The Rainbow Ripples Report

Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds

by Rainbow Ripples and
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HOW TO READ THIS REPORT

Rainbow Ripples would like to point out that we have made every effort to make this report as accessible as possible. The report has been written in clear and jargon free English. Alternative formats of the report - including large print, pdf and word files (on the Rainbow Ripples website), audio tape and BSL DVDs of the 'executive summary' and 'lessons to learn: recommendations for service providers' sections, and an easy read version of the 'executive summary' - are available. Please see the contact details on the back cover of this report for further details.

To get the most out of the report, we recommend that you read section 5 on the 'unique experiences of LGB disabled people' before sections 6 and 7 on the current nature of service provision in Leeds and LGB disabled people's experiences of it. This section makes clear the particular needs and experiences of LGB disabled people, as opposed to heterosexual disabled and non-disabled LGB people in general.

Two further features of the report which we would like to draw attention to are, 1) the signalling of issues unique to the experiences of lesbian, gay and bisexual disabled people, and 2) the nature of the presentation of statistical information.

★ The contents pages should help you find your way around the report quickly. If you wish to focus on the points of specific significance to lesbian, gay and bisexual disabled people, rather than lesbian, gay and bisexual or disabled people more generally, please look for the star symbol in the margins as shown opposite this paragraph. These signify such points throughout the analysis sections.

We recognise that graphs are easier to interpret than tables for those whose first language is not English. However, we equally recognise that graphs can be hard to describe for people with visual impairments and those who use screen readers. For this reason all the statistical information in the report is given in both table and graph form. An ability to read only one or the other will not disadvantage your understanding of the report.

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ACKNOWLEDGEMENTS

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1. EXECUTIVE SUMMARY

Context of this research

- Previous research into the experiences of lesbian, gay and bisexual (LGB) disabled people have concentrated either on a very narrow range of experiences, particularly in relation to their sexuality and sexual orientation, or on people with a particular type of impairment.
- This is the first study to look in detail at a wide range of disabled people's experiences of a wide range of services.
- Twelve service areas are considered, using a Social Model of Disability approach. These are education and training, employment, housing, transport, technical aids and equipment, personal assistance, advocacy, counselling, health, leisure, community and social life, safety, harassment and discrimination.

The aims of the project

- To gain an understanding of the needs and hopes of LGB disabled people in Leeds.
- To assess current service provision from statutory and voluntary agencies, and private businesses for LGB disabled people in Leeds.
- To gain an understanding of what constitutes good practice.
- To inform service providers of LGB disabled people's needs and how they can best meet them.
- To raise the profile of LGB disabled people and the barriers they experience.

Methodology

- This research was planned and co-ordinated by Rainbow Ripples, a group of lesbian, gay and bisexual disabled people in Leeds.
- The research involved: i) 20 interviews with LGB disabled people who live, work and/or spend leisure time in Leeds; ii) 5 interviews with key service providers; and iii) a questionnaire survey of 437 service providers in Leeds (60 questionnaires were returned). It should be noted that

questionnaires were sent to a mixture of community, commercial, statutory and voluntary organisations working in a wide range of service areas.

The unique experiences of lesbian, gay and bisexual disabled people

- There are few services which specifically consider LGB disabled people.
- There are problems of homophobia in services particularly aimed at/developed for disabled people.
- There are problems of disablism in services particularly aimed at/developed for LGB people.
- There are interrelated misconceptions about disabled and LGB people which impact on service provision.
- LGB disabled people sometimes have to deal with homophobia and disablism at the same time. The combination of the two can make their overall experience more than twice as bad as either experience on its own.
- LGB disabled people have their own culture and have sometimes responded creatively to the discrimination they face and gained personal strength, confidence and determination from their experiences.

The current state of service provision

- Many services remain inaccessible to many LGB disabled people.
- Organisations have tended to focus on improving services for people with particular impairments, rather than the full range.
- There is little information to tell service users if an organisation and its staff are LGB friendly.
- Few organisations monitor sexual orientation in employment or service provision and often monitoring in relation to disability is not carried out in a way which provides useful information to improve services.

Lessons to learn from LGB disabled people’s experiences of services in Leeds - key recommendations for service providers

This report contains a wide range of recommendations for government as well as particular service providers. Some relate to the needs of both LGB and heterosexual disabled people, and some to the needs of all LGB people. In this executive summary we focus in particular, though not exclusively, on those which specifically effect people who are both LGB and disabled.

General Policies

- When introducing equality and diversity policies there must be an awareness that people often fit into more than one social category and that all their needs must be met. To this end there is a need for service providers working in different areas to communicate better with one another.
- People working with disabled people should have LGB equality training and vice versa. They should not assume someone is heterosexual or non-disabled if they do not know.
- There is a need for research into the potential introduction of a charter mark scheme for services to indicate to clients how LGB and disabled friendly they are to LGB people and to disabled people. A directory of LGB and disabled people friendly services is desirable.
- Monitoring and evaluation of service provision, in relation to disability and sexual orientation needs to be strengthened.
- The specific implications of new legislation, and changes in the benefits system, for LGB disabled people need to be considered by policy makers. For example, the vastly differing transport costs faced by different disabled people are not reflected in the standardised Disability Living Allowance mobility payments. The impact of changes to welfare benefits due to Civil Partnerships legislation on the income of LGB disabled people is as yet unclear.

Education

- Everyone needs access to good quality education on sex and relationships, including lesbian and gay issues. In particular, young disabled people need the same access to this as their non-disabled peers.
- The value of the internet as an informal source of learning for many LGB disabled people needs to be acknowledged. It reflects their needs for flexible and distance teaching

methods. Service providers should considering developing such educational sites further for information and discussion.

Employment

- In large organisations it may be possible to have a specifically LGB disabled employees support group. These groups could provide 3 roles; support for workers, feedback to management on issues of concern and a consultation route for management on new developments, and policies.
- Self employment was a popular option for many LGB disabled people. Agencies supporting self employment need to look at their marketing and services to LGB disabled people.

Housing

- Increased accessible housing needs to be available in LGB friendly areas. Housing providers need to accept LGB people's wishes in relation to safety and location as a valid factor in priority for re-housing and in making appropriate offers of housing.
- The Commission for Social Care Inspection (CSCI) should specifically look at the practice of care homes in relation to freedom of expression and support for LGB service users.
- There needs to be more investigation into alternative forms of housing to meet the needs of LGB disabled people, such as co-housing.

Transport

- There is a need for door to door services, such as taxis and dial-a-ride schemes, which some disabled people have to rely upon, to indicate if they are LGB friendly.

Technical Aids and Equipment

- There should be more outlets available for advice and ordering of technical aids and equipment, including service providers that are specifically LGB friendly.
- The internet is a vital link to the LGB community for many LGB disabled people and this should be reflected in assessments for equipment.

Personal Assistance

- The mandatory training of all social care staff, through NVQs should include training on LGB equality and disability equality issues, alongside other equality issues.
- Preventing homophobia in social care provision should be an integral part of the independent inspection processes by the Commission for Social Care Inspection (CSCI) and the contract monitoring of Social Services Departments.
- Providing a “culturally competent” service to LGB disabled people includes recognising the need for interaction with LGB communities.
- Services which give more control to the LGB disabled person can often offer them increased flexibility in how they choose to meet their needs. Services such as a “brokerage scheme” as an alternative to Direct Payments and a “Personal Assistants Bank”, including PAs that are LGB friendly should be investigated further.

Health and Counselling

- There is some evidence that high percentages of LGB disabled people use counselling services. Counsellors should be aware of this and have suitable training in LGB and disability equality issues, including the impact of multiple discrimination on people’s well-being.
- The common assumption that mental health problems and/or mental distress are the result of a person’s sexual orientation needs to be challenged.
- Counselling services should consider the training of staff in BSL and other communication skills as the need for a third party to sit in on personal and emotional discussions can be damaging to the experience.
- Health services as a whole need more specific consultation and involvement work with LGB people to root out homophobia in service provision.

Advocacy

- Advocacy services for both LGB and disabled people need to increase in Leeds; as part of this there needs to be more discussion between advocacy organisations and LGB disabled people about advocacy needs, in order to develop the best model of advocacy for LGB disabled people in Leeds.

Leisure

- Personal assistants, key workers, social workers and others can play a key role in assisting people in accessing the leisure activities they would like. Such people therefore need to be aware of LGB venues and groups.

Community/Social Life

- The potential of some form of peer support network/project for LGB disabled people should be investigated. This would enable LGB disabled people to share information and develop their capacity to increase their social circles.
- The commercial "lesbian and gay scene" should be encouraged to improve its access to disabled people, this includes less obvious barriers such as lighting and noise levels, and social barriers created by the body beautiful image.
- Community education around equality issues, particularly attitudes such as disablism and racism needs to take place and the LGB commercial scene needs to take some of this agenda on.
- There needs to be an LGB-friendly non-commercial venue in Leeds city centre, with good physical access, to enable LGB community organisations and groups to improve their access to disabled people.
- Organisations and groups planning community activities should take into consideration the extra costs that disabled people often have to meet in attending such events (e.g. accessible transport, BSL interpretation and personal assistance). Assistance with such costs should be offered where ever possible.
- Organisations of or for disabled people need to be more pro-active in promoting LGB equality issues through; staff training, use of equality policies, specific information which makes LGB people welcome and specific activities for LGB disabled people, where requested.

Safety, harassment and discrimination -

- Information on homophobic and disablist crime should be made available in a number of formats, to encourage LGB disabled people to report hate crime.

- Police and other services need to ensure that crime such as verbal abuse is taken seriously and that it is not regarded as "low-level" anti social behaviour, because of the impact it has on the mental health and freedom of LGB disabled people.
- Independent reporting centres need to understand both homophobic and disablist hate crime in order to provide an alternative monitoring method to reporting to the police.

User controlled services

- In addition to self employment (see above) many LGB disabled people expressed an interest in user-controlled services as a way of obtaining culturally appropriate and non discriminatory services.

Conclusions

In this executive summary we have drawn attention to some of the key issues for service providers when considering their LGB disabled service users, customers and employees. There are an estimated 500,000 LGB disabled people living in Britain today and all service providers need to cater for their needs. The illustrations of the nature of discrimination and exclusion that these people have to face on a daily basis will be familiar to many, and should push service providers into action. Both practical access issues and the attitudinal barriers of service providers need to be challenged in order to improve services. Further research needs to be conducted in 3 years time to see if improvements have been made. Rainbow Ripples will continue to work in this area.

2. THE CONTEXT OF THE RESEARCH

The human body comes in an infinite array of shapes and sizes. For some, their physical and/or mental difference from a perceived norm means that they find themselves disabled by a social structure which takes little or no account of their needs. What is more, each of them belongs to any number of other social categories according to their age, race, ethnicity, class, gender, and sexual orientation, amongst other factors. These different aspects of people's lives cannot be treated as though they do not interact with and impact upon one another.

Diversity within the population of disabled people, and society more generally, have been common themes of research over the last ten years (see for example; O'Toole 1996, Vernon 1999, Molloy et al 2003). Despite this there has been relatively little research on Lesbian, Gay and Bisexual (LGB) disabled people as a cross-cultural community (notable exceptions include Shakespeare et al 1996, Shakespeare 1999, Tremain 1996, O'Toole 2000, Guter and Killacky 2004, Abbott and Howarth 2005). This is despite the fact that there are an estimated half a million such people currently living in the United Kingdom (REGARD 2004).

Research into the experiences and lifestyles of LGB disabled people is not only limited in terms of the number of studies completed, however. It is also restricted in the subject matter it covers, both in terms of the aspects of these people's lives that it addresses, and the range of impairments that studies have chosen to focus upon. This opening section firstly considers the findings of past research, its value and its shortfalls, noting the gaps which this research aims to fill. It next points to the current policy context in which this research is being conducted, before finally, the structure of this report is outlined.

2.1. Past research: its value and shortfalls

Past research on the experiences of LGB disabled people has generally been conducted by people working in disability studies. Projects have often, though not exclusively, focused on specific types of impairment. For example, the Deaf gay community has received particular attention (see for example Zakarewsky 1979).

Other studies have concentrated on people with learning difficulties (see for example Abbott and Howarth 2005) and Mental Health Service Users (see for example Boysen et al 2006). Studies covering a wide range of impairments have arguably been less common (examples include Shakespeare et al 1996 and Gillespie-Sells et al 1998). This is something which this research seeks to address. Some studies have focussed on particular age groups. For example, Gay and Grey's (2006) report focuses particularly on older people.

Past research has also concentrated particularly upon LGB disabled people's experiences of and expressions of their sexualities, of which sexual orientation is an important element. Research has sought to breakdown the stereotypical ideas that disabled people are 'asexual' and undesirable (Greengross 1976, Shakespeare et al 1996). It has shed light on the fact that LGB disabled people are, in many ways, often denied the right and opportunity to develop personal relationships (REGARD 2004). Disabled people 'have sex too' as Norman (1996) puts it.

Issues which have been raised by a number of authors (see for example Shakespeare et al 1996, Gillespie-Sells et al 1998, Abbott and Howarth 2005) in relation to LGB disabled people have included:

- The nature of their sexual identities.
- The lack of sex education they receive.
- Their sexual function.
- Their opportunities to meet potential partners.
- Their parenting rights.
- Their awareness of matters of sexual health.
- Their coming out stories.
- Their experiences of discrimination in the lesbian and gay and/ or disabled people's communities.
- The lack of LGB disabled people as role models.
- The impact of their culture and/or religion on their sexual expression.

These issues are clearly of significance and worthy of ongoing research, as a person's sexuality, including their sexual orientation, is considered by many people to be a key component of their personal identity (Molloy et al 2003). Disabled people should not be denied that identity by disablist social opinions of them as undesirable and sexually inadequate.

> ‛For many men [and women, however] sexual identity is not the central feature of their lives [...] we might pursue the idea of a sexual identity as one element of a man's [or woman’s] life vying for space and energy with other aspects.’
>
> (Davis, 1992: 77)

Disability can also be an important part of who someone considers them self to be. As with sexual identity, however, their impairment or disability is not necessarily seen as the most important aspect of their life or their personal identity. The importance of one or another element of a person’s identity may vary at different times and in different places, depending on what they are doing or who they are with, amongst other factors.

At times more than one aspect of a person’s character will both impact on their experience of a situation simultaneously. For example an individual may find they have to deal with both homophobic and disablist attitudes to them when applying for a job, or joining a dating agency. Whilst some LGB disabled people do believe they face ‛multiple disadvantages’ the phrase has also been criticised for inferring a helpless, particularly gloomy situation which not all LGB disabled people feel is true of their lives, at least not on a regular basis (Morris 1993).

Different elements of a person’s identity can interact with one another in positive, as well as negative, ways. In some instances, for example, some people have found that being a disabled person has made it harder for family and friends, as well as wider society, to accept that they are also LGB. For others, choosing to ‛come out’ as a member of a second minority group is made easier by their previous positive experiences of acceptance (Shakespeare et al 1996).

It must also be noted that a person’s sexual orientation does not just have implications for their sexual experiences, expression of their sexual identity, parental rights and the other issues listed above, which past research with LGB disabled people has concentrated on. Lesbian and gay studies have acknowledged that being lesbian, gay or bisexual impacts not only on a person's sexual relationships, social and private lives, but on all aspects of their lives (Richardson and Seidman 2002). Discrimination can impact upon their work relations, their educational experiences, their economic circumstances, their housing choices and much more (Richardson and Seidman 2002).

LGB Disabled people have been found to experience greater levels of discrimination and prejudice than heterosexual disabled people in all areas of their lives (Molloy et al 2003). Shakespeare et al (1996: 167) note of LGB disabled people that 'there are […] some experiences and issues relating to impairment and disability which heterosexual people do not encounter in the same way'. Three such issues which they discuss are personal assistance, medical services and housing services.

This research project arguably looks at a broader range of issues and life experiences than any past study on LGB disabled people's experiences. It looks at the current nature of service provision for LGB disabled people, interpreting 'service provision' in its broadest possible sense. Twelve areas of provision, and hence LGB disabled people's lives, are explored - education/training; employment; housing; transport; technical aids and equipment; personal assistance; advocacy; counselling; Health; Leisure; community and social life; and safety, harassment and discrimination. This will be discussed further in section 4 where the research methodology is outlined.

The limited focus of past research on LGB disabled people's experiences and the need to explore their lives in a broader and deeper manner is clear. To do so, however, it is firstly necessary to understand the policy context in which service providers must currently operate.

2.2. The current policy context

> 'Services provided for disabled people were criticised for not recognising the diversity of disabled people.'
>
> (Molloy et al 2003)

> ‘Systematically and rigorously finding out what people want and need from their services is a fundamental duty of both the commissioners and the providers of services. It is particularly important to reach out to those whose needs are greatest, but whose voices are often least heard.’
>
> (Department of Health 2006a: 157)

The acknowledgements, in these government reports, of the need for better informed service provision, to all members of society, makes clear the need for research in the area of LGB disabled people’s experiences and requirements of services. Only through exploring the current experiences, needs and desires of service users can commissioners and providers understand what is needed of them, understand how and who they are currently failing, and how they can improve their performance.

Providers of services for disabled people have too often considered service users as, ‘the disabled’, a population whose members seemingly lack any individuality. Their different ethnicities, ages, genders, classes or sexual orientations, as well as their impairments, have too often been overlooked (Molloy et al 2003). To consider them as sexual beings, with a range of sexual orientations - heterosexual, lesbian, gay, or bisexual - has been something service providers have been slow to do.

It cannot be denied that disability and LGB issues have had increased political attention in recent years. Various legislative changes have included;

- The Disability Discrimination Acts 1995 and 2005.
- The lifting of the ban on lesbians and gay men in the armed forces in 1999.
- The Sexual Offences Act 2001 (resulting in the equalisation of the age of consent for people of different sexual orientations).
- Special Educational Needs and Disability Act 2001.
- The repeal of Section 28, of the Local Government Act 1988, in 2003, which forbid the promotion of homosexuality by local authorities.

- The Equality Act 2006.

At a more local level, councils and other service providers are finding themselves under increased pressure to consider the needs of a growing range of minority groups, and progress does appear to be being made. Leeds City Council's 1997 Policy Document on 'Disabled People and Sexuality', for example, does claim to acknowledge the range of disabled people's sexual orientations.

There is however, justified scepticism as to whether grand words are carried through in actual practice. There has, for example, been an increasing call for the voice of service users to be heard in increasing numbers of consultation exercises (e.g. 'A stronger local voice: A framework for creating a stronger local voice in the development of health and social care services' was conducted by the Department of Health in 2006b). However, many of these exercises are considered tokenistic, with very short deadlines and limited information in accessible formats for genuine consultation. Are the motives for the exercises genuine desires to change? Are the comments raised by service users effectively and actively taken on board?

One of the key developments at a national and local level is the move towards more broad equality and diversity policies, and away from specific, separate policies on different minority issues, including race, ethnicity, disability, sexual orientation, gender and age.

In the Queen's speech at the state opening of parliament on 23rd November 2004, the government announced 'plans to create a single Commission for Equality and Human Rights. The new agency will be formed from the merger of the Commission for Racial Equality, the Equal Opportunities Commission and the Disability Rights Commission.' (Weaver 2004). The Government published a White Paper concerning the proposed Commission for Equality and Human Rights (CEHR) on 12 May 2004. The CEHR's task is 'to be a 'champion' for diversity by using a range of experts from different backgrounds to make policy making more inclusive' (Callaghan 2004). It is to promote diversity. However, there are as yet unanswered questions as to whether such moves will be beneficial or dangerous to the communities it seeks to assist.

On the one hand, the CEHR and more local moves towards single diversity and equality policies, committees, departments and action plans, (e.g. within West Yorkshire Police and Leeds City Council) could ensure communication between experts on different groups. They could lead to increased recognition that different social groups overlap with one another, and that they cannot be considered in isolation from one another, if all members of society and their varying needs are to be met.

On the other hand, however, if the result of such moves are large organisations consisting of staff with general knowledge of many issues, but detailed understandings of none, people could be left struggling to gain the precise information they need relative to their particular circumstances. Is the move from several to one rights commission simply a money saving exercise? The costs of service provision and the need to limit who has access to them, and on what grounds, is a constant headache for statutory, voluntary and community organisations alike.

This research does not aim to name and shame service providers who fail to meet LGB disabled people's needs, but far more constructively aims to assess the nature of current service provision. It aims to draw attention to current shortfalls in provision; suggest how they can effectively be met; identify some of the barriers to services for LGB disabled people; identify the barriers preventing service providers from delivering effective services; and point out examples of good practice.

2.3. The structure of this report

Having outlined the social and policy context within which this research was conducted, section 3 makes clear the projects specific aims. In section 4 the methodology used is outlined. This includes explanations of the collaborative and emancipatory approach taken to the research; the scope of the project in terms of its definitions of services and LGB disabled people; the nature of the terminology used; the nature of the fieldwork – questionnaire and interviews; how the data has been analysed; and how the research findings will be disseminated.

Drawing on the data gathered, sections 5, 6 and 7 critically analyse the nature of service provision for LGB disabled people in Leeds. Firstly, in section 5 the unique experiences of LGB disabled people, as opposed to non-disabled LGB and heterosexual disabled people are discussed. The general ways in which belonging to both social categories interact in experiences of discrimination and exclusion are outlined. However, the fact that processes of disablism and homophobia can, and do, work independently of one another is also acknowledged.

In section 6 and 7 the specific experiences of service users and service providers, as recorded in the fieldwork, are explored in more depth. Section 6 explores the current attitudes of service providers in general, towards the state of service provision and where they believe there is need for change. It considers the controls and restrictions they feel are placed upon them in their attempts to do so at both national and local levels. Building on this general picture in section 7, the specific issues raised by interviewees (both LGB disabled people and service providers) in relation to the twelve different areas of service provision covered by the research, as stated above, are discussed in turn.

Finally, drawing on the research findings outlined in sections 5, 6 and 7, section 8 considers what lessons can be learnt both by local, individual service providers, and by Government, the NHS, and other national institutions. A large number of practical recommendations are made for change in general and according to service area.

3. THE AIMS OF THE RESEARCH

The relatively limited research to date on the experiences of Lesbian, Gay and Bisexual (LGB) disabled people has been outlined in the last section of this report. The lack of information was a factor in deciding the overall aims of this research.

- To gain an understanding of the needs and aspirations of LGB Disabled People in Leeds.
- To assess current service provision from statutory, and voluntary agencies, and private businesses for LGB Disabled People in Leeds.
- To gain an understanding of what constitutes good practice.
- To inform service providers of LGB Disabled People's needs and how they can best meet them.
- To create training materials on the issues raised for courses on health and social care.
- To communicate the results of the research widely with all interested parties.
- To raise the profile of LGB disabled people and the barriers they experience.

