On Safe Ground -

LGBT disabled people and community groups

Report
October 2006

1. Introduction and Background

The Equality Network (EN) and Disability Rights Commission (DRC) commissioned Avanté Consulting to carry out research into the participation of lgbt people with a disability in community groups and voluntary organisations. It was intended that this research should identify key issues for disabled lgbt people in engaging with these groups, highlight good practice, and, consequently, support the commissioning organisations in their strategic planning.

Equality is one of the guiding principles of the Scottish Parliament. Responsibility for equality legislation is reserved to Westminster but The Scotland Act (1998) gives the Scottish Parliament power to encourage equal opportunities, particularly the observing of the equal opportunities requirements. The Act defines equal opportunities as:

> *"the prevention, elimination or regulation of discrimination between persons on grounds of sex or marital status, on racial grounds, or on grounds of disability, age, sexual orientation, language or social origin, or of other personal attributes, including beliefs or opinions, such as religious beliefs or political opinions".*

In September 1999, the Scottish Executive published *Making It Work Together: a Programme for Government* which stressed a commitment to promoting equality for all and the Executive's determination to place equality at the heart of policymaking. It set out a commitment to securing a just and inclusive Scotland and stated that "*this means tackling discrimination and prejudice across Scotland. It also means tackling the systems, behaviour and attitudes that cause them or sustain them*". The strategy summarises the experiences of inequality and discrimination faced by some groups in Scotland on the grounds for example of sex, race, disability, sexual orientation, age, or religion or belief. The strategy recognises that there are differences both within and between those groups. Common features are:

- Restricted access to employment, goods, services, and other material resources;
- Under-representation in senior positions in work, professions and business;
- Under-representation in political and public life;
- Experience of direct, indirect and institutional discrimination;
- Experience of abuse and violence.

The Local Government in Scotland Act 2003 sets out a number of goals for Community Planning Partnerships (CPPs). Highlighting the statutory responsibility on CPPs, the Act requires local authorities "*to mainstream equal opportunities in the planning and delivery of services".* CPPs are also required to act within the terms of other specific requirements that arise through the Disability Discrimination Act 1995 and the Race Relations Act 1976 (amended 2000). Formal Scottish Executive policy, legislation and Guidance on a wide range of

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areas, including notably, the work of Communities Scotland (with its focus on regeneration, community engagement and CLD), as well as all other government departments, require a commitment to and clear focus on mainstreaming equalities issues, in both their composition and the way they go about their work.

The Executive's equalities strategy seeks to ensure that equality is mainstreamed into all functions of national and local government as well as all those that work with public bodies. The aim is for this to ensure that government initiatives do not have a negative impact on any disadvantaged groups. The delivery of the strategy depends on partnership working with a wide range of bodies and sectors. This includes the voluntary and community sector, with its plethora of equalities groupings, many of whom have played a significant part not only in helping to shape the Executive's strategy but in its subsequent implementation.

Further Policy & Legislation

In addition to legislation which supports the powers of the four existing UK Equalities Commissions, the UK is a signatory to a large number of international conventions which have anti-discrimination provisions. These provide part of the legislative context against which equalities work in the UK proceeds and sit alongside some of the most notable policy initiatives that support among other things, the Scottish Executive's Social Justice agenda.

A legislative framework to outlaw discrimination and promote equality in the UK has been taking shape for many years. The pace of change has been influenced by factors such as membership of the European Union and by the degree of recognition given to the needs of different groups in society. Anti-discrimination legislation has not come into force at the same time for all groups and some groups are not covered by it. Progress has been made in the areas of gender, race and disability equality, with each area represented by its own Commission. In contrast, sexual orientation equality remains relatively underdeveloped. However, campaigning organisations such as the national Equality Network have been instrumental in bringing issues to the fore and the past few years have seen major changes to the law affecting LGBT people. Transsexual people are now legally recognised, and civil partnership and other changes to family law mean that LGBT people and their families are included alongside other families. Laws against discrimination are being amended to cover transgender identity and sexual orientation.

