we know now through all the research that the statistics with the LGBT community with smoking, with alcohol, with drugs, is just way higher and the issues that are attached to that, the health issues, and the reasons attached to that, are really significant too. When I look back on my time in that role, because I've only worked for the NHS afterwards and now I see where there should have been lots of joined up work, because I would say that that one of the biggest issues in my community here in Manchester is mental health and so when you're talking about abuse of alcohol, cigarettes, drugs, this is usually synonymous with poor mental health, sort of self-medicating, and I'd see women struggling and living quite unbearable lives on a daily basis because they have no relief from their mental health status and their poor mental health. So then they'd abuse alcohol, narcotics, I think that's the real issues that we face, but making these connections now. The self-harm that I see and the friends and people I know in my community that suffer on a daily basis and don't see any light at the end of the tunnel. Of course, what we've had is a reduction in our mental health services. But I think we have to connect the dots, so when we're talking about sexual health, putting yourself at harm, smoking, drinking, drugs, mental health, we need to connect these things.

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INTERVIEWER: And that's really interesting, because it's one of the themes which has emerged in this project is the ways in which you can't really separate sexual health, from mental health, from a sense of well-being, a sense of prioritising yourself and your own sense of self.

PARTICIPANT: You kind of put yourself at harm and self-sabotage when you are not feeling mentally well so that's when you are at risk of not looking after your whole well-being as well, isn't it?

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INTERVIEWER: It is yeah. Just to end then, is there anything else that you'd like to talk about that maybe we haven't touched on?

PARTICIPANT: I think the only thing that I'd like to add, is, here we are at the Foundation and it itself is a place that has grown and now we're doing work around transgender issues, working with trans people, and I think we have to address the cross-cutting and complexities of that work as well, because health issues for a trans person, they aren't always around the fact that they're trans. There are general health issues and increasingly concerned that people who identify as trans or who have been through any kind of trans journey, not accessing primary care, or their GPs, sometimes it could be over quite minor symptoms but in the same way as we could all benefit from don't access that because of the barriers and stigma around the barriers of being transgender, I'm not saying that the other work is by any means complete but I think it's the next bit of work that will be really challenging for us.

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INTERVIEWER: If you're happy then, we'll leave it there.

PARTICIPANT: Yeah.

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INTERVIEWER: Thank you so much.

[00:42:06] End of transcript.