The methodology used to meet these aims will now be outlined.

4. METHODOLOGY

In order to meet the aims of the project, three phases of research were undertaken. These were:

i. in-depth interviews with Lesbian, Gay and Bisexual (LGB) disabled people,
ii. interviews with key service providers, and
iii. a questionnaire survey of a broad range of service providers.

The details of each of these will be discussed in turn, but it is firstly necessary to outline the research philosophy, including both the ethics and political values which underpinned the research, and the terminology used.

4.1. An ethical approach to research

In past years research has been seen as part of the problem rather than a solution to the discrimination facing disabled people (Zarb 1992). Research from a medical model perspective studied disabled people as objects of interest. It often failed to work collaboratively with them, listen to them, and/or raise their voices for others to hear. In this way, it has been suggested that:

> 'Disabled people [as well as members of other socially excluded groups] have come to see research as a violation of their experience, as irrelevant to their needs and as failing to improve their material circumstances and quality of life.'
>
> (Oliver 1992: 105)

In contrast, it is necessary to stress that this research was conducted under the philosophy of the social model of disability. As stated on Leeds Involvement Project's (2006) website:

> 'The phrase [the social model] comes from work done by the Disabled People's Movement. Put simply it is society which disables people rather than their medical condition or impairment.

> The social model looks at the barriers and discrimination that disabled people experience in society. The way society views and treats disabled people. The barriers that stop disabled people from taking part on an equal basis with non-disabled people. Things like poor physical access to buildings, poor attitudes and perceptions of disabled people which lead to discrimination. If things like this were changed then people, whatever their impairment would be able to take part.'

In this context the importance of LGB disabled people taking part in the research process, drawing attention to the attitudes and perceptions of others towards LGB disabled people through their own first hand experiences is clear.

This research project, from its outset, and in line with its aims, has followed the now widely accepted philosophy of collaboration and emancipation (Barnes and Mercer 1997). In short the ideals that research should be with or for, rather than about research subjects (McDowell 1992).

Rainbow Ripples, Leeds Lesbian, Gay and Bisexual Disabled People's Group, were collectively responsible for the research project from its outset. Driven by their own experiences, frustrations and desires for change, they prepared the grant application, and successfully gained funding from Comic Relief. Whilst recruiting an LGB disabled researcher from the University of Hull to conduct the research, they have remained in control of the research, acting as its steering group throughout its progress. They have been involved in the design of the fieldwork tools, the analysis of the data and the writing of the resulting reports and training materials. The project has, in this sense been inspired by, involved and aimed to assist LGB disabled people from its conception.

The research's design and its methodology was passed through the University of Hull's internal ethics committees, and was conducted in accordance with the current 'Statement of Ethical Practice for the British Sociological Association' (British Sociological Association 2002).

It is important to stress that reciprocity was agreed as being vital to the study. This means giving something back to the people that have been involved. In practical terms, as will be explained below, this included the provision of information sheets for LGB disabled participants (see Appendix A), payment of a small fee to LGB disabled people who were interviewed, and the wide distribution of the research findings.

Working within these broad philosophical stand points the project, like any piece of research was limited by the constraints of time and money. The more precise scope of the study and the importance of the terminology used will now be explained.

4.2. Research scope and terminology

In order to meet the research aims, and at least partially fill the gap in current literature, it was agreed that the scope of the project, in terms of the range of impairments and services to be considered would be as wide as possible.

The term 'disabled person' was taken to mean anyone who finds them self discriminated against in society because of mental distress, physical or sensory impairment or learning difficulty, or because they are a Deaf person.

Through this broad definition the aim was not only to attract participants with a broad range of impairments, but also to ensure that the inclusion of the views of individuals who did not necessarily identify as being 'disabled people'. Nevertheless, these people are disabled by society under the definitions of the social model of disability and were included in the study. For example, a Deaf person may well not consider themselves to be disabled; they consider themselves to be part of a cultural minority (Butler et al 2001).

Service provision was also interpreted in its broadest sense. The Southampton Centre for Independent Living (CIL) (2006) suggests that there are:

> 'twelve basic needs which, if met, would enable them [disabled people] to fully participate in society.'

They go on to list these needs as:

- Full ***Access*** to our environment.
- A fully accessible ***Transport*** system.
- ***Technical Aids - Equipment***.
- Accessible/adapted ***Housing.***
- ***Personal Assistance.***
- Inclusive ***Education*** and ***Training.***
- An adequate ***Income.***
- Equal opportunities for ***Employment.***
- Appropriate and accessible ***Information.***
- ***Advocacy*** (towards self-advocacy).
- ***Counselling.***
- ***Appropriate and Accessible Heath Care Provision.***

The Rainbow Ripples steering group adapted this list to identify their own twelve areas of service provision, which would be considered in the research. These revised areas also included major concerns of LGB communities, such as community and safety issues. The revised list was:

- Education and Training
- Transport
- Technical Aids and Equipment
- Housing
- Personal Assistance
- Employment
- Advocacy (advice and support)
- Counselling
- Health Care
- Community and Social Life
- Leisure
- Safety, Harassment and Discrimination

In addition it was agreed that 'access', 'income' and 'information' impacted upon all areas of service provision and should be acknowledged as general influencing factors throughout the research.

The final core definition to the research was that of LGB, which was taken to mean anyone who is Lesbian, Gay or Bisexual or is questioning their sexual orientation. However, in addition to the core definitions of disabled people, services, and LGB a range of other terms needed to be clarified.

There is an ongoing debate as to whether language influences people's perceptions, but many believe that words and language are tools for social change. Language is a 'public affirmation of values' (Cameron 1994: 26). How an individual addresses you publicly is more important than their private thoughts. Different words have different meanings attached to them by different groups of people. The terms 'disabled' and 'Gay', for example, can be taken as positive terms which members of the disabled and Gay community take pride in. They can, however, also be taken as negative terms, interpreted by the media and some members of the general public, at times, as labels for weak, dependent, and unacceptable individuals respectively.

The steering committee, agreed upon a list of preferred terminology to be used throughout the study, and have clarified the meanings of them as they wish them to be read in this report. Please see Appendix B for further details.

With limited resources, with a fixed budget and time schedule, it was agreed that the main limiting factor in the research would be the geographical area covered, with interviewees and questionnaire recipients being drawn only from those living and/or spending a significant amount of their time within the boundaries of Leeds City Council.

As stated above fieldwork for the research consisted of three elements, each of which will now be outlined in more detail.

4.3. Interviews with Lesbian, Gay and Bisexual (LGB) disabled people

Phase one of the research involved the interviewing of LGB disabled People. The aim of this was to gain an in-depth understanding of the needs and aspirations of LGB disabled People in Leeds, as laid down in the research's overall aims. Through their experiences, both positive and negative, a clearer understanding of the state of current service provision, as the client/customer sees it, could also be gained.

A publicity leaflet (see Appendix C) was distributed across the city in a wide range of locations from day centres to GP's surgeries, bookshops to churches. From these, word of mouth, and brief articles about the project in local LGB publications, 20 LGB disabled people were recruited and interviewed. Equal opportunities monitoring forms (see Appendix D) were used to record the social and economic backgrounds of the participants. Every effort was made to gain input from as wide a range of the LGB disabled community as possible. Gaining the confidence of people to come forward and participate took longer than was originally anticipated.

Of the 20 participants 8 were men and 12 were women (see Table 4.a. and Figure 4.a.). Their ages ranged from 27 to 58. 6 identified as 'Gay', 11 as 'Lesbian', and 3 as 'Bisexual' (See Table 4.a. and Figure 4.b.).

Table 4.a. The gender and sexual orientation of the 20 LGB disabled interviewees.

	Male	Female	Total
Gay	6	-	6
Lesbian	-	11	11
Bisexual	2	1	3
Total	8	12	20

Figure 4.a. Bar chart of the gender of the LGB disabled interviewees.

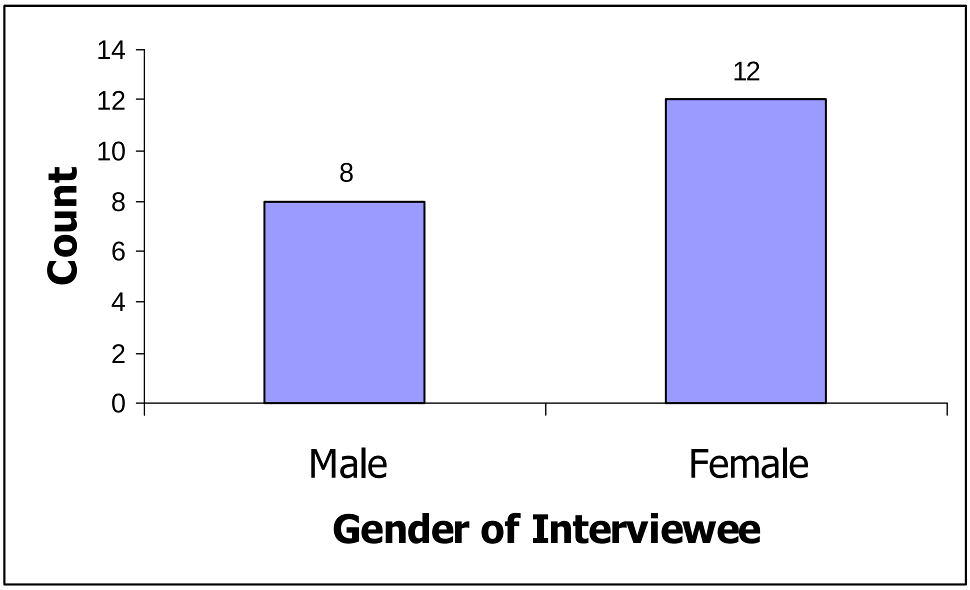
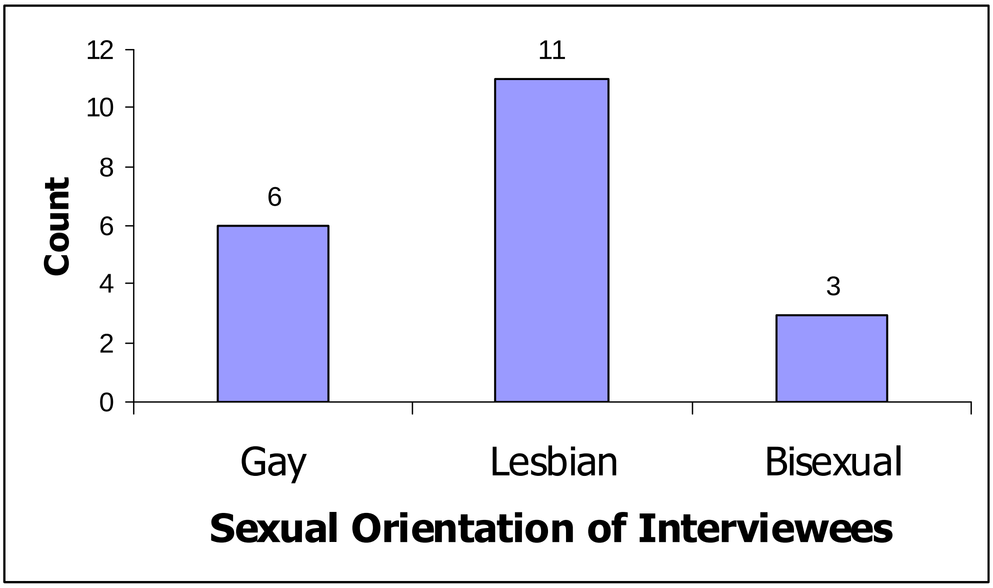


Figure 4.b. Bar chart of the sexual orientation of the LGB disabled interviewees.



5 of the 20 had a major responsibility for care of a relation or friend (including children).

13 were white British. Individuals were recruited from the Irish Traveller, Black African, White African, White Australian, White Welsh, and White Irish communities. 1 participant chose not to declare their ethnicity (see Figure 4.c. and Table 4.b.). Although

some people from other Black and minority ethnic communities made contact with the project, they decided not to participate in interviews, along with some other White British people who also decided not to be interviewed.

Figure 4.c. Bar chart of the ethnic origin of the LGB disabled interviewees.

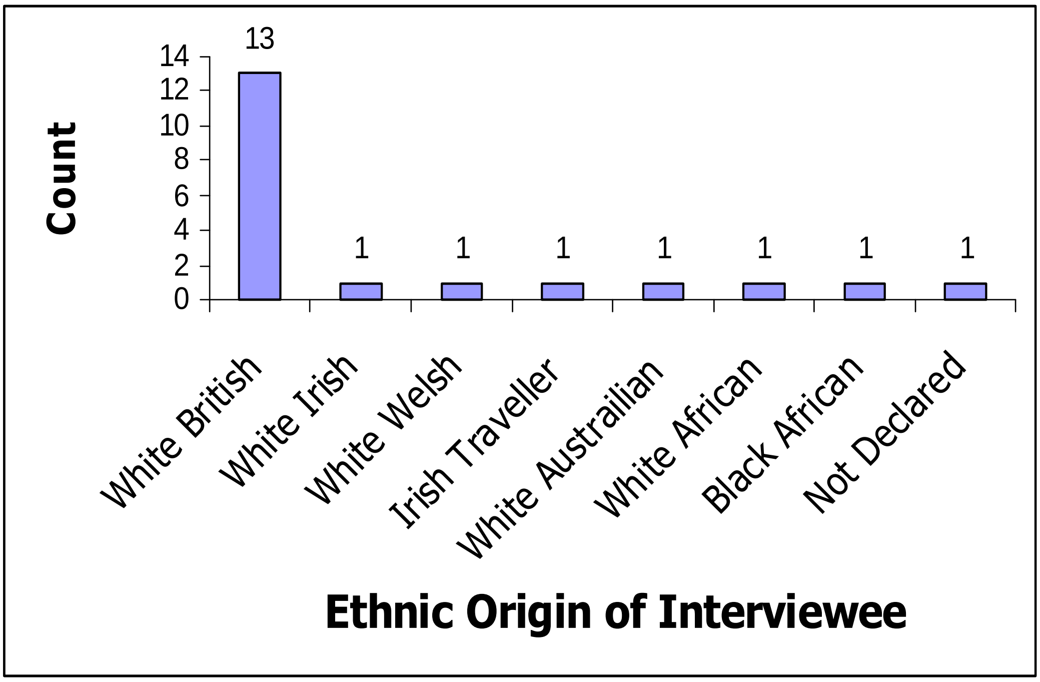


Table 4.b. Ethnic origins of the 20 LGB disabled interviewees.

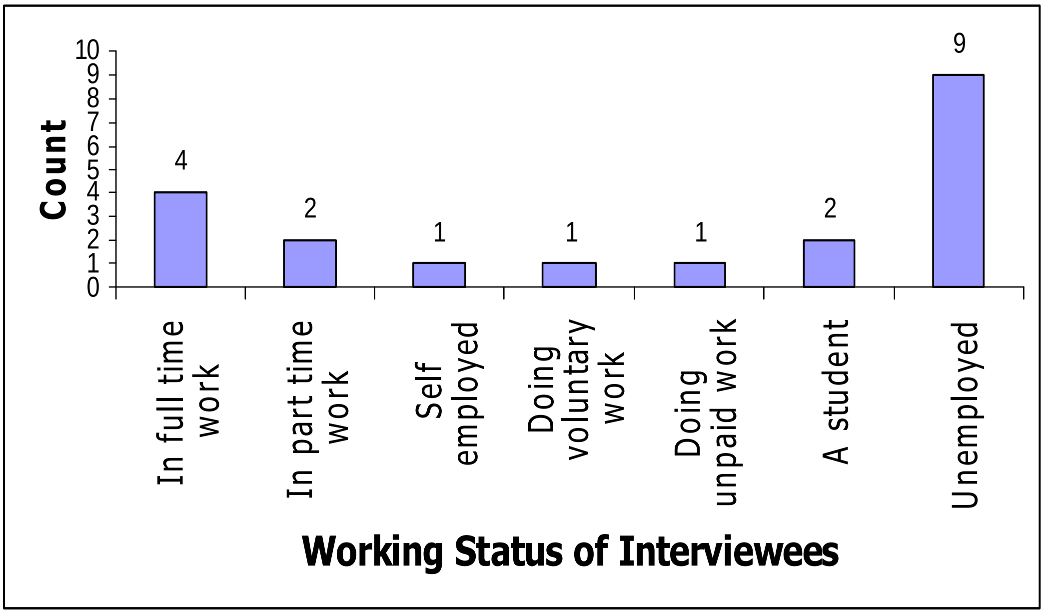
Ethnic Origin of participant	Number of participants
White British	13
Irish Traveller	1
Black African	1
White African	1
White Australian	1
White Welsh	1
White Irish	1
No ethnic origin declared	1

Whilst 9 of the participants identified themselves as ‘unemployed’ (see Table 4.c. and Figure 4.d.), the stigma attached to this term and their desire to explain why they found themselves in this position was clear. Only 6 actually ticked the ‘unemployed’ option on the monitoring form. The remaining 3 acknowledged their 'unemployed' status during the interviews. All those who ticked 'unemployed' on the monitoring form added further comments; 'incapacity benefit', 'retired on medical grounds', 'not in work', 'unable to work due to disability', and 'disability living allowance'.

Table 4.c. The employment status of the 20 LGB disabled interviewees.

Employment Status of Participants	
In full time work	4
Self employed	2
In part time work	1
Doing voluntary work	1
Doing unpaid work	1
A student	2
Unemployed	9

Figure 4.d. Bar chart of the working status of the LGB disabled interviewees.



9 interviewees were doing some work whether paid or unpaid, and 2 were students.

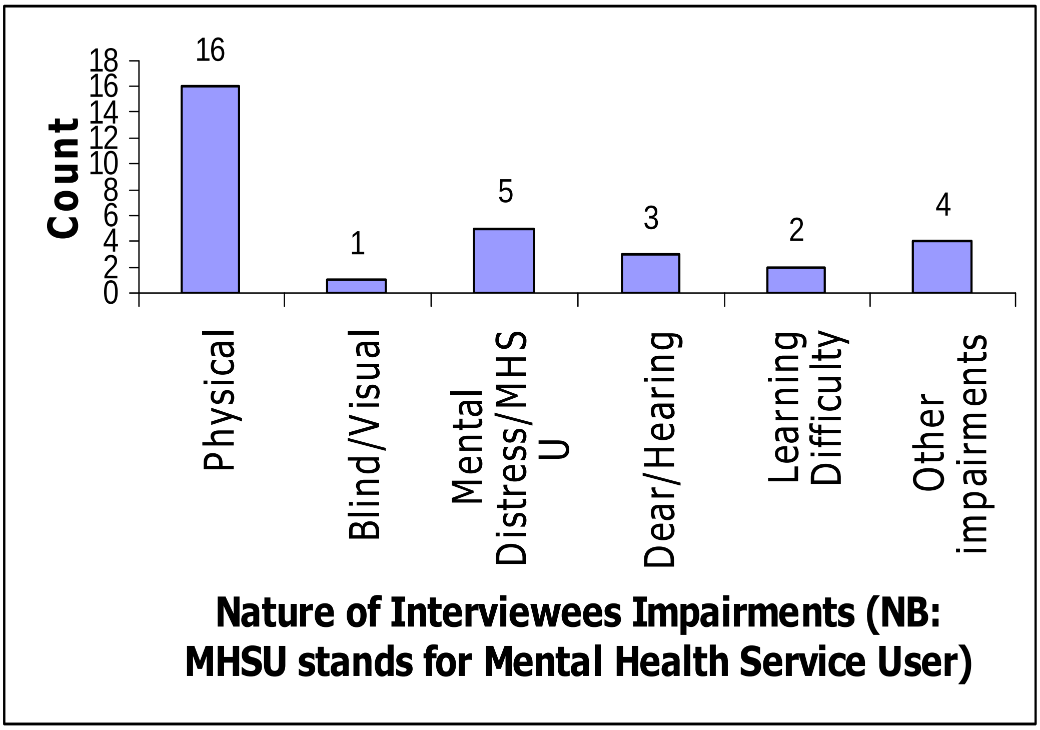
When asked to indicate the nature of their impairment, 16 participants stated that they had a 'physical impairment' (see

Table 4.d. and Figure 4.e.). Whilst this is considerably higher than the numbers who indicated any other type of impairment it should be stressed that this is in many ways reflective of the particularly large range of impairments that the term covers. It included individuals with mobility impairments (some of whom are wheelchair users), as well as individuals with upper limb impairments and other types of physical impairments.

Table 4.d. The nature of the 20 LGB disabled interviewees' impairments.

Nature of participant's impairments	
Physical impairment	16
Blind, visual impairment	1
Mental distress/user of mental health services (including 2 who added 'depression')	5
Deaf/hearing impairment	3
Learning difficulty	2
Other impairments – listed as eczema, asthma, memory problems, Carpel Tunnel Syndrome and back problems.	4

Figure 4.e. Bar chart of the nature of the impairments of the LGB disabled interviewees.



It should be noted that many of the participants had more than one impairment.

Each interviewee was interviewed at a location of their choice, either face to face or by telephone, as they desired. People who were prepared to be interviewed signed consent forms before the interviews took place. These consent forms explained the purpose of the research, what would happen to the information the participants gave the researcher, and what they could expect to get back from the research (see Appendix E). Each LGB disabled interviewee was paid £15 as a small thank you for their time and involvement.

4.4. Interviews with service providers

The second phase of the fieldwork was to interview key service providers in Leeds. A short list of what the steering committee considered to be key service providers was drawn up. These were service providers who it was felt had overall responsibility for, or who had particular prominence in a given area of service.

Some areas of service provision, such as housing, are not governed or even dominated by one particular provider, but rather influenced by a large range of statutory, commercial, community and voluntary organisations. For this reason it was felt that it would be unproductive to interview any specific individual on the subject.

The ‘mix’ of service provider interviews was also designed to provide views from different sectors, such as the local authority, other statutory providers (health and police), and the voluntary sector (one organisation with a focus on disabled people, and one with a focus on gay men).

The aim of these interviews was to throw light on the experiences of service providers in their interactions with LGB disabled clients/customers and workmates/employees. To uncover what is currently considered to be good practice in providing services for LGB disable people, what the barriers are to providing such services for the providers, and where they would benefit from further guidance on the requirements of LGB disabled people.