Commission for Equality and Human Rights

On 12 May 2004, a White Paper, 'Fairness for All: A New Commission for Equality and Human Rights' was published by the Department of Trade and Industry. Following extensive consultations, a revised bill proposes the establishment of a new Equality and Human Rights Commission (CEHR), which brings together the work of the three existing Equality Commissions, the Equal Opportunities

Commission (gender), the Commission for Racial Equality (race), and the Disability Rights Commission (disability). The new Commission (expected to be shadowing by 2007 and fully in place by the end of 2009) will have a role to enforce and promote the main strands of UK legislation that support work in these areas. At the same time, the UK government has set out (in Equality and Diversity: The Way Ahead) its plans to amend existing UK equality law, as well introducing new legislation outlawing discrimination on the grounds of sexual orientation, religion or belief and age. European employment directives on sexual orientation, faith and age and the Human Rights Act 1988 are key drivers behind such activity and inform the proposals for the CEHR. There are a number of concerns about the work of the CEHR in relation to Scotland, however, there is a common understanding that there is much to do to bring about effective legal and institutional protection to groups in society who routinely experience discrimination and that working together presents a positive way forward.

Equalities Networks

Nationally and locally those working in the equalities field have found benefit in coming together. These networks and intermediary groupings play an important part in strengthening the role of individual equalities organisations and have provided a coherent and collective voice on equality issues. Such networks promote dialogue and understanding across separate equality strands. They also ensure that debate on proposals for discrimination legislation and policy recognises the cross-cutting nature of equality issues. There are numerous examples of equalities networks across Scotland. These reflect the considerable number of equalities groups, including many in the voluntary and community sector that have been responsible for major advances in policy and practice in the equalities field. They have played an important role in achieving a culture shift in tackling discrimination. These include networks of individuals and groups tackling issues of discrimination and providing services for LGBT disabled people.

2.   Context

People with a Disability

The DRC Scotland estimates that Scotland has[1]:

*   About one in five of the population covered by the DDA.
*   A disabled person or a person with a long-term illness living in just over one in three households.
*   Approximately four in ten of all households with a disabled person will have an income of £10,000 or less.
*   45 % of disabled people in employment compared to 82% of non-disabled people.

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[1] The DRC Scotland: 2005 Key Facts and Figures

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- More households with a disabled person renting from a local authority or a housing association than renting privately or owning their home.
- 5% of students in higher education in Scotland stating that they have a disability.
- 58% of disabled people (with or without a long-term illness) with no qualifications compared to 24% of non-disabled people.
- 3% of disabled people holding public appointments.
- One in five disabled Scots experienced harassment because of their disability.
- An ageing population (the probability of having a disability increases with age).
- 180,000 people who have serious sight problems (RNIB Scotland).
- An estimated 18,066 adults with learning disabilities (Scottish Executive, 2004f).
- 729,000 people with some form of hearing loss, deafness or may be a Deaf person. 80% of hearing impaired people are aged over 60 years (Scottish Executive, 2003b).
- One in four people experiencing a mental health problem at some point in their lives (Scottish Association for Mental Health).

LGBT Population

To date, there has been little significant data collected about the activities, location or needs of Scotland's LGBT community. What is known is that the issues facing LGBT people continue to cause concern and include those related to homophobia, biphobia, transphobia and other forms of discrimination.   Within Scotland's Voluntary Sector Manifesto, published in June 2006 by the Scottish Council for Voluntary Organisations, the Equality Network states that, despite recent developments, prejudice and discrimination against LGBT people remain common and goes on to say that, in order to make legal equality a reality on the ground