The six individuals that the steering committee agreed to contact were:

- the Director of Leeds Social Services - Ms Rosemary Archer,
- the Home Care manager for Leeds Social Services - Mrs Margaret Pease,
- the lead for Diversity and Equality at the five Leeds NHS Primary Care Trusts - Mr Kundip Sohanpal,
- the Director of Yorkshire MESMAC (one of the oldest and largest sexual health organisations in the country) - Mr Tom Doyle,
- the Director of Leeds Centre for Deaf and Blind People - Mr Jonathan Bentley,
- the Community Safety Officer at West Yorkshire Police with responsibility for LGB issues - PC Peter Stone.

Unfortunately no initial response was received from either of the desired interviewees at Social Services, but eventually the former Deputy Director, and current lead in Adult Services, Mr John England agreed to be involved. Again consent forms were signed before interview (see Appendix F).

4.5. Questionnaire survey of service providers

The third and final stage of the fieldwork was a questionnaire survey of as wide a range of service providers as possible from across the Leeds City Council area.

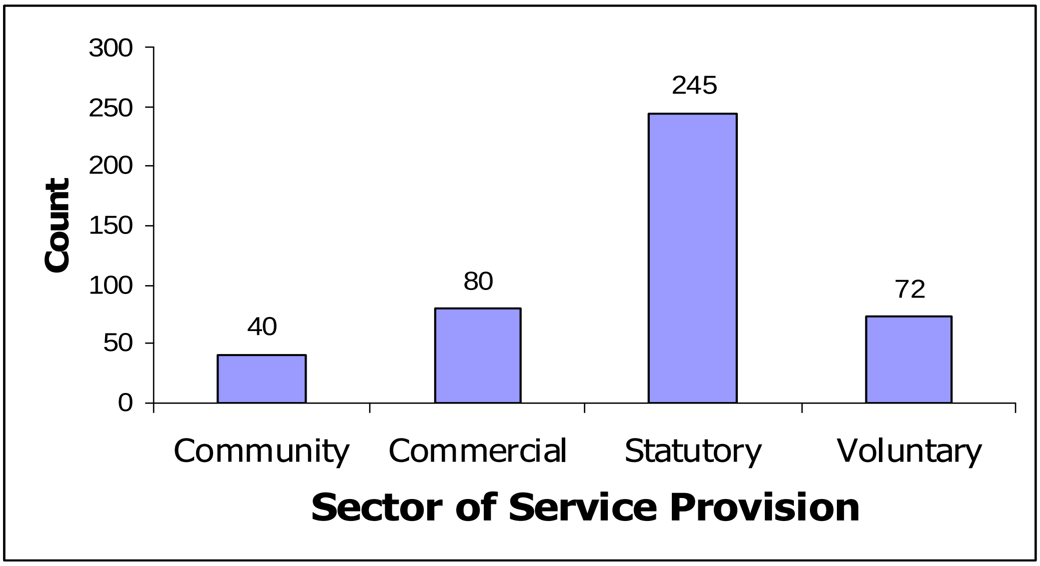
The aim of the questionnaire was to gain a better understanding of the current provision of services for LGB disabled people. To gain an understanding of service providers' awareness of LGB disabled people's needs, their awareness of their current services and their desire to improve those services.

A total of 437 questionnaires were distributed to a range of community, commercial, statutory and voluntary service providers as illustrated in Table 4.e. and Figure 4.f.

Table 4.e. Distribution of questionnaires by business sector

Sector	**Number of questionnaires (% of total)**
Community	40 (9%)
Commercial	80 (18%)
Statutory	245 (56%)
Voluntary	72 (17%)
Total	**437 (100%)**

Figure 4.f. Bar chart of the distribution of questionnaires by business sector



It is notable that 245 of the 437 questionnaires went to statutory organisations. Whilst this may seem a large percentage it was felt to be reflective of the core and significant role statutory organisations play in service provision. It is often statutory organisations who buy in services from other providers.

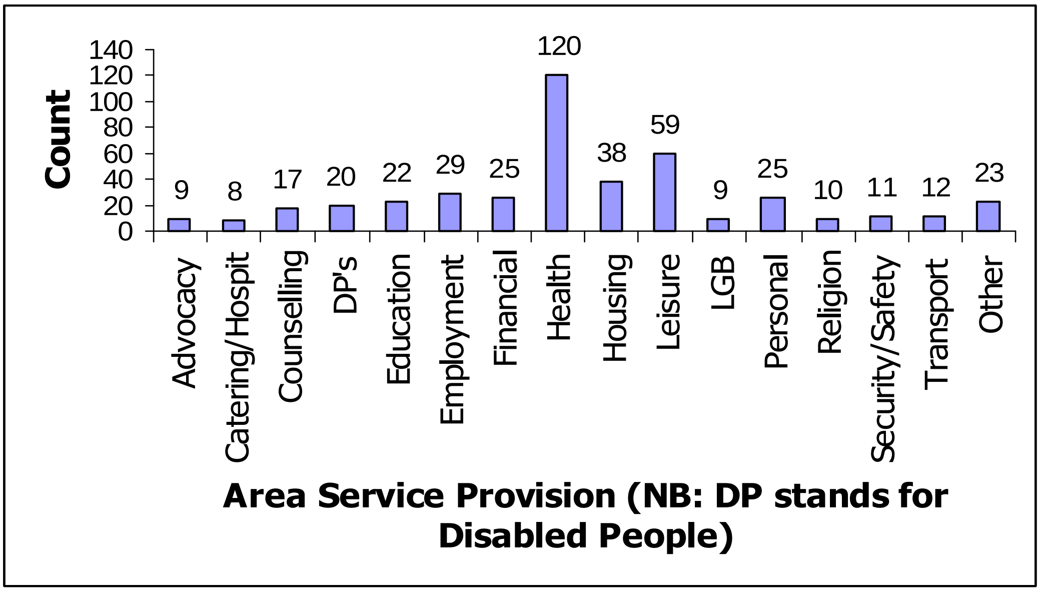
The questionnaires were also distributed to a wide range of organisations who were identified as working in the twelve areas of service provision with which the study was concerned. It should be noted that many organisations ticked other areas, than that for which they were identified, as relevant to their work on their returned forms.

By far the largest percentage of questionnaires, 27% or, 120 of the total 437, were sent to organisations in the health sector. This again may seem to make the survey somewhat biased. However, it should be noted, firstly that there are a large range of services covered by health from dentists to physiotherapists, GPs to sexual health clinics. What is more many work in conjunction with other sectors such as counselling, personal assistance and so on.

Table 4.f. Distribution of questionnaires by main area of service provision.

Area of service provision	Number of questionnaires (% of total)
Advocacy	9 (2%)
Catering/ hospitality	8 (2%)
Counselling	17 (4%)
Disabled people's Community	20 (5%)
Education	22 (5%)
Employment	29 (7%)
Financial	25 (5%)
Health	120 (27%)
Housing	38 (9%)
Leisure	59 (14%)
LGB Community	9 (2%)
Personal assistance	25 (5%)
Religion	10 (2%)
Security/ safety	11 (3%)
Transport	12 (3%)
Other	23 (5%)
Total	**437 (100%)**

Figure 4.g. Bar chart of distribution of questionnaires by main area of service provision.



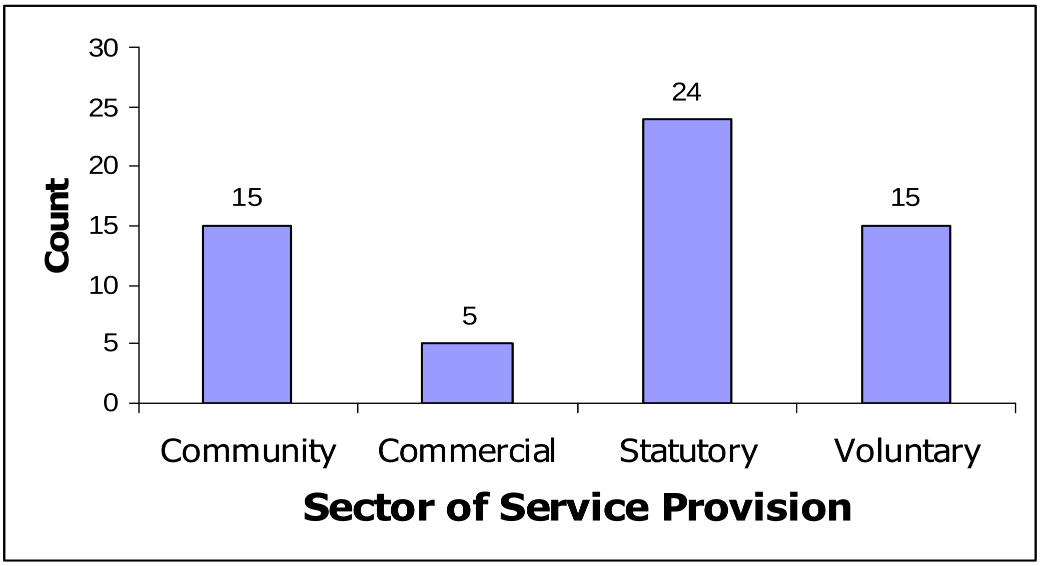
Unfortunately only 60 questionnaires were returned. These were however from a good range of service providers. There were 15 from the voluntary and community sectors, 5 from the commercial sector and 24 from statutory organisations (see Table 4.g. and Figure 4.h.).

Table 4.g. Return rates of questionnaire by business sector

Sector	**Number of questionnaires (% of those sent out)**
Community	15 (38%)
Commercial	5 (6%)
Statutory	24 (10%)
Voluntary	15 (21%)

(NB. These figures include one organization who considered themselves to be both a voluntary and community organization. Two respondents did not answer this question.)

Figure 4.h. Bar chart of return rates of questionnaire by business sector.

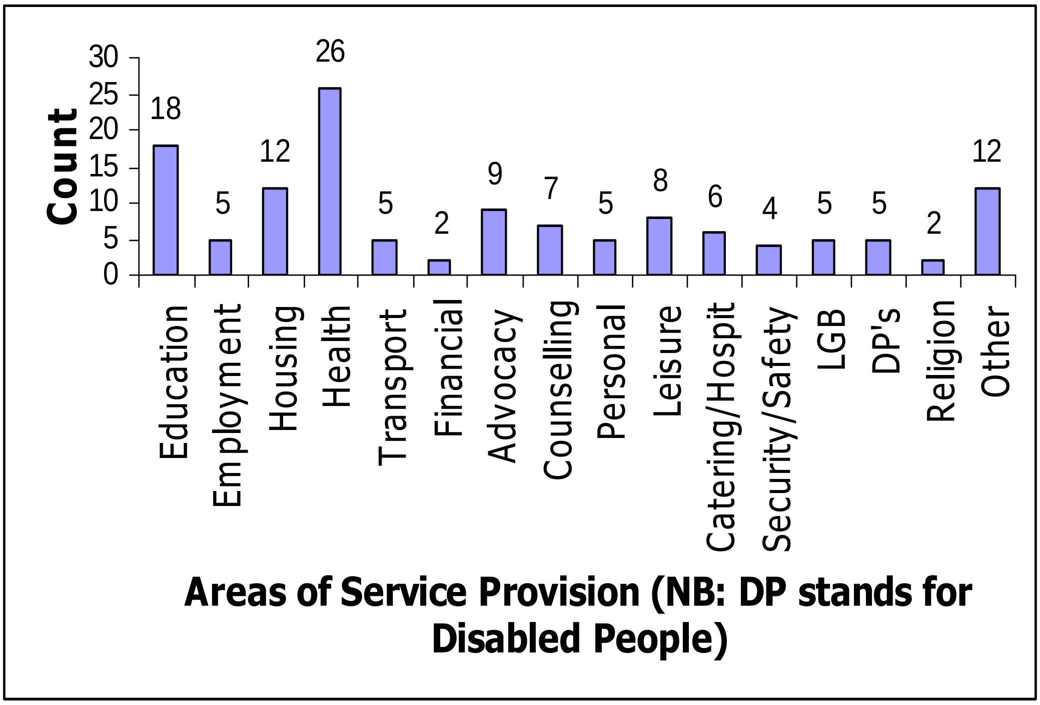


They also covered a good range of areas of service provision. All 12 of the identified areas were represented. 43% of respondents did say that they worked in health. However, 30% worked in education and 20% in housing. Financial and religious service had the lowest representation with only two respondents declaring themselves as working in these fields (see Table 4.h. and Figure 4.i.).

Table 4.h. Return rates of questionnaires by main area of service provision.

Area of service provision	Number of questionnaires (% of those sent out)
Education	18 (82%)
Employment	5 (17%)
Housing	12 (32%)
Health	26 (22%)
Transport	5 (42%)
Financial	2 (8%)
Advocacy	9 (100%)
Counseling	7 (41%)
Personal Assistants	5 (20%)
Leisure	8 (14%)
Catering and hospitality	6 (75%)
Security/Safety	4 (36%)
The Lesbian and Gay Community	5 (56%)
The Disabled People's Community	5 (25%)
Religion	2 (20%)
Other (please specify)	12 (52%)

Figure 4.i. Bar chart of return rates of questionnaires by main area of service provision.



A detailed list of the full results of the questionnaire by question is given in Appendix G.

4.6. Analysis and dissemination of findings

Having collected the field data, a lengthy analysis process was undertaken. The questionnaire data was coded and entered into a computer aided statistical analysis package, the Statistical Package for the Social Sciences (SPSS). Established quantitative analysis techniques were used to produce the statistics in this report (Rose and Sullivan 1996). This involved the calculation of simple descriptive statistics, cross tabulations and relevant graphs.

A practice of data coding based on that described by Cook and Crang (1995: 80-92) was adopted for the interviews with both LGB disabled people and service providers. These interviews were tape recorded and lasted between fifty minutes and two and a half hours. They were transcribed by a professional transcription service and checked against the original tape for accuracy. In a spirit of collaboration, the LGB disabled interviewees were then also given the opportunity to check their transcripts and amend or add to them as they felt fit. The transcripts were then read and re-read and the issues and themes they raised coded. Coding sheets, listing all the codes marked were reflected upon, and commonalities and differences between interviewees noted. Finally the results of this analysis were reflected upon in relation to past research on LGB disabled people's experiences (discussed above), and current service provision practices and policies.

In light of the reciprocal nature of this study it has been important to ensure that the findings of it are accessible to all. We have therefore attempted to use jargon free, plain and clear English in this document and in particular in its executive summary. This document is also available in alternative formats (Please see the back cover for further details).

To meet the projects aim to create training materials on the issues raised, as stated above, materials which meet the curriculum requirements of NVQs in social care are also being produced. The information packs will contain a series of fact sheets and worksheets which can be used by trainers, service providers or individual workers in a range of different ways (Please see the back cover for contact details to request further information).

Having outlined the methodology of this study, the next section will next explain the six general ways in which LGB disabled people's experiences of service provision have been identified as being different to those of other people through this research. This will set the context for the more detailed discussion of the research findings which will follow.

5. THE UNIQUE EXPERIENCES OF LESBIAN, GAY AND BISEXUAL DISABLED PEOPLE

Multiple identities

As Thomas (1999: 109) points out 'identities are not singular, but multiple.' One person can be disabled, a woman, a lesbian, white, a Christian, working class and many other things (as pointed out in section 2). All these can be seen as parts of that person's identity, but what is an identity?

We all have a body, flesh and blood, with a genetic make up which means we may be male or female, black or white, short or tall. However, it is not just our bodies that give us our identities.

In our daily lives we come into contact with both the physical and social environment around us. This means we need to communicate and interact with other people. We may do this directly, face to face, or through interacting with physical structures, organisations and institutions which other people have set up. For example, we may physically need to access buildings, trains or buses designed by other people, or we may need to use financial or health services which work according to rules and regulations developed by other people.

A person will almost certainly recognise things about their own mind and body. They may acknowledge that they have an impairment, and that they have desires and emotions for others of the same sex. However, they may not necessarily identify as 'disabled', 'lesbian', 'gay' or 'bisexual'. This is not least due to their own, and their awareness of other people's, understanding of the terms 'disabled', 'lesbian', 'gay' and 'bisexual'.

The ways members of the public react to disabled and/or LGB people, what they expect or do not expect of them, where they expect to see them, what they expect to see them doing are all issues affected by images of disability and sexual orientation which are entwined in British culture. For example, disabled people are commonly considered weak, ill, infirm, asexual and dependent (Morris 1991). LGB people are sometimes considered deviant, promiscuous, or perverted and often expected to act and dress in particular ways. Gay men may be expected to be camp and lesbians to have a short hair cut, wear trousers and no make up (Richardson and Seidman 2002).

We are all conscious of such stereotypes, and hence, how people expect us to act, due to the social categories in which they place us. However, what other people expect of us, what have been called our 'social identities', are not always how we see ourselves (Goffman 1990). They do not always give us an image of how we wish to behave, or indeed how we do behave, at any given time, in any given space.

Challenging discrimination

Homophobic ideas about LGB people and disablist ideas about disabled people have all too often to be fought against by such people. However, it is acknowledged that such efforts are sometimes tiring and or even dangerous, and people will sometimes choose to play along with their expected role in an interaction, in order to avoid confrontation (Butler 1998). This may be particularly true of people who see themselves as vulnerable. In this way we all have many different parts to our identity, in terms of our biology, our own opinions and expectations of ourselves, and our awareness of other people's opinions and expectations of us.

Which is most important, identity as a LGB person or as a disabled person?

Not every aspect of a person's identity will affect them at any given time. One particular part may well be dominant in a particular situation. For example, when attempting to gain access to a building with steps at its entrance a wheelchair user's status as a disabled person may be their main, if not only concern. Equally, when entering an area of a city known for homophobic attacks a person's sexual orientation may be their primary concern. It may not be useful therefore to think in terms of a "hierarchy of identity" with one always being more important than another. In addition, some LGB disabled people may have other identities that are equally important in terms of ethnicity, gender, age, social class or role (such as being a mother or working in a particular job).

At different times various parts of our identities may impact on our experiences in a combined way. Being both LGB and a disabled person, for example, can mean issues of homophobia and disablism occurring at the same time. The unique experiences of service provision faced by LGB disabled people, as opposed to other service users, as they were explained by interviewees in this research, can be summarised under six main headings.

i) There are few services which specifically consider LGB disabled people

The questionnaire to service providers asked 'Do you have any specific policies or provide any specific services for LGB Disabled people?' In response 13 (22%) of the 60 respondents answered 'yes' (See Appendix G). However, when they were then asked to specify what these services were, they did not give details of specific group meetings, specific information provision for such people or so on. Rather, those who gave further information wrote;

> 'GP.'
>
> 'Sexual orientation is part of our equal opp's policy.'
>
> 'LGB Choir.'
>
> 'Given the inaccessibility of our building we ensure that all courses are run at least twice in an accessible building. Also staff are willing to visit homes or mutually agreeable place for 1 2 1 sessions, etc. In short we try to make sure that our services are not building bound.'
>
> 'Each disabled persons needs are considered separately.'

> ‘Equal opportunities - Don’t know.’
>
> ‘Diversity policy DISC (Diversity incorporating, safer communities) policy.’
>
> ‘Equal opp’s.’

These responses are indicative, firstly, of the lack of services for this specific group of people, and secondly, the lack of understanding amongst service providers that LGB disabled people have particular needs which are not currently being met.

It has been recognised in other studies that LGB disabled people often fall between services (Shakespeare et al 1996, Gillespie-Sells 1998). For example, an LGB disabled person may want guidance on the accessibility of venues holding gay events, to know whether there are any LGB sign language interpreters, mental health workers, personal assistants or so on in their area. When they contact LGB service providers for information they are often told that they do not have that information, and that they should try contacting disability service co-ordinators. When disability service co-ordinators are contacted they equally admit to not having such information and suggest they go back to LGB service providers. This point is illustrated, for example, in section 7.11.

ii) Problems of homophobia in services particularly aimed at/developed for disabled people

Being passed between services is bad enough, but on occasions discrimination is the alternative response. As will be illustrated in section 7, interviewees reported actual incidents, and/or fear, of homophobia from a wide range of service providers.

Any LGB person may be able to relate to such incidents. However, these difficulties are made all the worse when an individual cannot choose which service provider to approach. Specialist, disabled people’s service providers can be the sole providers of some services in a city. For example, one Deaf interviewee reported an incident of homophobia when attempting to gain a vibrating alarm from the supply unit at Leeds Society for Deaf and Blind People (see sections 7.5. and 7.11).

iii) Problems of disablism in services particularly aimed at/developed for LGB people

Just as services, specifically for disabled people are limited in number and can have something of a monopoly on the goods and services they supply, LGB service providers can also be limited. Even where choice does exist, however, for example amongst a number of gay bars in Leeds, disablism can be a serious problem. The gay community is known for its obsession with the body beautiful, glamour and glitz (Butler 2001). Disabled people, who cannot conform to such expectations can feel isolated and unwanted (see section 7.11). As Shakespeare et al (1996) note, many LGB disabled people feel the need to attend pride festivals, not to support gay rights, but to draw the LGB populations attention to their disabled members.

The lack of recognition of disability issues in the gay community can leave individuals without the support and information other people rely upon when they come out as LGB for the first time, and search for friendships, relationships and reassurance amongst the safety of like minded others (see section 7.11).

iv) Interrelated misconceptions about disabled and LGB people which impact upon service provision

Misconceptions of disabled and LGB people may in these ways work to cause LGB disabled people particular problems in the disability and LGB communities. On some occasions stereotypical ideas about LGB and disabled people can impact upon one another to affect LGB disabled people's experiences in other locations.

For example, the inaccurate assumption made by some counsellors, psychotherapists and Mental Health Service staff that homosexuality is always a part of, if not the sole cause of, a person's mental distress can be frustrating, irritating, alarming and/or depressing (see sections 7.8. and 7.9). It can mean a person does not get the service which they need and which others receive.

v) Some problems faced by LGB or Disabled people are exaggerated for individuals who fall into both populations

Finally, in some instances it is the practicalities of being both LGB and a disabled person which can lead to difficulties. Experiences common to all LGB or disabled people can be exaggerated by a person falling into both populations.

For example, a night out at a LGB venue is carefully planned by many LGB people. Fear of homophobia can mean that people routinely book taxis to drop them a street or two away from the venue, so that their true destination is not made known to the driver and any homophobic response is thus avoided. However, if an individual is unable to walk very far, unable to find their way in a strange place due to being blind, or due to any type of impairment needs to be taken door to door, this tactic cannot be used (see section 7.11). The combination of disablism and homophobia can mean experiences of exclusion and/or discrimination are extreme.

vi) Independent spirit and creativity

Having said this, it is easy to concentrate on the "double disadvantage" that LGB disabled people face (Morris 1993). However, the interviews showed that there can be a positive side to LGB people's experiences.

Interviewees ranged from people with little obvious control in their lives, who were using segregated services - such as day or residential care, or were dependent on relatives for personal support - to LGB disabled people who had attributes associated with independence and control - such as being home owners (10 people, see section 7.3) or self-employed (2 people, see section 7.2). LGB disabled people in these situations may feel more confident in coming forward for interview, so this may not be a representative sample. However, it is not always clear-cut if someone is independent. Although some people may be homeowners they may have little personal control in other areas of their lives. Issues of independence are diverse and complex, but they do raise some interesting points about potential service developments.

Some of the interviewees had been involved in political or social movements, such as feminism, lesbian and gay rights, the disabled people's movement or the peace movement (see section 7.11) These interviewees were often more questioning of the "status quo" when it came to service provision. Involvement in many of these movements enabled people to develop creative solutions to problems and to prioritise community-controlled responses to issues, rather than relying on mainstream service providers to change. In LGB subcultures, non-conformity is also seen as valuable (Jenness 1992). LGB people have often had to rely on themselves and their own skills, especially if they have little family support or have moved away from family to be near sizeable LGB communities for support or safety (see section 7.11). LGB disabled people in particular have had to use their uniqueness as a selling point and to establish a positive personal identity in a situation where many aspects of their identity are rarely recognised by others.

This leads to a potential for LGB disabled people to "think outside the box" when it comes to developing services, especially in creating services that address their cultural identity and independent spirit. Some interviewees demonstrated this in a range of ways from personalising aids and adaptations to make them less "medical looking" (see section 7.5), through to wanting to live in communal situations rather than residential care institutions or with family (see section 7.3), and developing self-employment opportunities (see section 7.2). Whilst these ideas may have come from a minority of interviewees, other LGB disabled people may be interested in these possibilities if they knew these options existed.

Exploring these issues further

By drawing on the material collected from the interviews and questionnaire survey described in section 4, service provision for LGB disabled people in Leeds will be explored further in the next two sections. Section 6 of this report looks at the current state of service provision for LGB disabled people in Leeds as described by service providers, before section 7 looks at each of the twelve identified areas of service provision through the experiences of LGB disabled people (see section 4). The aim of this latter section is to throw light on particular issues of relevance to service provider, according to their area(s) of concern and expertise.

Many of the points raised, we acknowledge, are familiar to all disabled or LGB people respectively. We have included them as important issues which impact on LGB disabled people's lives and which still need to be brought to service provider's attention. However, in meeting this research project's aims to understand the needs and aspirations of LGB disabled people, and to inform service providers of LGB Disabled People's needs, as stated in section 3, issues unique to these individuals are of particular importance. Such points are therefore highlighted by stars in the margins throughout the text of section 7 (see also 'How to Read this Report').

6. THE STATE OF SERVICE PROVISION IN LEEDS - THE OPINIONS OF SERVICE PROVIDERS

Leeds City Council, in the Executive Summary of their 'Equality and Diversity Strategy 2006 – 2008' state:

> 'We want to make sure that we take equality and diversity into account, in a positive way, at every stage of our work. We will make sure that we follow equal opportunities policies in the way that we recruit and treat our staff, deliver our services, consult the people of Leeds and work with other organisations. […] The council is committed […] to improving our services to make them accessible to all people who need them.'

The majority of service providers now have similar documents. 85% of the 60 respondents to the questionnaire in this research said that they had an equal opportunities policy. 67% said that they had a harassment policy. Whilst there is clearly still some room for improvement in this area, it must further be noted that the existence of policies on paper, do not necessarily mean that they are always carried out in practice. They, equally, do not mean that the needs of all minority groups are recognised to the same extent.

Leeds City Council's Equality and Diversity strategy 2006-2008 goes on to state that it:

> 'recognises that people do not exist in neat and clearly definable groups and most people identify with more than one equality strand at a time.'

But what is the current state of service provision for LGB disabled people in Leeds and how do service providers believe that it needs to be, and can be improved?

In this section, we draw on the questionnaire survey of service providers from across the city, and interviews with staff of five of the key service providers, from the statutory and voluntary sectors – Social Services, the Primary Care Trusts of the NHS, Yorkshire MESMAC, Leeds Society for Deaf and Blind People, and West

Yorkshire Police - to explore this question (As stated in section 4, a summary of the answers to all the questions on the questionnaire can be found in Appendix G).

After firstly looking at how aware service providers are of the people using their services, the section moves on to look in more detail at service providers own views on the equality agenda for LGB disabled people, and where they believe they need to improve in relation to this agenda. The current accessibility of services, in terms of both physical and information barriers is then assessed.

Having considered the current state of service provision in Leeds, to some extent the section then changes focus to look at policies and policy changes which are impacting upon the delivery of services. The move from individual minority group policies to single equality and diversity policies is considered, before the need for management to understand and support new equality policies is acknowledged. The constraints placed on managers from Government, their funders and elsewhere are recognised and the need for continued advice on the requirements of the Disability Discrimination Act pointed out.

Next the essential nature of equality and diversity monitoring policies, the need for an understanding of the social model of disability, and the provision of LGB and disability equality training for service providers' staff are stressed.

Finally, the need for cooperation between service providers to bring about change, and other ways in which positive changes are being planned are outlined.

Service providers' awareness of people using their services

To solve a problem, you must first recognise that it exists and no its extent. The senior figure interviewed from Leeds Social Services stated that:

> 'I think that the biggest barrier is knowing… is understanding the needs of that group [LGB disabled people], knowing how needs are not being appropriately met at the moment and then having a

> discussion really about what we can do to meet needs of the future. And I think it… I'm not aware of where those issues are being addressed. I don't know whether they are.'

However, they admitted that they had no monitoring of clients sexual orientation, only their disability.

> 'No, because the question is there, there's this whole issue of when do you give people… because most of it is done over the telephone, at the first point of contact, very little of the equality information is collected. If we then process something through to an assessment, face to face assessment with somebody, the opportunity to provide equality monitoring information is there then, but even then, unless you actually give the form to somebody I think, take older people for example, they wouldn't be asked to fill a form in, in the majority of cases, depending on their circumstances, they would be asked a question and then somebody would write it down, there is a reluctance by staff to ask questions about sexuality.'

Practices such as these act to keep sexual orientation closeted, to enforce people's fears of discussing it and in turn ensuring that needs are not recognised, let alone met. These comments are in contrast, in this sense, to Social Services claim that:

> 'They [LGB and disabled people] should be right at the centre of both the planning and the issues about service delivery. I say they should be, I don't believe they are. I think we've got some examples of good practice around that, but I think we've still got more we should be doing.'

Whether organisations are meeting everyone's needs is indeed questionable and something Leeds Society for Deaf and Blind People are trying to address.

> 'We are very good at doing what we do with whom we do it, if you see what I mean? So if you look at our

> customer satisfaction from our service users; if you look at our client satisfaction from our funders, everything is exceptionally good, we get…We get very high scores. What I'm not so sure about though is that we are reaching everybody that we should be reaching.'

Positive moves to attempt to recognise the diversity of the clientele were described by The Director of Leeds Society for Deaf and Blind People who recognised the need to be more aware of the range of people and their needs with whom they could work.

> 'It's a question of sort of more identification and then when you do have identification, then finding the funders, etc., and that's why I have this business development team, who are doing that, who've just kicked off doing that. So for example, there was an opportunity to do some work in the mental health area which we looked into. We are just doing, bidding for some work to bring in a Youth Development Officer, Youth Development Worker, to work with our young people, because we feel that young deaf people particularly and young blind people are missing out on a lot of provision that's available for young people in the city.'

He equally noted the importance of their work with older disabled people with multiple impairments and Deaf people from minority ethnic communities. Recognising diversity is just one area in which service providers recognised there was need for change.

Service providers' own assessments of where they need to improve in relation to equality for LGB and disabled people

In the postal survey, most questionnaire respondents indicated that they would like to improve their services for disabled and LGB people. Only 18% (11) indicated that they believed their services were already satisfactory, and 3% (2) that there is no call for such improvements. 78% of service providers indicated that they who would like to improve their services for disabled people. A smaller majority of, 60% (36) of respondents answered 'yes' they would like to improve their services for LGB people.

It is not clear from this data whether the lesser desire to improve services for LGB people relative to disabled people is due to service providers choosing to concentrate on change in terms of physical access barriers alone, barriers which are more problematic for disabled people. The bigger challenges of tackling attitudinal barriers towards both LGB and disabled people has arguably received less attention, as will be illustrated, for example, in relation to transport (see section 7.4.). Alternatively it may be that heterosexism is more ingrained than discrimination against disabled people in British society and hence that service providers are less willing to move on this issue. These are questions for future research. They are questions which need to be addressed if the right support for services to change for the better are to be put in place.

The current accessibility of services - physical and information barriers

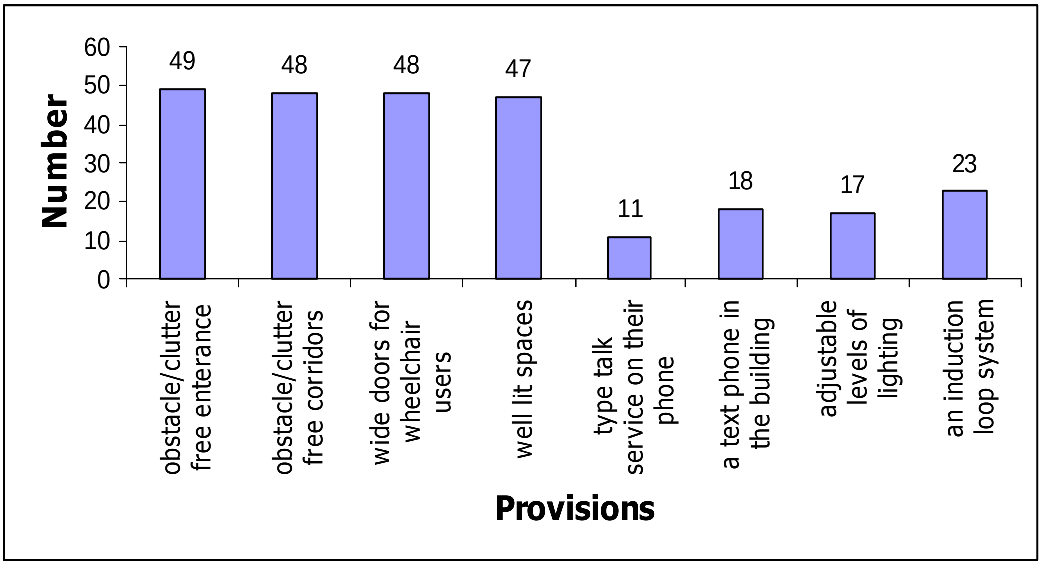
Simple recognitions of problems are often the first step to change. It can be considered a positive thing that the Director of Yorkshire MESMAC acknowledged:

> 'I mean clearly I mean, it's inescapable but that's certainly the case really that, you know we're not geared up as well as we should be to meet the needs of people with disabilities you know I.... I can make as many excuses as I want really but you know it's inarguable that that's the case and you know, we're not. And we should be.'

To understand the difficulties people face in using services, it is firstly necessary to gain some kind of understanding of current levels of accessibility. In the questionnaire survey, service providers were asked if their premises had a number of access features. It must be stressed that it was not always clear if some features were applicable to some premises. For example, respondents did not all indicate if the need for a lift was irrelevant due to them occupying a single storey building. This said, the answers given make interesting reading.

Whilst provision of some access features appear to be widespread, others are seriously lacking (see Figure 6.a.). 82% (49) of respondents said that they had 'obstacle/clutter free entrance halls'. 80% (48) had 'obstacle/clutter free corridors', and 'adequately wide doors for wheelchair users'. 79% (47) provided 'well lit spaces'. However, only 18% (11) had a type talk service on their phone and only 30% (18) had a text phone in the building. No more than 28% (17) could offer adjustable levels of lighting, and only 38% (23) had an induction loop system.

Figure 6.a. Bar chart showing how many of the 60 service providers who returned questionnaires offered a range of access features on their premises.



When it came to interviewing key service providers the accessibility of their premises was a concern. Social Services stated confidently that:

> 'They [Social Services premises] should all be DDA compliant.'

However, others were less sure of their buildings accessibility. Yorkshire MESMAC, as indicated above, acknowledged the inaccessibility of their head office in Leeds pointing to finance as the key barrier to the improvement of this situation.

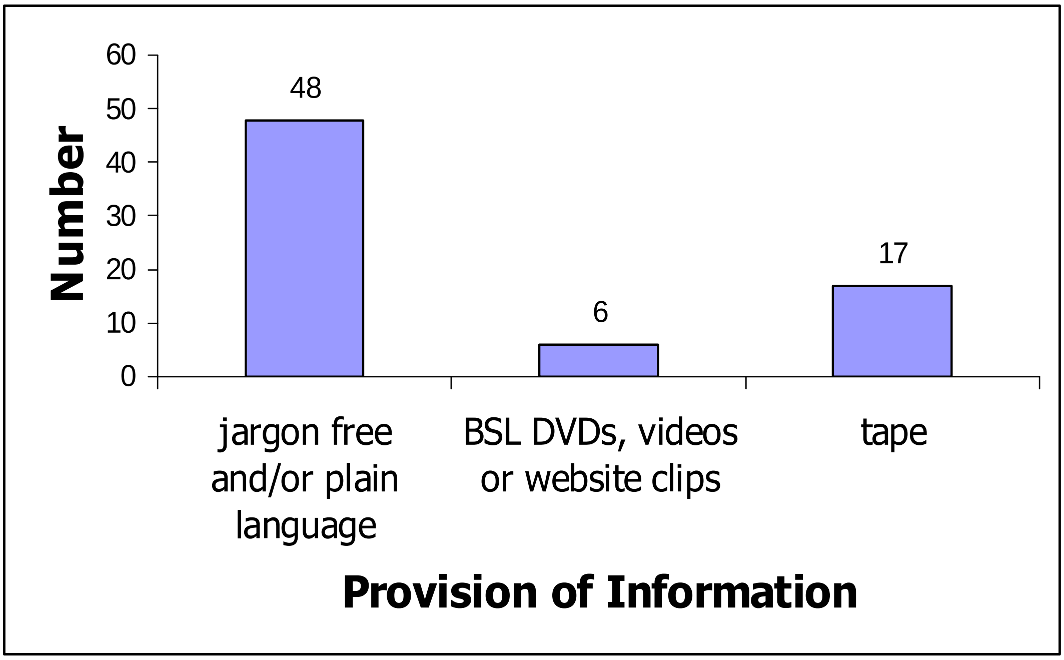
> 'Obviously we do want to support people with disabilities and make sure our services are accessible, to people with disabilities as anyone else. And it's down to cash, you know. This building we just haven't got the money to make it as accessible as we, you know, as we want it to be.'

The more common nature of clutter free entrances and corridors, as oppose to facilities for Deaf and blind people, perhaps point to the ways in which some service providers prioritise the needs of people with some impairments over others. Alternatively it may point to the relative ease of enforcing some access issues, such as the removal of clutter, over others. The prioritising of access features for people with some types of impairments (mobility impairments in this case) was evident in discussion with Leeds Society for Deaf and Blind People.

> 'The automatic doors,[…] if you're coming on that floor you can reach most of the service provision on the flat. We have lift access to the other floors in the building and on our ground floor in a separate entrance to it, out of the car park so there's private access to that as well. So generally speaking I think it is accessible. It's not the easiest building to get around because of the short corridor, narrow corridors etc, but service users who come in, come into very well defined large spaces, so where you came in through those automatic doors, they come in through a big hall, big rooms etc. So I think where we can always bring improvements, I think we are quite accessible yes.'

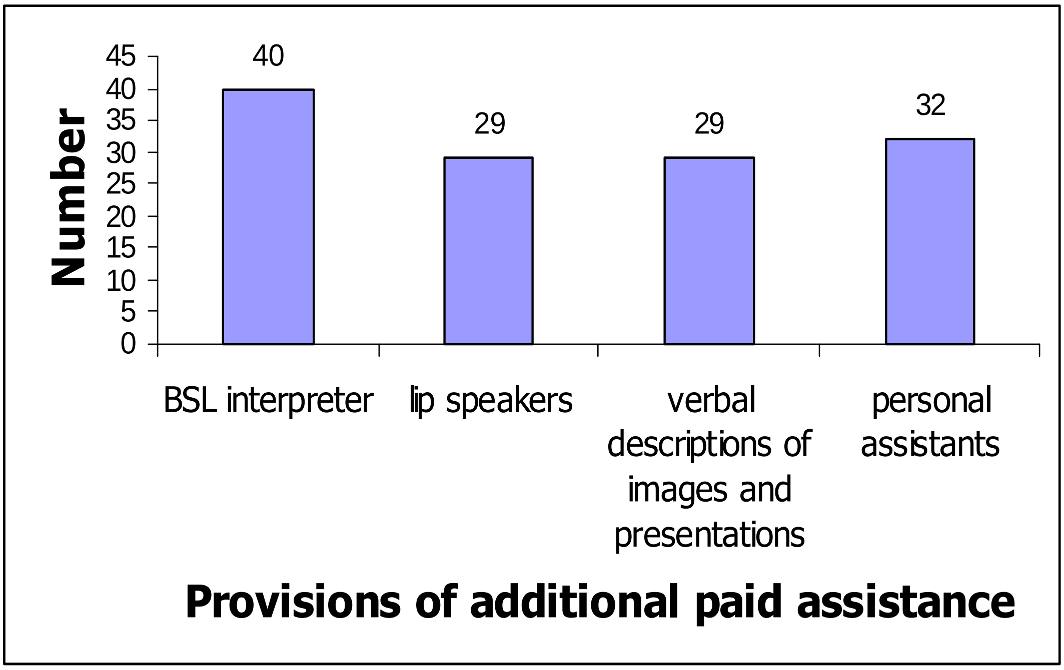
The issues of building access will be returned to in relation to service providers' compliance with the DDA later in this section. When it came to the provision of information in different formats, responses from service providers on the questionnaire were again mixed (see Figure 6.b.). Whilst 80% (48) of respondents said that they provided information in jargon free and/or plain language, only 10% (6) provided BSL DVDs, videos or website clips. There were only 17 respondents (28%) who said they provided information on tape. This puts Deaf and blind people at a particular disadvantage.

Figure 6.b. Bar chart showing how many of the 60 service providers who returned questionnaires offered information in different formats.



Similarly in relation to the need for the provision of an additional paid individual to assist a person in their use of a service, providers were not always forthcoming with such support (see Figure 6.c.). Only two thirds (40) of the questionnaire respondents said that they would provide a BSL interpreter if it were requested by a client. Less than half (48%) said they would provide lip speakers or verbal descriptions of visual images and presentations. 53% said that they would provide personal assistants if requested. The relative low levels of assistance support offered may indicate that service providers view cost as a prohibitive factor or that they do not have the knowledge regarding where to access these types of sessional workers.

Figure 6.c. Bar chart showing how many of the 60 service providers who returned questionnaires offered paid individuals to assist LGB disabled people in a range of roles.



There are clearly limitations in the physical access LGB disabled people have to services, the information they receive from them and the practical support they can expect when interacting with them. The government policies that are attempting to change this situation and how service providers are responding to these need to be considered.

The move from individual minority group policies to single equality and diversity policies

The Government's planned introduction of the Commission for Equality and Human Rights (CEHR), replacing the separate Equal Opportunities Commission, Disability Rights Commission and Commission for Racial Equality (Callaghan 2004, Weaver 2004), as discussed in section 2, is a controversial development in Equality and Diversity policy. It is one which is being followed at the local level and having one of the biggest impacts on equality and diversity planning for many years in many organisations.

With reference to Leeds City Council, for example, Social Services agreed there was a shift towards a single equality team to cover all marginalised social groups:

> 'I think that's happening here in the council, it is in a sense being shaped by the central government agenda to bring equality streams of, certainly the equality commissions together, but I think you know the requirement to undertake the, errm, to put together the equality action plans, and the requirement to do the equality impact statements in a sense take you in that direction.'

The pressures from various government initiatives to shift to 'equality teams' looking at a whole range of issues, rather than signalling particular groups of people out was echoed elsewhere. A representative from West Yorkshire Police, for example, noted:

> 'Within headquarters here, we look at all aspects of hate crime, so race, homophobic, increasingly religion and disability. That's where my main role is at the moment. We look at domestic violence; we look at all vulnerable victims as a whole if you like. So rural policing, the new Community Support Officers, so we have that generic umbrella if you like.'

Being forced to rethink approaches to equality and diversity issues through policy changes such as these is not necessarily a bad thing. A West Yorkshire Police officer went on to explain how approaches to equal opportunities in the police service had become out dated:

> 'The police service had a particular view of what equal opportunities and diversity was, based on an old fashioned view, which was if I treat everybody the same, I give them the same service, nobody's going to accuse me then of being discriminatory. […] All of a sudden somebody woke up and said "That's not actually treating people equally. What we should be doing is providing the same level of service and to do

> that you may well have to provide different things to different people.'"

The suggestion that different groups of people are not currently treated 'equally', and do not, for example, feel able to raise their voices with equal ease was perhaps pointed to in the questionnaire results. 28% (17) of questionnaire respondents said that they had received a complaint in relation to disablism against their organisation. In contrast only 1 (2%) respondent said they had experienced a complaint relating to homophobia. Fears of reprisals and a lack of understanding, perhaps stifle some LGB people from expressing their dissatisfaction. Indeed as the police noted, anonymous reporting schemes for lesbian and gay hate crimes has seen the number of incidents logged with the police increase significantly (see also section 7.12).

The potential benefits of over reaching equality and diversity teams are not only to force people to rethink their current strategies. They may also mean that larger numbers of people, through the merging and retraining of former specialist teams, are made aware of the needs, cultures and experiences of wider ranges of people. By training equality teams in a range of social issues, they may equally be made more aware of the fact that people generally belong to more than one social group. That fact may in turn be taken into consideration in the services people receive, hence improving their experiences of a service and confidence in it.

The potential benefits of all inclusive 'equality teams' are, however, offset by fears that expertise on any given group of people will be lost, as staff become expected to know something about all groups in society. There is scepticism that all team members can be experts on all social groups and people may not get the service they require without being passed from person to person (as discussed in section 2). The equality officer for the NHS recognised his own limitations.

> 'In terms of sexual orientation, it wouldn't be at the same level but I have done… I suppose my own reading and in some of the delivery that I do now, which is not part of my role but I do it anyway, there

> is quite a big stance on sexual orientation and especially with the new employment regulations coming through. So I would say I have an understanding but I would, you know need to gear myself up a little bit more about some of the issues.'