> • *Strong leadership is needed from the Executive, Parliament, and local government, against homophobic and transphobic attitudes, prejudice and discrimination.*
> • *The public sector in Scotland should develop equality impact assessment of its activities, across the equality strands of age, disability, gender, race, religion/belief and sexual orientation.*
> • *Young LGBT people face particular difficulties, isolation and distress. Readily available support for young LGBT people needs to be extended, as a priority, across Scotland.*
> • *Health providers should ensure that appropriate services are available to LGBT people, including family health, reproductive health and sexual health services, and gender reassignment services for transsexual people.*
> • *Local authorities, police and their community planning partners should continue to develop effective ways to combat hate crime and harassment.*

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> • *Sexual offences law should be amended as proposed by the Scottish Law Commission, to improve effectiveness and to remove the remaining discrimination on grounds of sexual orientation and transgender identity.*

Voluntary and Community Sector

The Voluntary Sector Manifesto reports that Scotland has 50,000 voluntary organisations deploying 1.2 million volunteers (including at least 200,000 unpaid trustees) and employing 120,000 paid staff. In 2004, the sector generated an annual income of £2.6 billion. The Manifesto emphasises the role that the voluntary sector plays in Scottish life, tackling every important issue in Scotland, from poverty to the environment; housing to health; transport to equality.

There is, however, only a small number of organisations that exist specifically to support the LGBT community, located mainly within Scotland's cities. Within the Manifesto, the Equality Network states that

> • *Equality practice across the voluntary sector should cover all the equality strands, combating discrimination in employment and in service provision, and working to ensure that the sector is inclusive of all strands of society.*

> • *The LGBT voluntary sector remains very small and under-resourced, and capacity building should be supported by central and local government.*

3.   Project Aims and Methodology

As indicated in the introduction, the overarching aims of the research were to identify the actual and perceived barriers to LGBT disabled people's participation in community groups and to identify and develop recommendations for good practice. In the course of the research, interviewees referred to their engagement with a wide range of voluntary organisations, including local community groups, local branches of national organisations, and larger service providers.

The study took place during the eight-month period February to September 2006 and involved four main methods of data collection. These were desk research, an accessible questionnaire, interviews (face-to-face and telephone) and a focus group. The focus was on the personal experiences of lgbt people with a disability. It was recognised at the outset that this would be a difficult community to reach and agreed that an in-depth qualitative approach to the research would be most appropriate. A study conducted by the Scottish Executive in 2003 into the future of lgbt research, whilst emphasising the need for validity and reliability in research, highlighted the value of a pluralist approach and stated that:

"While quantitative data was seen as having greater legitimacy in the eyes of funders and policy makers, there was also a strong belief in the ability of qualitative approaches to tell the story of LGBT experience and circumstance more effectively."

The project reached a range of individuals who described themselves as lesbian, gay, bi-sexual, and transgender; ages ranged from under 25 to 64; geographical areas included Glasgow, Edinburgh, Angus, Highland, and Dumfries and Galloway.

3.1   Literature Review

The consultants identified a number of similar research projects undertaken in other parts of the United Kingdom and other relevant work relating to the lgbt community. Once again, it was recognised that, to date, there has been relatively little research into lgbt issues. The consultants also interviewed two lgbt/equality specialist researchers, one of whom is currently involved in a project that is examining the provision of services for lgbt/disabled people in the Leeds area.

3.2   Consultation

25 individuals contributed to the research by means of an accessible questionnaire (see Appendix 1), one-to-one interviews (face-to-face and telephone), and a focus group discussion. The consultant also conducted one-to-one interviews (face-to-face and telephone) with 15 representatives of voluntary organisations and community groups and 2 lgbt/equality specialist researchers.

Individual respondents (lesbian, gay, bi-sexual, and transgender) covered a range of age groups, geographical locations, and urban and rural communities. They were invited to describe in detail their personal experiences of participating in voluntary organisations and community groups, expectations, and barriers that they may have encountered. They were also invited to identify examples of good practice and to indicate what might encourage them to attend a group in the first instance.

Voluntary organisations and community groups who contributed to the research included lgbt specialist organisations, a disability network, a mental health agency, a housing provider, and an advocacy service. These agencies were invited to describe ways in which they are addressing lgbt/disability issues, experience of working with these clients, difficulties that they have encountered, and instances of good practice.

3.3   Data Collation and Analysis

All of the information gathered using the methods described here was qualitative. Responses from interviewees, the focus group, and the questionnaire have been analysed to see what themes have emerged throughout the study and to gain an understanding of the barriers that prevent lgbt/disabled people from accessing groups and services, identify good practice, and recognise what can be done, by service providers, campaigning organisations, and funding agencies to improve the provision of services for lgbt/disabled people in Scotland. Finally, our findings have been compared with results of similar studies in other parts of the UK to establish whether or not there is evidence of similar issues in other areas.

4.   Findings and Key Themes

Findings come from the data gathered as set out above and represent the respondents' views and participants' words. They are the result of a review and analysis of that information.

Having considered the data gathered from individual interviewees and questionnaires, we compared the emerging themes with the information gathered from service providers and with other research studies. The key issues emerging from this study are reflected in the responses provided by voluntary sector representatives and in every other research study that we have considered and would appear to be issues that are shared by lgbt/disabled communities throughout the United Kingdom.

Disability and sexual orientation

According to a report published by the Irish Republic's National Disability Authority in April 2005*, UK estimates indicate that around one in ten people with a disability are lesbian or gay. If this ratio is indicative of the Scottish population, this suggests that there are potentially over 120,000 people living in Scotland who have a disability and are lesbian or gay, based on figures published by the Disability Right Commission* in March 2006.

While equal rights for people with a disability are now enshrined in legislation, there remains a great deal of uncertainty around issues relating to sexual orientation and sexual identity. As one interviewee said "British people have a problem about discussing sex and sexuality. People think that as soon as we start talking about sexual identity, we are "sexualising" everything. But it's not just about sex in a physical sense, it's about self esteem, relationships, love, affection, trust, respect, and belonging to a community."

It was widely acknowledged, by interviewees and within research documents that there is a strong tendency to "de-sexualise" people with a disability, in particularly people with learning disabilities. *"The idea of disabled people being,*

and having a right to be, sexual beings is not generally accepted by society, and the idea of lesbian, gay or bi-sexual relations among disabled people is a concept which goes unconsidered or, if considered, rejected by the majority of non-disabled people" (Brothers, 2003).*

All of the evidence gathered in the course of this study has confirmed that individuals who are lgbt with a disability are the victims of multiple prejudices. When deciding whether or not to participate in a voluntary organisation or community group, individuals must consider which is the more sensitive issue – the fact that they have a disability or the fact that they are lgbt. This applies not only to mainstream organisations, but also to specialist lgbt groups within which there may be prejudice against people with a disability, or specialist disability groups which may be homophobic. A recent study conducted in Leeds by "Rainbow Ripples", a group of lgbt disabled people, identified instances of "disablism" with the lgbt community and homophobia within disability organisations.*

People who require constant support, often from family members, in order to cope with their disability may be forced to conceal their sexual identity in order to access essential services such as day care or transport; people who wish to take part in lgbt groups may choose to conceal an invisible physical disability for fear of being misunderstood and isolated.

Whilst not part of this study, many people referred to the "body beautiful" culture of the commercial lgbt community which, for many people with a disability, is a cause of exclusion. Similarly, there is a concern that within the lgbt community itself there are sharp divisions and that it cannot be assumed that "one size fits all" in terms of delivering appropriate services. Voluntary sector representatives reported that people who describe themselves as bi-sexual are likely to face multiple discrimination from both the heterosexual and homosexual populations. It is interesting to note that two respondents who described themselves as bi-sexual completed the questionnaire but were unwilling to take part in any discussions.