If new policies are to be introduced efficiently and people are to get the service they require, paying attention to all their needs relative to all the social groups they belong to, managers need to implement and encourage the right policies and operating practices.

The need for management to understand and support new equality policies

The Equality officer for Leeds Primary Care Trusts, NHS, said in relation to equality and diversity training for NHS staff:

> 'I think what we've got in the NHS is variances. You know you've got a director who may say, 'Well I don't see any relevance to this at all because I'm just directing the work and it's the individuals down you know sort of below me who need to know about this'. And then you'll get some other directors who say 'Well this is really important because I need to be aware of it so I can lead from the front in terms of telling my staff why it's important, why they need to be there' so there are different schools of thought in that way and so… you know, so that's a struggle at times for me.'

West Yorkshire Police equally recognised problems in managers failure to take on board the significance of new equality and diversity policies. When attending burglaries, for example, he explained that:

> 'We're getting the controllers are perhaps saying "Why is it that you're there for an hour and you did the last one in two minutes?"'

They sometimes failed to understand that if people were to get the same quality of service some may require more support and assistance, or different types of assistance, to others.

Within Leeds City Council, Social Services noted that the success of a LGB staff support group had been limited due to staff having to ask their line managers for permission to attend the meetings during work hours. Fears of coming out to such line managers, whose views on homosexuality were unknown, had put many off attending.

The need to have the support of top management for equality and diversity programmes is vital not only in relation to the training of staff, the practical delivery of services, or the support of staff though. It can also be a necessity for attaining the necessary funding of such programmes. The equality officer in the NHS explained:

> 'The problem I see is that changing the nature and culture of any organisation is such that you need to have individuals at the top level who actually turn around and say equality and diversity is an important integral part of our business plan or our way of functioning and we need to examine everything that we're doing at present, how we do it, which may mean extra resources, you know and we just have to then set aside and say well this is how much money that we're going to put into the pot for that.'

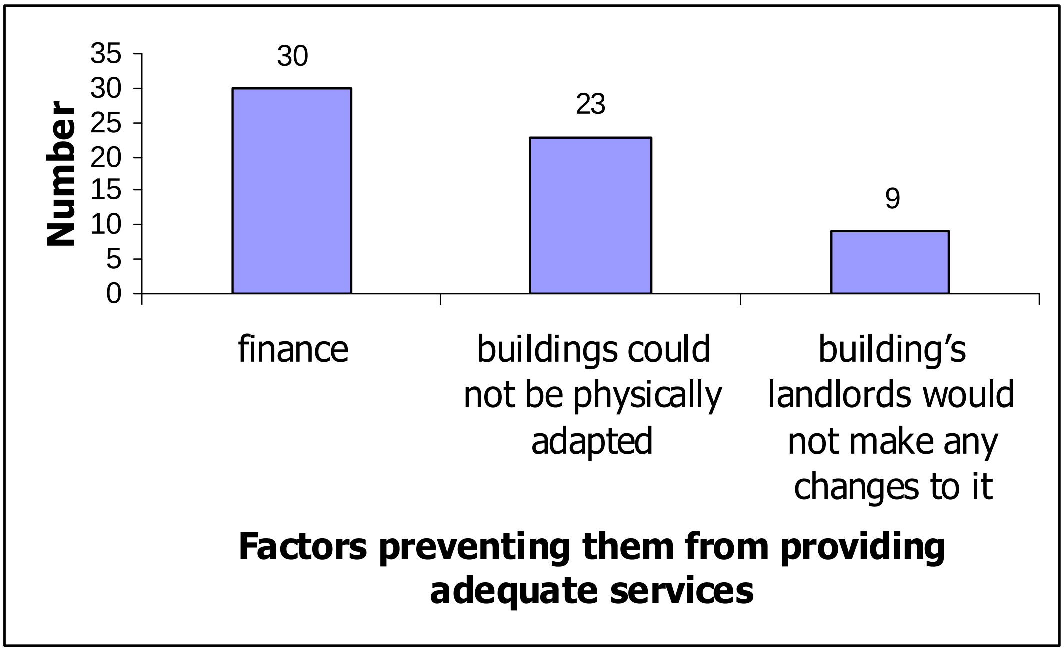
Finances, as already stated in relation to building access, are of course one pressure on service managers when it comes to meeting all service users needs. It is not, however, the only restriction they have to deal with.

Constraints on managers from Government, funders and elsewhere

(i) Financial constraints
The questionnaire respondents were asked what factors, if any, they felt prevented them from providing an adequate service for disabled and LGB people. In relation to equal access for disabled

people 50% (30) indicated that finance was a barrier. The next most significant answer was that buildings could not be physically adapted, given by 38% (23). A further 23% (9) said that the building's landlords would not make any changes to it (see Figure 6.d.). When it came to providing an adequate service for LGB people, the most common reason which was given for preventing service providers from doing so, was 'a lack of information and advice on how to change'. 20% (12) of respondents gave this answer out of only 20 who answered this question at all.

Figure 6.d. Bar chart showing how many of the 60 service providers who returned questionnaires gave different reasons for being prevented from improving services for disabled people.



Limited finances were certainly an issue which was referred to repeatedly in interviews with five of Leeds key service providers. For example, the impact of limited funds, nationally, for the paid employment of and even training of skilled staff in some areas is a problem. The Director of Leeds Society for Deaf and Blind People noted:

> 'We employ about 10 fully qualified registered sign language interpreters and when you think there's probably only less than 500 fully qualified registered

> interpreters in the country, the fact that we've got 10 of them based in Leeds.'

(ii) Differences in legislation around equality

Finances were far from the only restriction evident on service providers from the interviews though. Legislation, rules and regulations put conflicting pressures on some organisations. For the police, for example, discrepancies in the law, sometimes made it difficult for them to meet the ideals of equality policies.

> 'You wouldn't have to justify; you wouldn't have to say to anybody I'm black, the system would just roll through and then there could be an additional sentence for the fact that it was a racially aggravated offence. But for a homophobic one, you perhaps have to out yourself if you like several times in the process and then not get an equal amount, you know the perpetrator would not get the same level of sentencing.'

Increased legislation working to protect the rights of people from different social backgrounds (see section 2) may slowly be attempting to address issues of inequality, however, the legacy of past practices, and even past discriminatory legislation still restrict the process of change.

The Director of Yorkshire MESMAC explained the impact of the legacy of Section 28 of the Local Government Act on the organisation's relation with Leeds City Council, which had in turn hampered their attempts to work with the Council's Equality team on efforts to improve their accessibility for disabled people.

> 'We have quite poor links with the local authority anyway and that's historical, for a number of reasons. […] We've never had any money from Leeds local authority for example, and also because of Section 28. So in terms of where they are the local authority compared to the health authorities in terms of LGB issues, you know, they're kind of really dragging, really slow on LGB issues. I mean Leeds City Council is the country's second largest metropolitan council; it

> doesn't have an LGB officer and never has had you know and it's kind of well…'

(iii) Contractual limitations in service delivery
The Director of Leeds Society for Deaf and Blind People recognised the limitations on the range of deaf blind people the Society are currently catering for, due their historical reliance on referrals from health and social services.

> 'We have about 100 deaf blind people coming into this building three times a week on a day centre type, where they have occupational therapy and all sorts of other things and socialising, but that is almost all based from the health sector or from the social services sector.'

He stressed that there were quite possibly other deaf blind, Deaf and blind people in Leeds who were not being reached. This was, not least, due to the aims and requirements placed on them by their funders at Leeds City Council, to perform certain duties and meet given targets. The Director explained:

> 'What we're doing is complying with the terms of our service agreement from Leeds City Council. Whereas I think our mission says we should be meeting the express need of people with a sensory loss in Leeds and unless, if those… what we've got to do on behalf of the Leeds City Council doesn't actually align with that mission, there's a lot of people perhaps who we're not actually reaching.'

(iv) Positive moves for the future
Whilst legislation, national and local government funding can clearly cause some difficulties for managers in their implementation of equality and diversity policies and practices, some government changes must be acknowledged for their positive impacts. In addition to increased levels of anti-discrimination legislation, for example, requirements on the police for the improved monitoring of hate crimes has had a positive effect as mentioned above. There are continued plans to expand

the recording of hate crime incidents as a West Yorkshire Police officer pointed out.

> 'We give them a label and why we record them certainly within the service is because somebody, i.e. the government wants stats. Currently they're not asking for stats about faith and disability but they're already talking about it in the agenda so its like we know that ultimately we're going to be providing those figures for them.'

However, national computer systems were not ready to cope with the anonymous reporting of a wide range of hate crimes in practice, as the government planned.

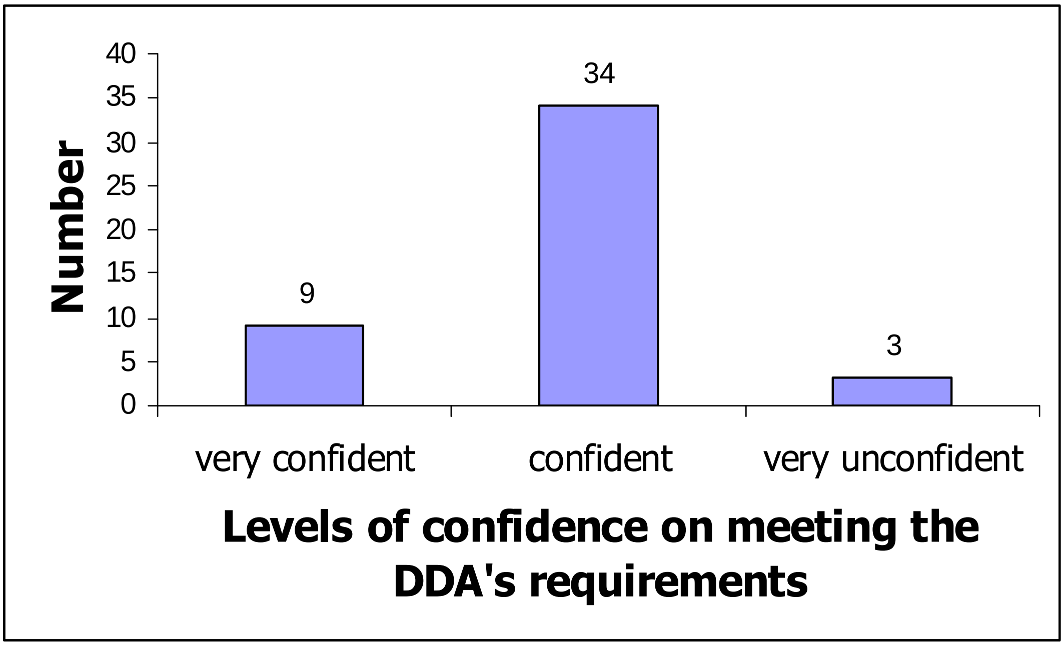
> 'We chose our time for a variety of reasons to join True Vision [a hate crime reporting initiative], the main one being that it was, it was promoted because it had secure on-line reporting for those that want it but it hadn't because it hadn't been secure on-line reporting now up until quite recently. Again the technology wasn't there so why join something and promote something that actually if the main function wasn't available.'

Slow responses from government, or other national organisations to ensure the practical implementation of regulations and legislation were further evident in discussions with service providers about the implementation of the DDA.

Advice on the requirements of the Disability Discrimination Act

Questionnaire respondents were asked 'how confident are you that you meet the Disability Discrimination Act's (DDA) requirements of you as a service provider?' Only 9 (15%) responded that they were 'very confident'. A further 34 (57%) were 'confident'. Only 3 (5%) were 'very unconfident' (see Figure 6.e.).

Figure 6.e. Bar chart showing how many of the 60 service providers who returned questionnaires were confident that they meet the DDA's requirements of them as a service provider.



When it came to asking key service providers of their opinions answers were equally mixed. Whilst West Yorkshire police suggested that they were confident in this area.

> 'I know for a fact that across West Yorkshire, all our police stations are Part II DDA accessible.'

In contrast the equality officer at Leeds Primary Care Trusts, NHS, said:

> 'I'm not at all confident that we do [meet the DDAs requirements] inasmuch that it's all going to be based on case law I guess, and it depends what the case law kind of throws up in the near future. I think that notion in terms of about 'reasonable' adjustments is kind of a, is a difficult one really…'

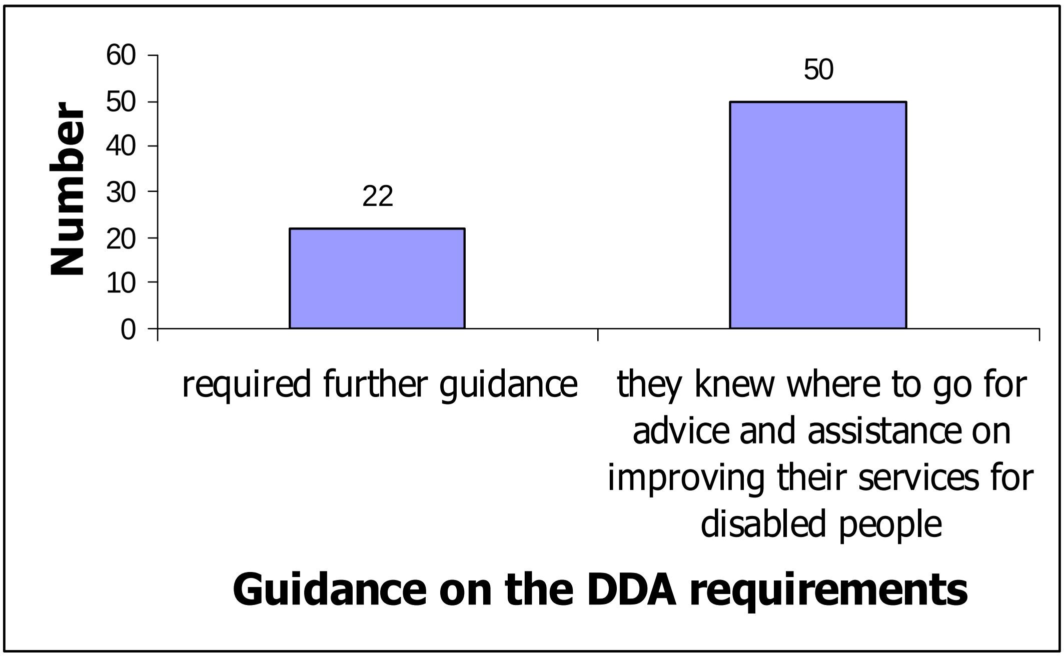
In relation to building access he went on:

> 'If I was putting my hand on my heart I would say superficially, some places we can tick and say yes we are but really I would say we are not. […] People […]

> as a whole are going around sort of saying we need to do something about DDA compliance and I think it's siege management is where it rests with everybody to look at you know if the buildings are compliant or not and from my general discussions with colleagues who either come on a session or meet in other arenas will say, 'I'm not sure if somebody has been around to do a DDA survey as it were to ensure that… are you not supposed to do it or..' And I suppose to some degree the new building, […] are probably compliant, I would say 99.9% they are compliant, I'm not saying 100% because I think there's always inevitably something where we've, we all sometimes miss something.'

22 (37%) of the questionnaire respondents shared the NHS's uncertainty and stated that they felt they required further guidance on the DDA's requirements of them. This said, however, 50 (83%) indicated that they knew where to go for advice and assistance on improving their services for disabled people (see Figure 6.f.).

Figure 6.f. Bar chart showing how many of the 60 service providers who returned questionnaires felt they required further guidance on the DDA and whether they knew where to go to get it.



There was, not least for smaller, voluntary and community sector organisations, a fear of the potential financial costs of the DDA's requirements. Yorkshire MESMAC commented:

> 'No I don't think our advice [received on the DDA] has been great actually, and it's mainly been stuff from, kind of from sort of mainly been legal stuff and organisational stuff from places like NCVO rather than, sorry National Council of Voluntary Organisations rather than, you know, somebody sat down with us in the building and doing a kind of audit with us really. And part of that, I think to be truthful, to be brutally frank is that we're, well I'm terrified that they'll come and say you're not complying with the DDA and you've got to do this and it will cost us absolutely thousands and thousands of pounds and we won't be able to afford it and that'll have a big impact on the organisation and, you know, and it's all of that kind of thing..'

For some organisations the feeling was more that issues specific to them had not been considered. Particular guidance on the implications of the DDA for the NHS and what was required of NHS facilities was said to be needed by one of their equality officers.

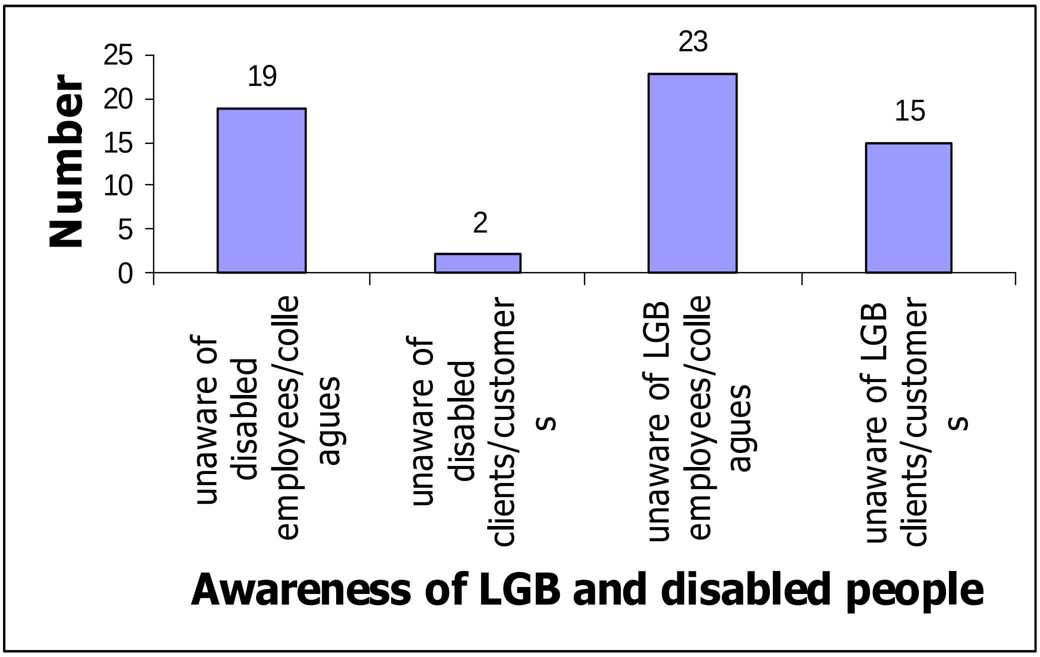
> 'I think for the NHS again, it has been left up to some professionals to pass the message on, where I think that in terms of guidance that came through when I was working in local government was quite comprehensive and again it was again back to professionals who were working in that field. So you needed somebody who had an understanding of the issues and then say right this has, this is a major implication upon us as a service provider, what are we going to do? Which is I think different.'

Understanding what is required of an organisation only comes, perhaps, when the scale of a problem is understood. The invisibility of many LGB and disability issues (as will be discussed further in relation to a number of service areas in section 7) can mean that organisations are unaware of the problems that LGB disabled people face. This is not least amongst their own staff. In this respect the monitoring of sexual orientation and disability of staff by human resources departments is something which needs to be reconsidered.

Equality and diversity monitoring policies

32% (19) of questionnaire respondents indicated that they were unaware of having any disabled employees/colleagues, this compared with only 2 respondents (3%) who were unaware of having any disabled clients/customers. 38% (23) said that they were unaware of any LGB employees/colleagues and 25% (15) were unaware of any LGB clients/customers (see Figure 6.g.).

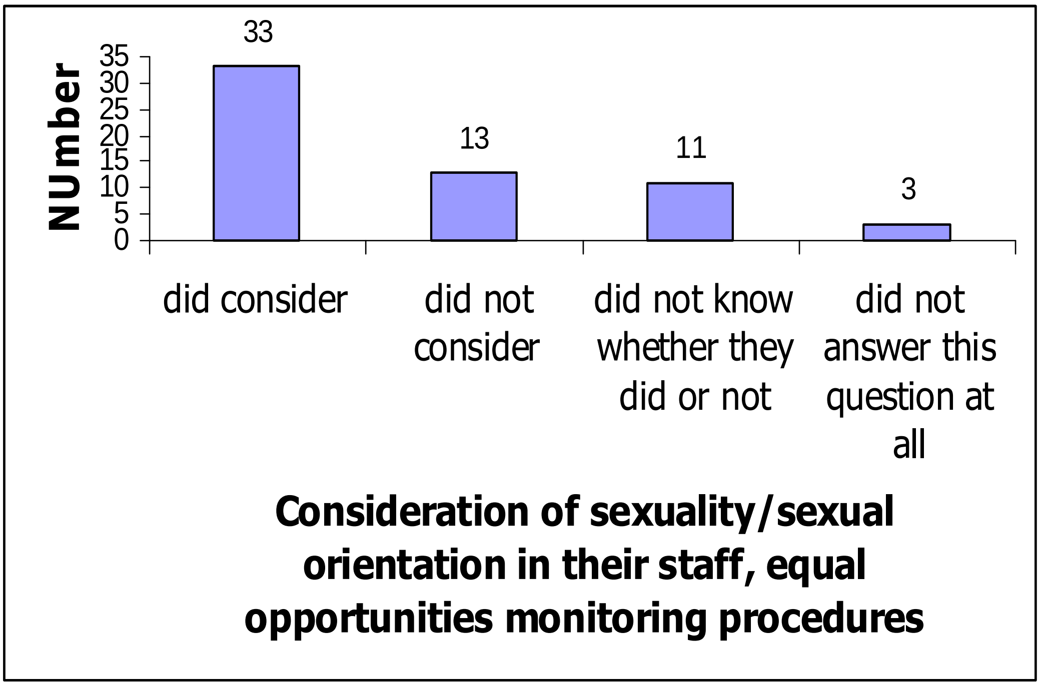
Figure 6.g. Bar chart showing how many of the 60 service providers who returned questionnaires were aware of having any disabled or LGB employees/colleagues and clients/customers.



Those who were unaware of having any disabled employees/colleagues included an employer of between 501 and 1000, and three employers of over 1000 staff. The three employing over 1000 staff included two statutory and one community organisation.

56% (33) of the respondents said that they did consider sexuality/sexual orientation in their staff, equal opportunities monitoring procedures. Whilst 22% (13) said that they did not do so, it is perhaps most concerning that 11 (18%) said that they did not know whether they did or not, and a further 3 (5%) did not answer this question at all (see Figure 6.h.).