A number of research projects, conducted in the UK and the USA, have found evidence to confirm that the situation for people suffering from mental health problems is even more complex, owing to the stigma that is attached to mental illness. It is interesting to note that the majority of individual respondents reported that they suffered from some form of mental illness. Several had attempted to access mainstream services and had failed owing to a fear of being misunderstood, a likelihood that their illness would be attributed entirely to their sexual orientation, or simply because the services were heterosexually-oriented and therefore inappropriate. Similarly, a number of people suffering from mental illness, often exacerbated by difficulties in confronting their sexual identity, had stopped attending lgbt groups as they felt that they simply did not "fit in", lacking the self-esteem and confidence to be part of the group. Particular difficulties were identified by an organisation providing mental health services

where, despite significant developments in terms of staff/volunteer training on equality and diversity, there remains the problem of prejudice and homophobia amongst other service users.

4.1   Why join a group?

Most of the respondents indicated that they went to groups in search of companionship and social activities. In particular, they were seeking

- comradeship
- acceptance
- safety
- time "to be yourself"
- relaxation - the opportunity to "have a laugh" and "chill out"
- the opportunity to take part in different activities.

The majority had found companionship within lgbt organisations; only one was a regular participant in a mainstream organisation where no-one knew he was gay. This individual lived in a rural community where there was no access to lgbt groups, this being the case in the majority of Scotland's rural communities.

Some people also expressed an interest in joining groups in order to campaign on a variety of issues, some of which were lgbt-related. Several other individuals had sought specific support related to their particular disability.   One respondent had tried to take part in community-based learning but had found that the delivery methods were unsuited to their specific needs.

4.2   Being myself

All of the respondents emphasised that they want to attend groups where they can "be themselves" and so prefer lgbt groups where they can find social and emotional support amongst lgbt people. It was stated often that heterosexual people do not understand the significance of sexual identity and don't understand why lgbt people cannot access services like anyone else. As indicated previously, there is a sense that to raise issues of sexual orientation is to "sexualise" everything when in fact it's not about sex, it's about personal identity, relationships, and friendships.

Many respondents stated that they would not attend religion-based groups. All shared the view that religion is a very powerful determinant of people's attitudes and were concerned that mainstream religion often "doesn't want to know". However, one respondent spoke enthusiastically about the support received from the local church and, in particular, the minister. A number of individuals living in Glasgow and Edinburgh attended the Metropolitan Community Church and described it as "a place that tries to be inclusive".

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It was suggested by a number of respondents, both individuals and voluntary sector representatives, that organisations providing support to people with a disability may in fact be more accepting of individuals who are lgbt, perhaps because of the fact that they themselves have experienced prejudice, isolation, and "being different". However, this suggestion was strongly refuted by a representative of the disability movement who was of the opinion that, like the majority of organisations and public services, many disability organisations are heterosexually-biased, at best unaware of lgbt issues and at worst, homophobic.

Whilst a number of lgbt organisations are supporting lgbt/disabled people and are working hard to ensure that activities are accessible and appropriate, individual respondents and voluntary sector representatives expressed concerns that within the lgbt community there is a serious lack of awareness of other equality issues and a tendency to be "inward-looking". Though not the subject of this study, all respondents expressed serious concern about the extent to which physical appearance (described by two respondents as "body fascism") matters within the more commercial gay culture. Recent research* links this aspect of gay culture to an increase in suicide amongst young gay men.

It was widely acknowledged by all respondents that lgbt people with a disability who are dependent upon carers for day-to-day support are often reluctant to reveal their sexual identity as it may simply complicate their already-difficult lives. This may be particularly true for individuals who are dependent upon their parents for care and practical support. A number of research reports confirm that there is a widespread belief that *people* with a disability cannot have sexual relationships and that this is particularly the case with regard to people with learning disabilities*. In such instances, individuals who have chosen to conceal or have not acknowledged their sexual identity may never find a partner or even a close friend. One interviewee explained that it was only after the death of his parents that he finally realised that he was gay. Up until that point, he had accepted the view expressed by his family that he would never find a partner as he was physically disabled and, consequently, unable to earn a decent living. He had therefore resigned himself to a life of solitude and celibacy and had never considered that he was in fact gay.

As indicated previously, the majority of respondents in this study lived in cities. Representatives of voluntary organisations confirmed that there are very few lgbt organisations outwith the main cities and so lgbt people are much less likely to "come out", afraid of the response from their local community and of disrupting any connections that they may have with local organisations. One respondent from a rural community said that despite the fact that that he was perfectly comfortable and confident about his sexual identity, it often required considerable courage to "be himself" in public places. This necessity to suppress sexual identity means that such individuals may never have the opportunity to establish close relationships, physical or emotional.

4.3   Feeling safe

By far the most significant issue for all respondents was the need for a "safe space" – safe from homophobia, inappropriate language and, in some instances, physical violence. All expressed a real fear of coming out, and a need to be assured of protection from inappropriate and abusive behaviour. Individuals emphasised that they needed to be assured of an informed and supportive approach from organisations from the very first moment that they contacted a group. One individual emphasised that it could take months for someone to pluck up the courage to attend a group. If that first visit went wrong, then it could several months again before they could consider engaging with another group.

Whilst it was recognised that a growing number of voluntary organisations and community groups are investing in equality training and that, consequently, lgbt people with a disability can expect staff and volunteers to respond effectively to their needs, an equally serious concern is the behaviour of other participants. This issue was also identified by a representative of a large national organisation that now recruits, trains and supports staff in accordance with a comprehensive equality and diversity strategy. The organisation highlighted the difficulties of engaging service users in the equality agenda and, as a result, of integrating lgbt people into their mainstream activities.

Whilst, like all people with a physical disability, respondents had experienced physical access problems, particularly those who use wheelchairs or those with respiratory problems, the physical location of a building was less of an issue and more easily overcome. For everyone, the safety issue was in relation to human behaviour and was the main reason for seeking lgbt-specific groups. It was recognised, however, that people living in rural areas or in smaller towns were unlikely to find lgbt-specific organisations and so there remains a need to ensure that mainstream activities are lgbt-friendly.

When asked what might attract a person to a group, the answer was "evidence that the group is lgbt-friendly". As one individual said *"I need to see me in the publicity"*. The **LGBT Youth Charter of Rights** sets a benchmark for the mainstreaming of equal rights for LGBT young people. Through this scheme, LGBT Youth Scotland supports organisations which aim to:
- identify, adopt and promote good practice
- ensure that they are fulfilling their legislative obligations
- learn to challenge homophobia, and talk about issues facing LGBT young people in a non-threatening way
- diversify and improve the quality of their service
- set themselves apart as a centre of excellence in LGBT inclusion.

Registered organisations can achieve the **LGBT Youth Charter Mark** through training, partnership working and through the Charter Toolkit and online resource

bank.   On successful completion of the 10-step programme, organisations can display the Charter Mark symbol, providing reassurance to lgbt people.

4.4   Getting involved

All of the respondents expressed concerns about the lack of awareness and understanding of lgbt issues within both the voluntary and statutory sectors. People expressed the need for organisations to understand the effects of homophobia and the indirect discrimination that can result from this lack of knowledge. Individuals expressed the need for equality and diversity training for all staff and volunteers, and, where possible, other service users. One individual resented always having to be the "educator": *"It's essential that people educate themselves. Don't wait until someone turns up and then say "ok, I never thought about that". I always end up being the educator – and I don't want to do that".*

Many respondents, individual and voluntary sector, recognised also the urgent need for disability awareness training within the lgbt sector and recognised the value of cross-cutting work. All acknowledged that there are many different strands of discrimination and that everyone needs diversity training. There was significant support for the social model of disability which asserts that whilst individuals may be living with a wide range of medical conditions, it is the attitude and response of other people that are the causes of disability. Similarly, it was proposed by one respondent that *"…… there is no intrinsic reason why lgbt people should have problems – it's down to societal disapproval."*

Not surprisingly, however, voluntary organisations and community groups expressed concerns that comprehensive equality and diversity training requires significant resources. There is a high turnover of staff and volunteers within the voluntary sector – people move on and so it is difficult and expensive to maintain quality standards. It was suggested that funders could play an important role in building on good practice.