Figure 6.h. Bar chart showing how many of the 60 service providers who returned questionnaires considered sexuality/sexual orientation in their staff equal opportunities monitoring procedures.



Monitoring both staff and clients in more detail in order to expand an organisations knowledge of people's circumstances is necessary for them to understand, at a basic level, what they are dealing with. The equality officer at the NHS stated:

> 'We need to find out what baseline understanding do we have of the group's that will frequent whichever of those areas that they're in? You know how do we monitor, what we monitor, what's the value of that monitoring you know, so those are questions that I'm asking.'

Failure to collect basic information on staff can have serious implications for further equality and diversity plans. As a West Yorkshire Police officer noted:

> 'One of my tasks was to monitor the recruiting, retaining and promotion of LGBT people or police officers, but as I don't know who they are, it's an impossible task.'

Whilst some staff monitoring policies are in place there were problems with their inconsistent, and unclear nature. At Leeds Social Services it was noted:

> 'It's self declaration, and the, people can self declare that they are disabled…on their initial application and then there was an equality monitoring form introduced, so once the information has been collected and it's now on a centralised database that the whole council has for HR management. And that's where it stays, and so it wouldn't ask somebody 10 years on to declare themselves to be self dis… and I know that in terms of disability whether somebody can… I suppose they would have to actually ask to declare themselves as disabled if they became a disabled person during their employment. In terms of sexual orientation, that question isn't asked of employees on the equality monitoring forms.'

The need to move to more comprehensive monitoring policies, particularly in relation to the particular nature of people's impairments, was noted by the NHS whose equality officer said:

> 'I am trying to go one further by sort of saying rather than the generic understanding of you know, a person happens to be disabled or they've said they're disabled full stop. It's is about the next stages - what might be some of the… I suppose individual's choice in saying my disability is… and then going from there really.'

Failures to monitor sexual orientation were put down to resistance from staff by two interviewees. For example, the NHS equality officer went on to say:

> 'I think to be very honest with you, there is a resistance to change for that [monitoring of sexual orientation] because people don't really know why

> they want to talk about sexual orientation because I think to some degree, when I have raised its profile and tried to talk to people, people often say, 'My gender, etc., is mine; I don't need anybody else to be aware of it'. […] But that doesn't mean that we've opted out because what I have said is that in our new option forms we will pick up the issues of disability and then also pick up issues of sexual orientation as well, so it's all there.'

Whether heterosexual, bisexual, lesbian or gay staff had raised such objections were unclear. For heterosexual people the need may indeed have been unclear, for some lesbian, gay or bisexual people, fears of negative reprisals at outing themselves may have been a factor. In this sense the lack of awareness of equality officers and perhaps many colleagues of LGB people about their needs is clear. Lack of understanding of disability issues can equally be a problem.

Understandings of the social model of disability

Key service providers understanding of the social model of disability was not always what it perhaps should be. Whilst all five interviewees said that they worked to a social, rather than a medical model, definitions of what they meant by this were varied.

The Director of Yorkshire MESMAC stated:

> 'In a nutshell I guess it's that structures, the society, the environment disables people rather than that, err people's disability, if you like. I think that's alright.'

Social Services summed it up by saying:

> 'Well I suppose, I think everyone has their own interpretation of this; I've seen the definitions of the social model. I mean on the one hand I guess for me it's about, you know, people not patients. I think there is too much really still around the whole health model, the NHS led model that influences a lot of what we do, but I think that for me is the sort of… my approach to

> the social model is very much around being about people not patients; it's being about practice that is built around the person; it's about an holistic approach to that meeting that person's needs; it's hopefully about the individual themselves needing the… a kind of definition of the outcomes that they're looking for; the support that they need to help them to achieve that.'

This definition still focuses on the individual and their body to some extent, rather than an awareness of social structures. Equally the Director of Leeds Society for Deaf and Blind People when asked how he interpreted the social model, responded:

> 'I don't think I'm really competent to answer that one. I told you what my background is [in the business rather than voluntary sector], but I would think we'd probably work to a social model. Having said that a lot of our referrals to come through the medical route, you know people who are diagnosed with a visual impairment or hard of hearing and come to us for our services, but I think the services that we provide are very much around people's social needs rather than their medical needs, their emotional needs. So even when the referral, it's through the medical route the service we provide to enable people to fulfil their social potential.'

Understandings of the social model of disability and its implications for service providers approaches to their work is a vital component of a disability equality approach to service provision. However, there were also other areas of equality where service providers need training.

LGB and disability equality training for service providers' staff

Mandatory training for service providers staff on LGB and/or disability issues was rare. As well as the range of staff trained, there were variations in the depth and type of training carried out. For example, the Director of Leeds Society for Deaf and Blind People admitted:

> 'We don't specifically do any training in LGB issues. It's not something that we, well quite honestly it's not something that's probably hit our radar screen in terms of a requirement, in terms of a need. It might also be something that is not readily available and if we saw something that was readily available we could look at using it…'

Where training was evident at all, it was often limited in its scope. In Social Services, for example, what was covered was described as a 'general introduction'.

> 'There is within training programmes in the department a general introduction and understanding to equality issues, not only in a legal framework but also the practice implications of that, and that will include disability, and equality around gender and sexuality issues as well.'

At Yorkshire MESMAC the training for staff on disability issues was seemingly sporadic and limited in the range of impairments it covered.

> 'We have but it's not been an ongoing thing. It's not really been a core. I mean that's something we are looking at and want and you know we will be changing, but yeah, we have in the past, we've kind of done… I think the majority of the stuff that we have done in the past and I think what will be best there is stuff around Deaf people really, there's just a lot of Deaf users, well not a lot but a substantial number, we have a substantial number of deaf service users so I think that's often focused our mind around that, so it's been kind of simple in-house training about for example, how to use a Minicom, and things like that you know and what have you.'

Whilst mandatory training was rare and not seen as something which was planned for the near future some organisations, or sub units or organisations had taken it on themselves to lead in models of good practice. In the NHS it was explained:

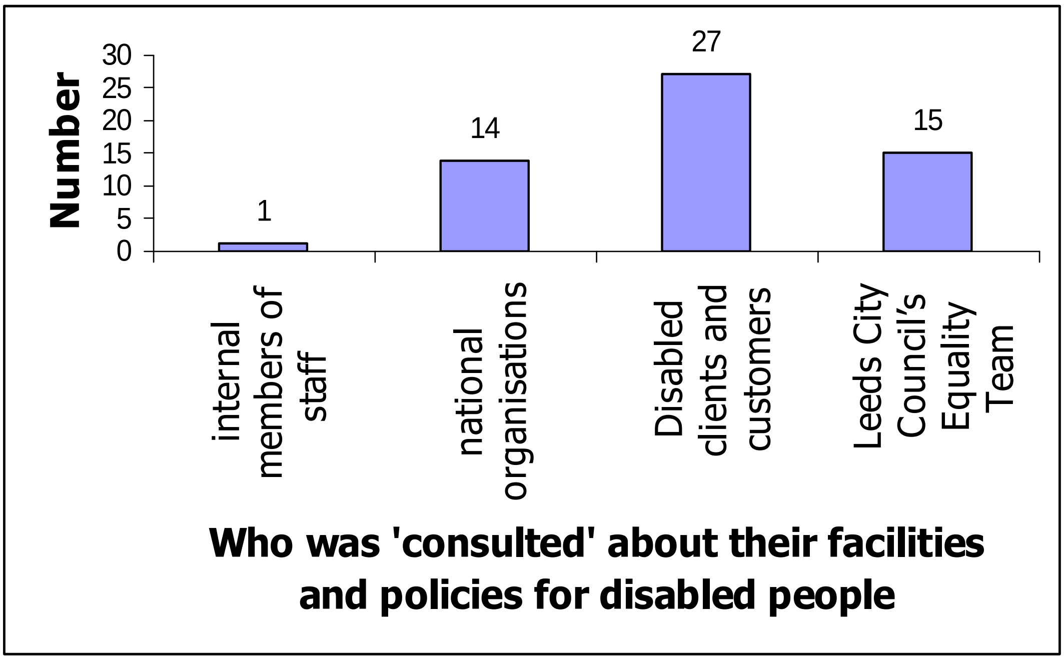
> 'Mandatory is an interesting one. In the sense that I think conflicting priorities being always there and I have tried to not to go down that road. However, one of the PCTs has actually turned round and made a commitment that by two year's time, all of their members of staff will have been trained in disability awareness.'

The move to such systems is surely of vital importance to replace what the NHS equality officer called the slow 'drip, drip' affect of information being passed on by small numbers of staff who attend training sessions, to their colleagues. Information being shared between people, however, can be of value. The sharing of information between organisations was pointed to as a key area of importance by service providers.

The need for cooperation between service providers

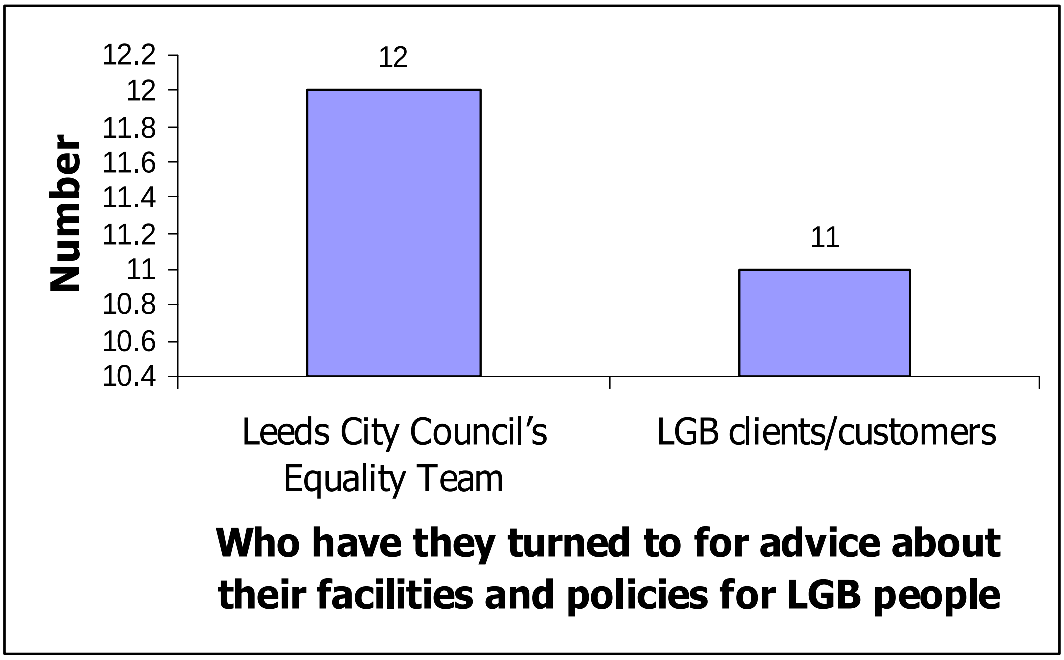
When they were asked who they had 'consulted' about their 'facilities and policies for disabled people' answers varied from internal members of staff such as Human Resources officers (1, 1%), to national organisations such as the Disability Rights Commission (14, 23%). Disabled clients and customers was the most common answer, indicated by 45% (27) of respondents. Only 15 (25%) had turned to Leeds City Council's Equality Team, or Access Officers (see Figure 6.i.).

Figure 6.i. Bar chart showing how many of the 60 service providers who returned questionnaires had turned to a range of people and organisations for advice on their facilities and policies for disabled people.



Questionnaire respondents were also asked who if anyone they had turned to for advice about their 'facilities and policies for LGB people'. Smaller numbers of respondents appear to have sort any such advice on these issues. 25 people answered this question. The most common responses were Leeds City Council's Equality Team, 12 (20%), and LGB clients/customers, 11 (18%) (see Figure 6.j.). The lack of service providers knowledge on where to turn for assistance on LGB issues was mentioned above.

Figure 6.j. Bar chart showing how many of the 60 service providers who returned questionnaires had turned to a range of people and organisations for advice on their facilities and policies for LGB people.



Communicating with one another to share resources and information can be of great importance. The need to share costs and capacity was equally noted by Yorkshire MESMAC's director when he said:

> 'Possibly, I mean I think there must be, spare capacity, or some capacity around and some resources around that we're not tapping into that could make you know what we're doing quite a lot easier. And I don't, you know, I don't know what they are. We're thinking of having an event, holding an event in August. We've just started talking about it, a pride type thing, and I'm very aware of kind of access issues. I mean we e-mailed the equality team at the city council to kind of say look we're putting this on, we really need some advice right from the beginning about and, you know, 'Do you have like. you know. such a thing as a disabled access portaloos?' You know, because they're the sort of things that cost an absolute fortune when you're putting on an event and stuff, you know, well

> portaloos generally, but you know and you know we didn't know whether or not there were those sorts of, kind of, council's must-have those sorts of things at other events, or maybe they don't. It's how we can tap into those bigger organisations like social services and the local authority who might, you know, have things like personal assistants who could come and help the staff out at events or groups. Who might have, you know, sign language interpreters, it's that kind of… because we're a small organisation that we should… you know, it's about trying to pick in and get into those large organisations and see how in some sense we can piggyback on maybe some of their spare capacity.'

Other interviewees made clear the importance of sharing expertise and even powers. For example, West Yorkshire police pointed out how housing associations could assist them in dealing with hate crime incidents.

> 'I would say to all groups and all communities it's not about necessarily the police being the best people. If you've got a housing association complex and you've got somebody living next door to you and it's constant homophobic abuse, that person is probably unlikely to take any notice of a succession of bobbies that come and say "Can you mind your language?" Can you whatever. But I have been with a housing officer whose knocked on the door and said "Do you remember that agreement that you signed that talks about you know levels of behaviour and unacceptable behaviour and if you carry on doing what you have been doing, I'm going to serve notice on you to quit".'

They equally pointed out how better upkeep of street lighting, pruning of overgrown hedges on public land, and so forth could assist in crime prevention.

The need for organisations to work together with their various areas of expertise was equally stressed by Yorkshire MESMAC. Communication between groups would relieve pressure on any one organisation attempting to cover a wide range of issues poorly, with pressure on them to be 'jack of all trades'.

> 'Well yeah I mean it does seem often like that, you know, that anything gay gets dumped on the doorstep. You know, in terms of housing, podiatry I mean people come to me and asked 'have we got a gay chiropodist?' I mean I guess we are working very much like a community development type organisation, so we do cover a lot of things. So I don't know, but I do think Leeds for a city of it's size has a really underdeveloped… I don't know if it's kind of LGB services but certainly infrastructure that allows those groups to talk together, communicate with each other, to present a united front to those people who we can identify as needing a united front.'

Whilst sharing resources and expertise is a potentially good thing, it must be recognised that contracting out services, and relying on voluntary organisations does require some monitoring. Equality and diversity guidelines and practice standards need to be monitored across services. This was a factor which Social Services acknowledged.

> 'Certainly through the contract process the… we would require copies of their procedures, so we know that every organisation who delivers services for us has a set of equality procedures. There's normally one with health and safety and all the other things that would be required. It provides us the evidence of it in training programmes, but we all know that the fact that the procedures are there does not necessarily mean that people comply with them. So ultimately what you're looking at is the quality of the service that people receive, what we can find out in terms of the approach to equality of opportunity and employment and so on.'

Awareness of service provision and its monitoring, must be mirrored by an awareness of service requirements. Just as the monitoring of staff is important for employers to be aware of their needs (see above and section 7.2), a knowledge of the social structure of people using their services is also required.

Positive plans for change

The efforts to meet wider groups of peoples need, acknowledging their multiple identities has been discussed above in relation to the awareness of service providers about people using their services. This is not the only positive move for the better that Leeds service providers are attempting to make in the lives of LGB disabled people.

(i) Removing physical and information barriers
The Director of Yorkshire MESMAC noted the positive changes they were making to meet the needs of LGB disabled people.

> 'I think beefing them up, or I think the beefing up of our website. I think the site that we can now, all of our resources that we produce ourselves, the printed resources are available on the website so people, and as pdfs, so people can access those and kind of as you say, in kind of any size that they want. I think the notion that we supported one of our counsellors to go through a British Sign Language course so that they can… we can now do direct counselling in BSL is really good. I think that our accessible building in Wakefield is going to be going on line next week, will be really good.'

Such practical efforts to meet access requirements are to be welcomed. Making information on services accessible is another important area of development. Several initiative to make information more widely available were discussed. The officer from West Yorkshire Police, for example, was keen to point out that:

> 'Our external Internet is now RNIB friendly, which we should be getting the Kite mark for that, we you know, the font size should be okay or anything that we have is available in, that's what we'll say. There was a time when certainly around language where we had to have

> everything in 12 different languages which cost an awful lot of money.'

(ii) Challenging attitudinal barriers

Only 18 (30%) of the 60 questionnaire respondents said that their organisations display any information informing people that their organisation is welcoming to LGB people. The Director for Leeds Society for Deaf and Blind People confessed:

> 'How you demonstrate that there is no homophobia and you're quite right you know, you can put up a sign saying sign language used here. You can put up a sign saying Guide Dogs Welcome or whatever. How do you put up a sign we're gay friendly or we're not homophobic or whatever? I don't know.'

The NHS were keen to look at how policies could be made visible to the public.

> 'You see I think that we've put in our equality and diversity policy for the five PCTs very clearly. We will not tolerate any form of discriminatory behaviour and it's on grounds of race, gender, disability, sexual orientation, race, faith, etc. All of that stuff is there but as a statement I always feel that's great but it's about the actual next stage. What are we going to do and how are we going to do this? How are we going to ensure that this is going happen? And I think the easiest answer of some people is well let's have some images around.'

They had considered the broad circulation of their equality policy through all surgeries.

> 'Well it'll go out to everybody. I was hoping that what we would also do is we'd make it available in our surgeries as well so that if anybody comes in, just as they can pick up a leaflet on, you know are you aware of your tax credits or whatever it is you know, you also need to be aware that you know and that under your

> rights, etc, so there is something that I've worked on, on that as well.'

Circulation of information does not just inform LGB disabled people of the welcoming services which are available to them. It can also act to educate wider society. Social education is a necessity if a broad range of service providers and all their clients are to understand LGB disabled people's needs. The Leeds Society of Deaf and Blind people are carrying out work with service providers in the following way:

> 'Again just strategically what we're trying to do more and more now is… one of the services we offer the wider community is sensory loss awareness training. So we're bringing public and private sector service providers in here and giving training in deaf and sensory loss awareness. We're going out to businesses and doing that, we're promoting that very actively now and we feel that is very much our role in reaching the needs of people with a sensory loss, in making the wider world aware of those issues.'

General changes in attitudes of staff to how they approach LGB and disability issues can be one of the biggest and most important breakthroughs. There still appears to be some way to go before all training and staff development around disability is based on the Social Model of Disability, though organisations may have formally accepted this approach, it takes time to filter through large structures.

A senior member of Leeds Social Services when asked what the most significant change in Social Services policy had been for LGB disabled people in recent years, he answered:

> 'When I first became a social worker, it was very much a case of doing things to people, for people. Now I think the emphasis on empowerment and enabling people, which is largely there within the social work provision, I think it's established I'm not entirely convinced that everyone who works in a department of this size understands or practices that philosophy, but it is certainly there in the strategies, it's there in

> training and other practice, but I think…and I think that in a sense is the biggest significant change that impacts upon the lives of vulnerable or the marginalised people, disabled people in terms of their, well the enablement approach '

As stated above, however, to improve services and to know what questions you are seeking advice about, you first need to know the extent and nature of the issues you are attempting to deal with, particularly the barriers that LGB disabled people face in society. To this end the next section of this report looks at LGB disabled people's experiences of 12 areas of service provision in Leeds, the problems they have faced and how they believe these problems can be overcome. To reiterate the words of the representative of Leeds Social Services, quoted above:

> 'They [LGB and disabled people] should be right at the centre of both the planning and the issues about service delivery.'

7. LGB DISABLED PEOPLE'S EXPERIENCES OF TWELVE AREAS OF SERVICE PROVISION IN LEEDS

In section 6 we considered the current state of service provision for LGB disabled people in Leeds, as described by the service providers themselves, in answer to the questionnaire survey and interviews with key service providers. In this section we focus on the views and experiences of LGB disabled people themselves, drawing on the twenty interviews with such people living and/or working and socialising in Leeds. Each of the twelve identified areas of service provision are discussed in turn, drawing attention to the specific issues of relevance to them. In addition, however, common themes and areas in need of action from all service providers will also be made evident.

7.1. EDUCATION AND TRAINING

An education gives a person a wide range of opportunities. It helps them develop their skills and knowledge which equip them for employment, as well as tasks of daily living. Education can mean people are better informed, and more prepared, to interact and negotiate with service providers, and other people more generally, in all areas of their lives. However, data collected in 2004 showed that:

> '21% of disabled people aged 16-24 have no qualifications whatsoever, compared to 9% of non-disabled people of the same age.'
>
> (Disability Rights Commission 2006a)

The gap in educational achievement between disabled and non-disabled people points to underlying problems which still exist in the education system. This despite the implementation of the Special Educational Needs and Disability Act 2001 (p1), which aimed:

> 'To make further provision against discrimination, on grounds of disability, in schools and other educational establishments.'

Equally, whilst Stonewall (2006a) state their belief that every child 'has the right to learn in a safe, supportive and respectful environment', they acknowledge that this situation is still some way off in relation to LGB young people.

In this section LGB disabled people's recollections of school are discussed, before their more recent experiences of higher and further education. Having considered the general issues in accessing education services, the section then moves on to look at how people learn about LGB and disability issues in particular. Finally, the section concludes by considering how education services can be improved in the future.

LGB disabled people's experiences of school

The majority of the LGB disabled interviewees had not come out as LGB or gained their impairment when they were at school, hence, few recalled experiences of discrimination or harassment due to these issues at this time.

For some, bullying had occurred for other reasons, including their ethnicity. One woman remembered the lack of awareness about Black culture there had been at her school and how that had left her feeling isolated.

> 'I think being only a handful of black people in Essex, I didn't enjoy it. I knew nothing about black culture or anything like that. And I must say I didn't enjoy it in that respect.'

This point makes clear the importance of service providers acknowledging the complexity of people's identities, and the fact that people should not be classified by just one element of their life.

Those interviewees who had been aware of their sexual orientation, and/or had an impairment when they were at school, recalled their varied experiences of discrimination.

Segregated education versus mainstream education

An analysis of the advantages and disadvantages of segregated and mainstream education for disabled people is beyond the scope of this project. However, there were some interesting comments made by the two interviewees who had attended special schools. One recalled the limitations of the establishment they attended.