Respondents were asked about the type of activities that they wanted to access and the ways in which those activities might best be structured. There was strong support for opportunities to access one-to-one support, delivered by staff and volunteers who are aware of and understand lgbt/disability issues and are able to offer a friendly and appropriate response. There was also support for lgbt-specific groups, though, as indicated in 4.3, it was recognised that it is not always possible to maintain such specialist activities outwith densely populated areas.

It was noted by many respondents that individuals may seek support from different perspectives and will not necessarily reveal either their sexual identity or an invisible disability.   One voluntary organisation representative reported that lgbt people are not accessing mental health groups because they identify as lgbt in the first instance and are wary of the frequent assumption that their mental illness has been caused by their homosexuality or the fact that they are

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transgender. For the same reason, lgbt people who do engage with mental health groups may not reveal their sexual identity.

As mainstream voluntary organisations and community groups are generally governed, managed and run by heterosexual people, there is little recognition that individual participants within a group may in fact be different, that discussions about families and children may not be applicable to everyone, and that individuals who do not "fit" what is perceived to be the norm may feel isolated and unsupported. A typical example of this situation was described by an individual suffering from depression who had sought support from a local group providing support to women with mental health problems and had a good reputation. Group discussion focussed on family issues, parenting problems, and domestic violence at the hands of male partners. The individual was afraid to reveal the fact that she was a lesbian, that her problems were completely different, and left the group. In the words of one respondent:
"All my experience has been with heterosexually-oriented activities – and there's nothing in place to protect me."

The benefits of one-to-one support were highlighted at a recent Scottish Executive seminar on the provision of services for people with multiple and complex needs. Speakers highlighted the danger of adopting a service-oriented approach when designing services, leading to further isolation of individuals who are identified by service providers as being in certain categories such as people with a disability, lgbt people, and members of ethnic communities. Furthermore, it would be wrong to assume that "one size fits all" within the lgbt community, for within this community there are many differences. One speaker proposed that people's needs should be measured in terms of their *"breadth and depth"* as oppose to being slotted in to the "multiple and complex needs" category. It must be recognised that every individual is dealing with a different set of circumstances – and may not necessarily see themselves as falling into the category identified by the organisation. The key to the successful engagement of lgbt people with a disability would appear to be closely linked to a recruitment and training strategy for staff and volunteers that is founded upon a commitment to equality and diversity.

A number of individual respondents also added that, as well as seeking to participate in the activities of voluntary organisations and community groups, lgbt people with a disability may be interested in joining management committees. It was suggested that many of the issues described in the preceeding sections could be addressed more effectively by the involvement of lgbt people with a disability in the governance and management of organisations.

5.   Key Messages

As indicated in previous sections, lgbt people with a disability are faced with a complex range of prejudices and barriers, within mainstream organisations and amongst specialist groups. However, the evidence gathered, from the literature and from all of the respondents, would suggest that these prejudices and barriers stem from a fundamental lack of knowledge and understanding about issues that relate specifically to sexual orientation and disability and, in particular, a reluctance to talk about issues concerning sexual orientation. Whilst respondents did confirm that they had encountered the physical access barriers that affect many people with a disability, regardless of their sexual orientation, the most significant barriers were a lack of awareness, prejudice, and ignorance about lgbt and/or disability issues and, frequently, homophobia. Interviewees – individuals and voluntary sector representatives – acknowledged that there has been considerable progress towards widespread recognition that people with a disability should have equal rights. This situation has been further consolidated by the Disability Discrimination Act, even though there is a long way to go in terms of practice. However, all of the respondents expressed a great deal of concern that, despite recent developments regarding the rights of lgbt people, there is no such recognition that lgbt people have equal rights and a very long way to go in terms of changing the "hearts and minds" of communities throughout Scotland.

For all the individuals involved in this study, the key to being able to participate in a community group, regardless of their reasons for wanting to, was "a safe space". A "safe space" was described as one that offers acceptance, respect, and protection from inappropriate behaviour, language, and any form of violence. All respondents believed that, in order to establish that "safe space", an organisation must be founded upon a commitment to equality and diversity – and must evidence that commitment through its publicity material, the behaviour of staff and volunteers, and clear ground rules that determine the way in which activities are organised and run. Furthermore, having established that understanding of and commitment to equality issues, organisations are much more likely to offer appropriate opportunities for the engagement of lgbt people with a disability, either in the activities that they provide, or in relation to governance, employment, and volunteering.

It would appear, therefore, that in order that lgbt people with a disability can participate more fully in the activities of voluntary organisations and community groups, there is a requirement for organisations to:

- raise awareness and understanding of equality issues, in particular those issues relating to sexual orientation;
- establish a culture of acceptance and tolerance, to be embraced by staff, volunteers, and participants;

- provide a range of activities and opportunities that meet the needs of individuals;

and in order to do so, they must

- invest in high quality, cross-cutting equality and diversity training and support for staff and volunteers (including management committee and board members);
- demonstrate clearly to would-be participants their commitment to equality and diversity through the adoption of an appropriate equality framework, and regular equality impact assessments.

Furthermore, in order for these changes to happen, there must also be:

- strong leadership by the Scottish Executive, the Scottish Parliament, and funding agencies against homophobic and transphobic attitudes, prejudice, and discrimination;
- on-going commitment to and support for the implementation of the Disability Discrimination Act by all of these agencies;

and, significantly,

- adequate, long-term funding to support equality and diversity training and development within the voluntary and community sectors in Scotland;
- adequate funding to support the implementation of the DDA by voluntary organizations and community groups.

6. Good Practice

In the course of this research, individual respondents identified a number of examples of good practice that support the engagement of lgbt people with a disability. These examples are:

Rainbow Hands
This group, operating within the Glasgow LGBT Centre, provides an opportunity for lgbt people and deaf people to work together, primarily in order that lgbt people can learn British Sign Language, whilst at the same time encouraging a shared understanding of the each other's issues and problems.

The Richmond Fellowship
This organisation, providing supported accommodation to people suffering from long-term mental health problems, has invested significantly in an equality and diversity training programme, delivered by specialists, for all staff and volunteers

and has tailored its recruitment and selection process to ensure that would-be staff and volunteers are committed to equality of opportunity.

LGBT Youth Dumfries and Galloway
This organisation is working closely with Dumfries & Galloway Council's Youth Enquiry Service to encourage participation in each agency's activities and services by both lgbt and heterosexual young people, thereby improving access to information, support, and advice whilst at the same time supporting understanding and tolerance within the local community.

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Appendix 1

Questionnaire

It was originally intended that the questionnaire, available in a range of alternative formats, would be the "starting point" of the project, informing the following stages of the study by identifying issues for further examination together with examples of good practice, and by providing a body of people willing to take part in interviews and focus groups. The questionnaire was designed in consultation with representatives of the Equality Network and was piloted with six independent lgbt/disabled people. It was accessible on-line, in Braille, large print, and audio tape. Individuals could also complete the questionnaire by telephone, with the support of FSB Enterprises , a social firm that supports organisations seeking to provide accessible information and services.   Links to the questionnaire were forwarded to over 300 voluntary organisations and statutory agencies, requesting their assistance in bringing it to the attention of service users. At the same time, in order to reach individuals not currently participating in voluntary organisations and community groups, nor using health or social care services, advertisements were placed in three local newspapers – the Aberdeen Press and Journal, the Dumfrles and Galloway Standard, and the Hamilton Advertiser, as well as SCVO's Third Force News.

Responses to the questionnaire were disappointingly low - only 11 people completed the document fully. Incomplete questionnaires were not included from the database as it was not clear why they had not been completed. It was agreed, therefore, that information gathered from the questionnaires would provide background information and that one-to-one interviews would form the main element of the study. This low response is similar to that received by similar surveys and serves to highlight the difficulties in reaching this particular community.