> ‘It was just really, really oppressive. And I was bullied more than I had been in mainstream school. […] It was just the most awful experience. I hated it. I absolutely hated every single minute of it, except for the fact that I didn’t get any education there. Spent the last three years of my life in school, err, looking after and riding horses, because they couldn’t think of anything else to do with me.’

This said, it was acknowledged that specialist tuition can have its distinct advantages. However, this relies on the training of staff and the resources to provide the, sometimes one to one, attention some children may require. One woman explained:

> ’That first year in [a special] school was an OKish experience. I had a really, really good teacher I think for the first time in my life. I was being taught by someone who understood I couldn’t see and, although in 1964 I mean there wasn’t really any technology or anything, errm. You know, things were done at my pace and I had lots of stuff explained to me and, you know, if I needed stuff reading out, or. But it just was, wasn’t a hassle doing all that sort of thing in school. Errm, just a really, really good teacher.’

A number of interviewees stressed how individual teachers, who had been willing to spend time with them, had made a significant impact on their educational achievements and self-confidence.

Homophobia in schools

However, there were mixed experiences of teachers’ reactions to LGB disabled pupils. One woman explained how impossible it was to tell staff at a Catholic boarding school that you were being bullied because you were a lesbian:

> 'Well you couldn't go to anybody […] saying that thing There wasn't anybody -you couldn't you know at that point like you know you don't have the words for it but you couldn't even say it to your friends, you couldn't say it to anybody really what was going on.'

The impact of ill informed opinions of staff and other pupils of LGB and/or disability issues are clear. Several interviewees recalled how LGB pupils were the butt of jokes and victims of bullying at school. Stonewall (2006a) believe that 'homophobic bullying is still widespread' in schools. As Tom Doyle, Director of Yorkshire MESMAC commented:

> 'I mean schools are dreadful at the minute. I wouldn't want to be a young person in school at the minute who was gay. It's horrendous. I mean when I was at school you know it was all, kind of a lot of disablist language as well, it would just be kind of like take the Mickey, make fun of folk now it's you know everything's gay, and that's the kind of word *du jour* at the minute I guess. So you know it's, must be a difficult place for young people just now.'

One man explained how, whilst there had been a threat of homophobic bullying, his friends and classmates had defended him.

> 'The only time that I did have some bullying was when I were about 13 and it was some geezer in another class picked up that I were gay and they were going to beat me up and me classmates came and defended me, got round me.'

The importance of friendships and senses of community and belonging will be discussed further in section 7.12. This point, however, also illustrates how the threat of bullying can be as important as actual events. One woman explained:

> 'I felt very isolated. Not that anybody else did anything towards me. You know, I think people didn't really understand or were interested even but I felt different.'

Another woman explained how negative attitudes towards LGB issues had impacted upon her personal recognition of her sexual orientation.

> ‘Oh yeah, everything about lesbian and gay was negative [at school], everything. Otherwise I would have realised [I was a lesbian] at 14.’

Having acknowledged their sexual orientation and their impairments, memories of school and the education system they had witnessed impacted upon interviewees desires and expectations of further and higher education.

LGB disabled people’s experiences of further and higher education

Negative experiences at school meant several interviewees could not wait to leave the education system.

> ‘Well I didn’t [go on to further education]… because I were fed up at school when I got to me teens I just wanted to get away from school, it wasn’t a very good school, it were a bit rough.’

This said, most of the interviewees had taken up some further or higher education courses since school and/or would like to enrol on more. Most of their experiences of adult education were positive. Various examples of good practice were given to explain this. These included; programmes being more flexible in terms of attendance and the number of courses which had to be taken at any one time; the attention tutors were willing to give people; the control people had over choosing the right courses for them; and the fact that they were listened to as adults, and experts on their needs by tutors and administrators. For example, one interviewee explained how, when they had experienced difficulties in following lectures they had gone to see their tutors and simply ‘talked to them about it’ in a manner which they had been unable to at school. By direct, mutually respectful communication solutions to difficulties had been found.

Lack of awareness of the improvements in some areas of further and higher education caused problems for some interviewees. Several discussed how there were courses that they would like to do at some point, but gave various reasons for not doing so at present. These included a lack of easily accessible information on the availability of courses, limited finances, and a lack of self-belief. Some interviewees simply considered themselves to be too old.

> ‘The only thing that would put me off would be age I suppose.’

The issue of age raises an important point. The fact that people, as stressed before, belong to more than one social category, means that service providers need to plan for people’s combined needs and service providers for different groups of people need to communicate with one another. The failures in communication and co-operation between different areas of service provision were made clear by other interviewees. One man explained that due to inaccessible public transport, and attitudinal problems amongst staff in the residential home where he lived, who did not expect their residents to attend education courses, he had to give up his University course.

> ‘I was forced to move into a residential home. And there you can’t really go to University every day from a residential home in [a satellite town].’

Failures in communication between service providers is not the only negative factor in LGB disabled people’s experiences of adult education. Whilst, as discussed above, examples of good practice were evident for some, others engaging in further and higher education found the same barriers to education they had always experienced. One man, for example, explained the difficulties of physical access he had experienced, not least as an LGB person.

> ‘I suppose there was an issue in that the LGB office at Leeds University wasn’t wheelchair accessible. So that, err, later on when I became unable to get up there I missed out on that kind of community I suppose.’

Accessing certain types of information or people such as this can be of great importance. All LGB and disabled people need access to information on their culture, and like minded people's experiences and support.

Learning about LGB and disability issues

The Department for Education and Skills (2006) state on their website that from the age of 14 pupils have 'a guaranteed core curriculum' which:

> 'rovides all children with the opportunity to learn the skills and understanding required to continue learning throughout their lives, regardless of sex, social background, race, religion or disability.'

Sexual orientation is noticeably lacking from this statement. It is perhaps, therefore not surprising that despite 'Sex Education' being included in the 'guaranteed core curriculum', information on sexual orientation and lesbian and gay issues are lacking.

The limits of sex education in schools was a concern to interviewees. Most of them remembered some lessons on the basic biology of sexual reproduction, but little more.

> 'Only with pregnancy and how not to… how you get pregnant and how to avoid it. I didn't even know how to avoid it actually.'

A community police officer at West Yorkshire Police pointed to the legacy of Section 28 of the Local Government Act, as one possible cause of school's unwillingness to discuss LGB issues:

> 'I think the… a lot of damage was done during that time when so much work was being done to voice 28 because I think what teachers did was they just stopped doing anything around relationships because it was just fraught with danger. You know, if you do it you have to include and if I include it I'll get into bother. So best way is to have nothing to do with it and I think schools were less because of that.'

Information on disability issues, the nature of disability and the social model are equally lacking from school curriculums. One interviewee made clear how the lack of education on LGB and disability issues left them ill prepared for dealing with experiences of them.

> 'I have been in education though, I mean, it's not fair because academically, it doesn't prepare you for things like mental health problems, sexuality or things like that.'

Informal sources of education around LGB and disability issues

Interviewees were asked how they had learnt about LGB and disability issues. The answer was repeatedly through friends and associates. For example one man said:

> 'Disability issues, errm, through disabled friends really I suppose.'

A woman explained how she had learned about lesbian politics from other lesbians she knew.

> 'I suppose because I came out in 1987 at that time a lot of lesbians that I knew were politically active.'

Websites, television, specialist newspapers and phone lines such as Lesbian Line or DIAL were also given as important sources of information. For example, a woman explained the importance of newspapers and personal connections in her coming out process as a lesbian.

> 'I started reading alternative newspapers and sort of left-type things and that lesbian / gay came up quite a lot and then I got interested in women's things, and I met lesbians obviously, that's sort of how I found out I was a lesbian really.'

One man explained the role television had played in his recognition of his sexual orientation.

> ‘Television that’s how I found out about it. I can remember a documentary around about 1973 about real homosexuals. […] Then the next time it really came up were a documentary in 1975 called Johnny Go Home.‘

The need for affordable, easily accessible information to young people was explained by a further interviewee who said:

> ‘There were no real magazines. I couldn’t have afford anyway being so young, but I never read like sort of Gay News or whatever and I don’t think you could buy them in most shops anyway but there wouldn’t let me buy them because I was so young looking anyway.’

The lack of any general education on LGB issues admittedly meant that some interviewees had found out about where to meet other LGB people, or about LGB issues, purely by accident. For example, one man explained:

> ‘So how I met someone was I went to the toilet that’s it, I went to toilet and I suppose things… and that’s how I found the first, that’s when I realised that men hung around those sorts of places and that’s how I found out. By accident.’

The need for improved education on a wider range of minority group issues and cultures is evident, but it is not the only way in which the education system can be improved for LGB disabled people.

How to improve education services in the future

When they were asked how education services could be improved in the future a range of suggestions were forthcoming. As in so many areas of disabled people’s lives, and as is made evident through further sections of this report, a desire for flexibility in service provision was one key factor. The impractical nature of rigid, full time courses was made clear by one interviewee, for example, who said:

> ‘I had to leave University in the end, because it became impractical for me to study full time at University. […] They need to try and be as flexible as possible, and need to identity what needs they can meet and how they can meet them.’

Service providers attitudes to LGB disabled people were also raised as something which needs to change. Increased equality and diversity training for staff, making them aware of the social model of disability is required. As one man put it:

> ‘Their disability services office, I forget what they call themselves, are not very good really one way or another. And they certainly don’t work to the social model. They could do, do with rethinking their attitude to disabled people.’

When service providers do go out of their way to make adjustments and provide tuition in alternative formats, such as distance learning courses, the results can be significant. One man who had attended the Open University said of it:

> ‘They’re a fabulous organisation, they really are. They’re very good with disabled people. They errm, go out of their way, beyond their obligations to try and enable disabled people to study. They’ve got the most disabled students of any University in the world. That’s partly because they’re also the largest distance learning University and distance learning tends to work well for a lot of disabled people.’

The ongoing need for service providers to listen to, and work with LGB disabled people was considered another vital element of future planning and development. Gibson (2006: 315) describes an ongoing ‘culture of silence’ in institutions of education, where the voices of ‘disabled’ and other ‘oppressed’ people are not heard. The frustration one interviewee felt when he recalled how his tutors had repeatedly talked to the University’s disability services staff rather than to him about his needs, was evident.

> '[The] department take what disability services say or they consult disability services rather than consulting me the disabled student direct.'

The nature of their tuition is not the only thing that disabled people need to be consulted about. 'Career Education' is another element of the 'guaranteed core curriculum for 14 to 16 year olds' mentioned above. Again this will be a welcome development if it is carried out, as careers advice had been absent or, at best extremely limited in the experiences of all our interviewees, as will be discussed in the next section of this report on Employment.

7.2. EMPLOYMENT

Employment can give any person a sense of independence, financial security, a feeling of self-worth, social contact and social status. In contrast, to be seen as 'unemployed' and/or reliant on 'benefits', comes with a certain amount of social stigma.

Since the 1st December 2003 and the enforcement of the Employment Equality (Sexual orientation) Regulations, LGB people have been legally protected from discrimination and harassment at work. The Disability Discrimination Act 1995 offers similar protection for disabled people. As women and members of ethic minorities have already found, however, legislation alone does not remove discrimination from the workplace, or any other area of LGB disabled people's lives.

Employers' lack of understanding about disabled people's abilities, the pressure on them to produce at the most competitive rates (measured by the most productive employee), and lack of funding support from government, mean that many disabled people who would like to work remain unemployed, or employed in jobs which are some way beneath their full capabilities (Wilton and Schuer 2006).

This section looks firstly at LGB disabled people's experiences of unemployment and the barriers they face to finding work, including limited careers advice. It secondly points out how many employers have a lack of awareness of disabled people's abilities and needs in the workplace. Building on this the section next looks at the wide range of forms discrimination can take at work. People's freedom (or rather lack of freedom) to express themselves as LGB and/or disabled is considered, before the ways in which employers deal with harassment is discussed. Finally, the advantages of being LGB and disabled at work are considered, as are LGB disabled people's ideas of the ideal employment situation.

Experiences of unemployment and the barriers to work

As stated in section 4.3. of the Methodology, only 7 of the interviewees were in paid employment. Of these 7, 4 worked full time, 2 were self employed and one worked part time. 2

interviewees were currently studying. Of the remaining 11 who did no paid work, 1 was doing voluntary work, 1 some other unpaid work and 9 interviewees did no work.

However, these figures do not reflect people's desires when it comes to employment. When they were asked if they would like to work the majority said that they would. Indeed most individual's had worked at some point, many in a variety of roles.

> 'Initially I worked as a pollution inspector, a groundwater protection officer it was called, or an environmental officer, at the environment agency. I've had various, err, fill in jobs in the meantime. I was a baker, and I was, errm, a bookmaker, and I've worked in various factories.'

Factors which they said prevented them from working included the inflexibility of benefits and housing rules. For example, one man explained:

> 'Because I'm forced to live in a residential home I'm not allowed to earn any money. Which is also very disempowering. So I've had to turn down job opportunities, because I, I would actually be worse off than I already am. And I, I don't get much money as it is, 'cos most of the money's taken off me for the payment of the residential home.'

A common factor was the inflexibility of working conditions, hours and volume of work. For example, one woman explained her reasons for choosing to be self-employed.

> 'Whenever I'm not feeling well, it means I you know I just don't take on so much work so it's… money's never been the big driver.'

The impact of negative past work and education experiences were a further concern for a number of interviewees. One woman explained the indignity of being under employed in a job which was beneath her capabilities.

> ‘I worked for five weeks (laughs). I moved to Manchester after I left college, in a pickle factory (laughter). I was made to go there by the BRO, Blind Resettlement Officer. I had to make cardboard boxes up. To stand pickle jars in. And errm, I ‘m afraid my dignity would not allow me to continue any further in my career.’

Such experiences gave her little desire to attempt to find further employment. Equally a lack of expectation and encouragement of disabled students in the education system meant that people had little self-confidence in their abilities.

> ‘It’s the whole impact of the way society views you as a disabled person and errm. You know, just being constantly told through the education system that we’re not going to educate you. That we’re not going to give you education and support that suits your needs.’

A lack of helpful careers advice and general guidance on job opportunities, in schools and elsewhere, was referred to repeatedly in interviews.

A lack of careers advice

When interviewees were asked if they had received any useful careers advice, only one answered ‘yes’.

> ‘It was actually yeah. Yeah it was quite helpful. There were no jobs that I was suitable for but I’ve been thinking more in the past I think. I mean they say you can do whatever you like you know, when you apply for work and stuff but I mean what can you do at 44 first time? You know starting anew at 44. I mean they say you can do whatever you want but I’m really thinking maybe I should stick to what I was used to and find out whether I can still do it.’

One man summed up more common experiences when he said:

> 'None that's ever been any use, but yeah. It was available.'

One woman remembered the disablist attitude of her school:

> 'I remember the careers advice at school when I was 15 and them saying to me you don't have to worry about getting a job because you can always go on benefits and you'll be fine (laughter) which did me no favours, I was furious.'

This lack of support and advice from careers officers has more implications for LGB disabled people than a lack of guidance on what careers are available to them, the nature of different jobs, what qualifications are required and so on. It also means that they do not get given information on what financial benefits and assistance are available to them and their potential employers. They are not advised on their general legal rights.

When discussing setting up her own business one woman explained:

> 'Business Link are just not remotely switched on to disabled entrepreneurs and disabled people setting up their own business. I accessed stuff but I'm tenacious and I've been an advice worker and I'm articulate and I'm middle class and I can get there but I've had my moments just weeping that it shouldn't be this difficult but there's something in me that just says I'm going to f***ing well get this, you know.'

When asked about careers officers services for LGB disabled people one man answered:

> 'I don't even know if they do anything for gay and lesbians.'

When further asked if he thought they could advise him on his legal rights he answered 'no'.

The lack of awareness of LGB disabled people and their needs was not unique to careers officers and others assisting people into work. Employers also appear ignorant of what LGB disabled people are capable of, what support they may need and what support is available from government and else where.

Lack of awareness of LGB and disability issues amongst employers

Employers need to be made more aware of government money available to make reasonable adjustments for disabled people in the workplace. This is available through the Access to Work scheme, part of Job Centres Plus, run by the Department for Work and Pensions (DWP 2005).

When service providers were asked whether they were aware of having any LGB employees or colleagues in the questionnaire survey for this research, 60% (36 out of 60) said that they were. A slightly higher, 67% (40 out of 60) were aware of having disabled employees or colleagues.

Considering that there was quite possibly a bias in terms of pro-active employers returning questionnaires these figures are not reassuring. Indeed, some of the larger employers were amongst those who had no awareness of such staff. The manager of one of Leeds key transport interchangers, for example, with a workforce of 101 to 500, and thousands of service users, claimed to be unaware of any LGB or disabled employees/colleagues, or any LGB clients/customers. Indeed 3 of the 12 employers of over 1000 staff claimed to have no awareness of any disabled or LGB employees/colleagues.

A lack of awareness of LGB and/or disabled people's presence let alone their needs can be a form of discrimination in itself. Their invisibility can mean that their needs are not considered. They may find themselves assumed to be heterosexual and non-disabled.

Invisibility is, however, not the only form of discrimination LGB disabled people have to face at work.

LGB disabled people's experiences of discrimination in the workplace

For those interviewees who had at least attempted to gain employment, the first hurdle they met was in the application stage. One man explained how societies assumptions about disabled people's abilities, particularly if they are in residential homes, impacts upon people's access to work.

> 'All the employment that I've got as a disabled person has been against the odds. Not because of discrimination by employers, but just because this, this general assumption is that people in residential homes just aren't gonna work.'

False assumptions about people's abilities can mean that it is desirable to hide an impairment during an interview. One individual explained how they could generally hide their hearing impairment in such situations:

> 'In an interview it's not usually a huge room and it's usually fairly close to, you know, with a panel or something and when you've got a panel, they're generally pretty good at one talking at a time rather than everybody talking together kind of thing.'

When people had successfully gained employment, experiences of discrimination in the workplace were varied. As will be discussed further in section 7.4, "Transport", one individual found themselves in difficulty when it came to her need to park immediately outside the workplace. Co-workers' beliefs that she was getting special treatment made the situation awkward.

Other forms of discrimination experienced by interviewees included: verbal abuse, bullying, being excluded from social activities and even the lack of belief from employers or co-workers that a person had an impairment.

One woman explained her combined experience of homophobia and disablism:

> 'I'm at the moment going through a bit of a bad period and well, my deputy manager's quite horrendous, homophobic pig and I'm really struggling on that score. It's just with his stupid comments like you know let's go build a raft together and it's like oh let's exclude people you know, let's go go-karting, let's go Quaizer and it's like and there is like a comment, the go-karting woman was quite funny because I said look you know there's a couple of us who can't do it, there's like three of us that's excluded from this, oh it don't matter, you can watch us (laughter) I thought oh brilliant, oh fab, come along and watch you all […]. Very inclusive! And they were like what's your problem?'

Fear of any one of these or other forms of discrimination meant that many people felt concerned about their expression of their identity at work. This was sometimes eased by support from other co-workers. For example the woman above went on to explain how in discussions about such social activities:

> 'Another colleague joined in with me and said well actually I can't do it and I'm really not happy with this so that was okay. But with being a lesbian. I'm the only lesbian there so it gets a little bit monotonous and lonely.'

Freedom of expression in the workplace

Some individuals said they had not experienced any homophobia at work. However, this was not due to supportive colleagues and managers, but rather due to their decisions not to be out at work. They deliberately chose to hide their sexual orientation in order to avoid confrontation.

> 'I was in the closet when I worked for [a Yorkshire town] Council and I chose to do that because it's a very traditional Labour council and [the town] as a community is so old-fashioned sort of parochial place and the head of personnel there was a very, very manipulative, controlling, very straight bloke who'd

> come in from the private sector and he was bought in basically to hatchet… he was a hatchet man. They wanted to make 300 people redundant and they bought in someone to do the job and I didn't feel comfortable.'

The same interviewee underlined the importance of a friendly, supportive and openly LGB friendly work environment when she went on:

> 'Yes, so then I moved to [another city] Council, which is a much more left wing and just came out immediately and felt loads more comfortable but I wouldn't ever do that again.'

Choosing whether or not to be open about an impairment is not always as easy. Firstly, the choice is taken away from some people due to the visible nature of the impairment. For individuals whose impairments are hidden, such as those with dyslexia, diabetes, or those using mental health services the decision whether or not to be open about it can be a difficult one.

If a person chooses to withhold information about an impairment for some time it can be difficult to cope without the assistance they require and could receive, but it can be equally difficult to ask for it when they appear not to need it. The levels of stress a person can experience due to such situations can be high.

> 'Because you seem to cope, people don't think you need help and asking for it is difficult, so you carry on coping as best you can and trying to do everything, you know, on your own, 'cos you don't like to ask. 'cos people don't think you deserve help kind of. They don't know how hard you have to work to do what you do, you know. It's hard.'

It is not just the immediate impact of coming out that can mean LGB and disabled people choose to hide their identity at work. Even where equality and diversity, and harassment policies are in place and/or employers are believed to be sympathetic, successfully dealing with instances of discrimination in a constructive and satisfactory way can be difficult.

Employers responses to discrimination and harassment

Employers responses when instances of discrimination and harassment were drawn to their attention were inconsistent. Some people felt it was difficult, if not impossible, to raise matters of discrimination with their line managers due to fears of reprisal from colleagues, that they would aggravate the situation, or that they would receive little sympathy and the process would be pointless.

> 'It's not worth it. It just causes hassle. People get angry when you tell on them.'

The Disability Rights Commision's website (DRC 2006b) advises people where to go if they need help with a discrimination case at work.

> 'If possible get help with raising your grievance. If you prepare your grievance thoroughly, you are more likely to get a good result. People who advise or support you in raising a grievance are: Trade union: Staff association: Disability organisations.'

However, awareness of such services, as with advocates more generally (see Section 7.7.), was limited. A greater awareness of where to go for help when it is needed is required. Searching for information and assistance can be difficult enough for people who need information in different formats at any time. When they are emotionally distressed and feel particularly isolated this can be particularly problematic.

Occasional advantages to being LGB and disabled

Despite all these difficulties it must be noted that thousands of disabled people do successfully gain long term employment, and experiences can be positive. As expressed in section 5, considering the unique experiences of LGB disabled people, their experiences are not all bad. The determination and persistence of some LGB disabled people, as well as some good fortune regarding the response of other people, sometimes enables a positive outcome.

> 'I haven't really, I wouldn't say I'd like had overt discrimination as a lesbian - probably a fascination, fascination that I'm a lesbian and you know word gets round and people ask me outright including managing directors, a bit embarrassing. A Life councillor managing director whose son came out to him and he was all over the shop and he came to see me and that was really quite interesting actually and that paid off for me, that paid off for me being gay. I liked him as a bloke but after that you know, I got some really juicy pieces of work from him because I'd kind of been there for him, so it actually paid off quite handsomely.'

Whilst this situation may be extreme others took advantage of their own experiences to inform their work with other people. One person expressed their desire to work in the area of mental health, supporting others who were dealing with what they had been through.

> 'Well I was interested in mental health, I did actually get an interview surprisingly. I didn't get the job but mental health is quite interesting in fact and I did want to work in mental health.'

Another explained how they had set up their own firm to help and advise other disabled business men and women on setting up their own business.

> 'What I want to do now is advise other people in how to do this and because now I know the system, if they pay me I will sort it out and get it done and they won't have to go through all of this bureaucracy that I went through. I think there's still very much an assumption that disabled people are jolly lucky to have a job, through Remploy, pat on heady, that's good isn't it, get them off benefits because it's all a bit draining, give them something to do. I still think that's the overwhelming feeling. Shifting, it must be shifting, I

> mean I feel it shifting and I've met other disabled entrepreneurs now so I know it's shifting, but all those people I've met are really determined people.'

The need for such determination and self-confidence to battle an unhelpful system should not be necessary. It is not an obstacle which non-disabled LGB people routinely face, so how can services be improved?

The ideal employment situation

As with education, flexibility of services including working hours, and where an individual could work from, was the key to many people's employment aims and desires.

> 'Ideally, I want to work three days a week, say kind of 24 hours a week. However in reality, running your own business from home, I do tend to work more than that and obviously when a contract comes in and the work comes in, I'm going to deliver on it, but I'm pretty good actually at holding out and saying actually I don't work Mondays and I don't work Fridays, so you contact me Tuesday, Wednesday, Thursday. […] I do find… I've been quite surprised at how flexible people will be with me. Sometimes I have to put myself out but generally, you know I'm managing my health and I'm not overdoing it so far and that was the whole point of setting up the business.'

A general awareness of the social model of disability, equality issues and how these translate into the particular forms of practice help people require is a necessity amongst employers. An awareness of the social stigmas attached to disability, homosexuality and bisexuality, and an educated awareness of the reality is also essential.

> 'I, I've heard good things about the access to work scheme. And that's quite good. Just don't make assumptions about what people can and can't do I suppose.'

The need for better equality and diversity training of employment service staff as well as employers in general is clear. This is a common theme in all areas of service provision. The impact of different areas of service provision upon one another are also evident in this section, with the consideration of education and housing circumstances in particular having been discussed. The state of housing services will be discussed further in the next section.

7.3. HOUSING

Rowe (1990: 10) commented that 'the housing needs of disabled people are rarely considered within the general area of housing provision'. The large scale building of new housing stock across Britain today, shows little evidence of increasing levels of accessible housing (Imrie 2003). The Disability Rights Commission (DRC) (2006c: 19) warn that 'Britain's existing housing stock will not sustain an ageing population with increasing numbers of people with impairments and long term health conditions.'

Many interviewees in this research drew attention to their own standards of housing, as being less than desirable. Few people living in residential care were interviewed in this research. Given that such people probably have less choice and control over their housing than many of those interviewed this is of increased concern.

The current circumstances in which people have to live will firstly be discussed before this section moves on to consider LGB disabled people's experiences of housing services. It next looks at the particular problems of homophobia and disablism which can mean that LGB disabled people find it difficult to freely express themselves in their own homes. Finally, the section concludes by looking at LGB disabled people's desires for the future, including where, in what type of housing, and near whom they would like to live.

LGB disabled people's housing conditions

Of the twenty interviewees, one lived in a care home: ten lived alone: six lived with their partners (one for only part of the week, one also had children at home): one lived with their child, but no other adult: one lived with a full time, paid carer, and one with their parents who also acted as their carers.

Living in residential care

Despite the fact that in this research only one of the interviewees lived in a residential home, their comments on the state of such services are of significant. This is not least, because in 2005 there were 277,000 adults in local authority supported residential care in

England (DRC 2006c). Such care comes at considerable public expense, 'which the DRC believes could be better invested supporting disabled people to live in their own homes and to contribute to the local community and economy where possible' (DRC 2006c: 18).

The frustration of rules for the residents of such homes which deny them the right to earn, and hence contribute to the economy were discussed in section 7.2., Employment. Some of the more general restrictions of living in the institution of a care home were described by an interviewee. He explained for example the nature of his co-residents as he saw them:

> 'We haven't got an awful lot in common. A lot of the people there have unfortunately been institutionalised in [these] institutions from a very early age and now are quite elderly.'

The stereotypical, institutionalised, day to day lifestyle within the home was also evident:

> 'They have bingo afternoons with these posh ladies from the local women's institute (laughs), which I don't participate in.'

It would seem that assumptions about types of activities of interest to people would not include the cultural needs of LGB residents. It is, however, noted that some activities can be productive (see section 7.10. Leisure).

In its 'Independent Living: discussion paper' (2006c: 2) the DRC stress their commitment to 'ensuring no one is obliged to live in an institution or particular living arrangements against their will'. Indeed one of the 'five fundamental problems' the DRC identifies 'within the existing legislative framework for social care' is that 'there is no entitlement to live at home instead of in institutional care' (DRC 2006c: 11).

The implications of ensuring disabled people do not have to live in care is, obviously, that adequate housing stock must be available, either for them to purchase or rent from the local authority or other landlords, along with an adequate level of suitable personal assistance (see section 7.6.).

Issues of affordability

Most disabled people cannot afford to buy their own homes (Imrie 2003), though in this study 10 of the interviewees were owner occupiers. The value of this to them, as it is to millions of home owners across the country was clear. Phrases such as, 'It's mine. I've got a mortgage,' were expressed with pride.

The finances to buy a property do not in themselves mean satisfaction however. The increasing prices of property in Leeds, as elsewhere, mean individuals cannot necessarily buy where they would desire.

> 'I would have liked to have waited a bit and then maybe move to Chapeltown or Harehills, but […]I was lucky really because it was a bit of a dump when I bought it. It was the cheapest I could find.'

Physical accessibility

Equally people may not have the physical layout in a property that they desire or need. One blind woman explained:

> 'I don't like the physical house. […] The garden's not good for me. […] We've got these raised beds, so the access. I mean I have to move around really, really slowly, otherwise I either find myself scraping along the garage wall, or err, ripping skin off, or falling over the top of a raised bed. […] Some of the door ways and stuff are quite narrow. I'm a big person and if you, you know, you're quite big and you can't see it's ?. We've got these b****y dado rails, especially in the hall. And they've got pointy ends on them (laughs).'

Their purchases of their properties were often with the assistance and support of friends and family. In some instances this was financial, in others, it was in terms of practical guidance. One woman explained how her sister had advised her about the importance of getting onto the property ladder and discussed areas of the city which may be affordable.

> ‘My sister persuaded me you see and when I started my student nursing, to buy a house.’

The role of family and friends can indeed be positive. However, at a national scale ‘most disabled people live with another family member, often causing considerable pressure and burden to all involved.’ (Imrie 2003: 387). One interviewee who lived with their parents, explained how she could not be herself at home, as her parents would not accept her sexual orientation. She stated:

> ‘It’s almost impossible to be myself. […] I’d like to share [a property] with someone else.’

There is further discussion about freedom of expression at home later in this section. As stated above most interviewees, ten, lived alone, predominantly in rented accommodation. Where the person had sorted their own housing, through private landlords, this was often considered more satisfactory, though problems did still arise. One Deaf man explained how he had experienced difficulties in getting his landlord to install a suitable fire alarm system.

> ‘So say next door. If there’s a problem and next door is on fire. My alarm is a smoke alarm so that will tell me if there is smoke in my apartment, but if there’s a fire next door it’s not alerting me. You know, the alarm might be going off and noisy next door, but it won’t be alerting me. […] I’ve got one smoke detector to pick up on smoke just outside the flat, but that isn’t really the best situation. So, that has been the main thing, main issue in terms of accommodation. […] I asked the kind of landlords for the block about that, you know, whether it would be possible to have that and they refused. They said, “Well, if you’d mentioned it earlier before you moved in.” And all that kind of thing, but too late now.’

A number of interviewees were living in council owned properties, however, and had had little say in where or what type of accommodation they were allocated.

Experiences of service providers assistance

Perhaps not surprisingly, those in council housing and residential care had had most experience of interacting with housing service professionals. Several felt that they had had a lack of a say in what type of accommodation they wanted and/or got. As one man put it:

> ‘It was just what my social worker sorted out.’

A general lack of accessible housing stock, as stated earlier, was identified as a key problem. One man explained:

> ‘I was on the, errm, urgent medical re-housing list for two years whilst I was, still living in Leeds in an inaccessible house. Errm, and they didn’t come up with anything. I was kind of the highest priority you can have for re-housing and they couldn’t find anything. And then when I went into hospital and, they messed up and I came out unable to walk, errm, there still wasn’t anything, so it was this residential home or nothing, basically.’

The limited amount of accessible housing, also means it is limited in its location across the area covered by Leeds City Council. This has significant implications for LGB disabled people, amongst others.

> “Cos of the housing situation in Leeds. The lack of accessible accommodation, I’m forced to live in [an outlying town] where there isn’t a gay community and where gay people have been beaten up over the last year.’

The range of impairments that so called accessible housing caters for is also questionable. There is an apparent emphasis placed on mobility impairments, although people with such impairments are still far from catered for. In his study of builders' attitudes to Part M of the building regulations, Imrie (2003) notes how they are supposed to improve access for all disabled people to new housing. However, in practice they draw particular attention to people with mobility impairments and hence give the impression that the regulations are for the benefit of only a very small population. 'This serves to reinforce builders' problematical belief, that the market for accessible housing is small and insignificant and, consequently, barely worth responding to' (Imrie 2002: 406).

It also means that what properties are currently available, tend to have a limited range of facilities, for people with a limited range of impairments. This said, it must be noted that some interviewees did have positive experiences of housing services. One mental health service user said of his support worker, and the help she had given him in finding accommodation:

> 'Very good yeah, and she knows about my sexuality.'

Another explained how important it had been to him to have a say in the type of accommodation he had, not wishing to move back to a tower block, but wanting a ground floor flat where he didn't feel as claustrophobic.

> 'It's good, 'cos I really needed a ground floor flat. It was what I wanted that, so that's good.'

Finding the right property, does not just mean the right type of building, however. As indicated by several of the comments above, the right location is also invaluable. For LGB people this can be particularly important when it comes to being able to express themselves, particularly in terms of their sexual orientation.

LGB disabled people's freedom of expression at home

Guidance for housing associations, voluntary sector organisations and others working in the field of housing, on tackling discrimination against lesbians and gay men, are available from the National Housing Federation (NHF 1994, NHF 1999). They promote both better access to housing and board membership. In this way they encourage the raising of often silenced voices and, further more, promote the communication of anti-discrimination policies to other tenants.

The importance of such strategies was stressed by a community police officer with West Yorkshire Police who pointed out that when it comes to a case of abuse by a neighbour:

> 'That person is unlikely to take any notice of a succession of bobbies that come and say, you know, "Can you mind your language, can you whatever." But I have been with a housing officer whose knocked on the door and said "Do you remember that agreement that you signed? That talks about levels of behaviour and unacceptable behaviour, and if you carry on doing what you have been doing I'm going to serve notice on you."'

Many interviewees who had, at least some, control in deciding where to live had adopted deliberate strategies to avoid potential problems of homophobia.

> 'I tried this area because I thought I'd be anonymous, anonymous socially, students and you find that there's different people and that.'

The feeling of safety and security in a LGB friendly area was made clear by several people.

> 'Very safe. I'm really lucky in where I live because we live in a really nice spot in Chapel Allerton. There's loads of lesbians in Chapel Allerton.'

However, not all our interviewees felt so comfortable expressing their sexual orientation in their neighbourhoods, or even their own homes. How free interviewees said they felt to express both their sexual orientation and their disability, particularly if this was hidden, depended on two main factors. Firstly the neighbourhood in which they live.

> 'No, I wouldn't tell them. It's a bit rough round here. I wouldn't feel safe to tell them.'

Secondly, their own levels of self-confidence. One woman explained hers and her partners differences in feelings about being out about their sexual orientation to the neighbours.

> 'My partner is an awful lot more cautious and nobody in her neighbourhood knows where she lives. […] I ended up going to a gym club […] and it turns out that two of her neighbours go there and I'm out to the gym club but I didn't realise they were her neighbours. So people started to learn and that makes her feel more vulnerable but we haven't had any problem here at all.'

The person living in residential care explained how he had been told very directly not to express his sexual orientation.

> 'Errm, no definitely not. I was told to shut up about the whole issue [their sexual orientation] a couple of years ago. Ermm. I was told that, that the other residents, errm (laughs), might not know how to cope with somebody who was actually in a gay sexual relationship.'

Such a situation is clearly unacceptable, but does the future of housing services appear any more bright to LGB disabled people?

LGB disabled people's desires for the future

'Disabled people have the lowest incomes and worst housing circumstances of all social groups in Society' (Imrie 2003: 387), but does this have to be the situation? Part M of the building regulations 'seeks to create 'visitable' housing but, as a builder said, "What good is a house if you can't get upstairs to the bedroom"' (Imrie 2003: 406).

> 'In a context where government ministers in the UK are stressing the importance of developing an inclusive society, disabled people's inability to gain access to housing, which meets their particular needs, reinforces their partial citizenship.'
>
> (Imrie 2003: 387)

The 1996 Housing Act already requires local authorities to give ‘reasonable preference’, under their allocation schemes, to certain groups of people. These include ‘people who need to move for medical or welfare reasons’ and ‘people who need to move to a particular location – for example to be nearer to special training opportunities, or special medical facilities – and who would suffer hardship if they were unable to do so.’

Leeds City Council follow these directions and have four levels of priority for people’s housing needs. Applicants for housing are classified as ‘general’, ‘priority’, ‘priority extra’ or ‘priority extra plus’. One reason for being listed as ‘priority’ is:

> ‘Are in Urgent Need. This is where we have, for example, established that you are vulnerable or that you need to move to give support to a member of your family.’
>
> (Leeds Homes 2006)

A person can be classified as ‘priority extra’ if they:

> ‘Have an urgent medical need, for example, if you are confined to one room in your home and your home is unsuitable for adaptations.’
>
> (Leeds Homes 2006)

or they,

> ‘Have an “Additional Urgent Need”’.
>
> (Leeds Homes 2006)

If they fall into two ‘priority extra’ categories they can be given ‘priority extra plus’ status.

With no suitable housing stock in many areas the promise to meet people’s needs according to these criteria is something of a hollow one. Equally, what is considered a ‘need to move to a particular location’ does not seem to include the need to be near like minded people, in an area that has lower rates of hate crime against their social groups and hence makes them less ‘vulnerable’.

The desire to live near other LGB people was common amongst many of the interviewees who for various access reasons currently felt cut off from the LGB community (see section 7.11.). When one person was asked if they would like to live near other LGB people they summed up many people's feelings when they answered:

> 'Mm I'd prefer that yeah, you wouldn't feel as alone.'

Wishing to live near family, was another important factor in people's desires to move.

> 'I've got me family round me. Me mum's just down the road. It's better.'

Another individual explained how living communally could change his entire living arrangements with a number of people around to assist him, rather than having to rely on full time personal assistants.

> 'I'd like to live in a commune with, errm, other, I don't know, alternative thinking people. People who, I don't know, don't watch soaps all day every day. In, in somewhere where there's accessible public transport. Errm, and with the appropriate support which I'd have more control over than I have at [the residential home]. That would be really nice. [Somewhere where] when you don't need the carers there helping other people or doing other things. Where as if I lived in my own home and I'd have to have twenty four hour carers one way or another, they'd be hanging around all the time and most of the time I wouldn't want them with me. […] So, living in a commune where you know different people would be around and you wouldn't have to have the same person with you all the time and people would be busy with other things, […] that sort of thing.'

Increased flexibility in accessible housing is indeed supposed to be a current government aim. The Department for Communities and Local Government (DCLG) have set 2010 as the target date by which all local authorities should have a ‘choice based allocation scheme’ (DCLG 2006). With choice based lettings the traditional waiting list for properties is disposed of. Instead those requiring housing, or tenants who wish to move, have to look at adverts in council offices or the local press which state what properties are available at any one time. Applications for any given property each week are then judged relative to priority criteria and allocated accordingly (DCLG 2006). This may appear to be a system where people have more control, but limited housing stock in terms of numbers of properties and locations, as discussed above, mean that demand heavily outweighs supply. The process itself can discriminate against some people according to their impairment, and a lack of assistance for them in applying for properties. In short, without extra housing stock, catering for a wide range of impairments, in a wide range of locations, choice based lettings are not going to solve current housing problems for LGB disabled people.

As indicated by the last quote above, one factor in determining how satisfied LGB disabled people are with their housing is it’s proximity to accessible transport services. The next section looks at transport service provision for LGB disabled people in more detail.

7.4. TRANSPORT

Transportation is possibly the most essential service of modern western society. Even in the age of cyberspace, home working, distance learning, online shopping and internet chat rooms few of us fail to leave our homes in a week, or even a day or two. Not surprisingly then, transport for many years has been identified as contributing 'significantly to the barriers which confront disabled people in mainstream education, employment, and social and leisure activities' (Barnes 1991: 162).

In this section the importance of the sense of independence that accessible transport can offer a person is considered. It explores the range of physical and attitudinal access barriers to transport systems, before considering the reasons for the sense of fear which many LGB disabled people have of using public transport. Finally the financial constraints on LGB disabled people's use of transport services are acknowledged.

A sense of independence

The invaluable nature of the sense of independence that the access to their own transport can give an individual was only too evident in discussions with interviewees. For example, one person with their own car commented on the flexibility it gave her, in comparison to having to book assistance on the rail network:

> 'You've got to book it how many days in advance because I just get in my car and go. So it's a lot easier.'

Even individuals whose only personal transport was a bicycle noted its importance to them. One man talked about how he wished to get out more and explained:

> 'I've […] got a pushbike now so I'm going to use that a lot more.'

Access to their own vehicle, however, does not necessarily solve an individual's requirements. They have to drive, and more importantly park in an environment, designed and managed by non-disabled individuals, which does not always accommodate their needs. The recognition of the particular importance of door to door transport for an individual with a mobility impairment, for example, was lost on one interviewees co-workers.

> 'Because parking becomes such a huge kudos, status thing […] people got so annoyed that I had a parking space right outside the front door when the only other people who had guaranteed places were managing directors. Managing directors were fine at that level, it was other co-workers; they couldn't stand it.'

For those individuals who were not so fortunate as to have their own means of transport, the frustrations of having to rely on others, including partners and/or friends, to take them places was only too evident. Interviewees clearly expressed their embarrassment, awkwardness and/or annoyance at feeling a burden when they have to ask for lifts.

> 'It's difficult. You don't want to be a nuisance.'

This was an issue which was heightened for LGB disabled individuals some times seeking lifts to LGB venues and/or events. One woman explained that she couldn't ask some of her friends, as she either wasn't out to them, or she knew they disapproved of her sexual orientation.

> 'There are some people I just can't ask. They wouldn't approve, you know.'

A large percentage of the disabled people (13 of the interviewees in this research) do not have their own personal transport. Further more, some do not have partners, other relatives and/or close friends who they feel able to call on for regular help. The alternatives to private transport are of course the public transport network, both train and/or bus, or private taxi.

Physical access to transport

The majority of both past research on, and service providers efforts to improve, accessible public transport systems has concentrated primarily on its physical infrastructure - the physical accessibility of vehicles, stations and stops (Massie 2005). Over the last 25 years or so, such campaigns have undeniably made their impact. Increasing numbers of so called 'physically accessible' trains, buses and taxis are certainly improving the UKs transport network for disabled people, but it is an ongoing process. Under the Disability Discrimination Act the government has set 2017 as the date by which all buses must be accessible, and 2020 as the date by which all trains must be accessible (Time to Get Equal 2006), and service providers in Leeds, as elsewhere, still have some way to go if they are to meet this goal. As one wheelchair user explained:

> 'There is no wheelchair accessible public transport from Wetherby to Leeds.'

The limited number of accessible taxis, and hence the need to book well in advance, days before an outing, was equally made clear by interviewees:

> 'You can't be spontaneous. You've got to book everything in advance for everything.'

The frustrations caused by this combination of inaccessible buses and a limited supply of accessible taxis, when it resulted in an inability to be spontaneous in their ventures away from their homes were expressed by more than one interviewee.

Difficulties of physical access, such as these, to public transport, have primarily been associated with wheelchair users. However, aspects of the design of vehicles can also disable other individuals with other impairments. For example the poor, rigid suspensions of buses can make them an impossible travel option for individuals with back pain.

> 'Buses are the worst transport in the world for people with back problems. The bus, […] it knocks the living daylights out of you. It must have got special suspension that only works on the soft bits sort of, I don't know.'

Lack of useful signage and information for people sensory impairments is another serious problem. Whilst Blind and visually impaired people struggle to access clear, up to date, audible information, Deaf people struggle with restricted visual information. As one Deaf man explained:

> 'So they're saying "Can you all get off the train now." "There's a blockage on the track, a blockage on the line and that's why we're delayed." So there's kind of a lot of barriers for Deaf people to deal with. That of Deaf people not being informed of what's going on.'

He explained how announcements of changes of platforms at short notice equally caused difficulties.

Practical changes to information systems and transport network infrastructures, will not, however, solve disabled people's problems of access to transportation services. As Bert Massie, the Director of the Disability Rights Commission noted in a speech entitled 'meeting the needs of all passengers', in September 2005, infrastructures alone do not make public transport accessible.

Attitudinal barriers

> Good customer care has a key role to play in removing barriers faced by disabled people…. Disabled people face attitudinal barriers as well as physical ones when they try to use the transport network. The key to removing these barriers is not a matter of design or engineering, it's about changing staff attitudes.
>
> (Massie 2005).

Attitudes of management to disabled and LGB people's needs as specialist, secondary concerns to those of the non-disabled heterosexual masses mean that basic awareness training is seemingly lacking in drivers and other frontline staff.

Equally low on service providers priority lists are seemingly the training of staff in the practical use of physical access features on vehicles, when they have been fitted with them. Concerns were raised by interviewees over the lack of training taxi drivers have to safely and correctly secure wheelchairs in their vehicles.

> 'There are safety issues on a lot of taxi transport around Leeds anyway 'cos a lot of the drivers don't clamp people in wheelchairs in properly at all really.'

The seeming lack of training of bus drivers to park at the kerb, at the point of the raised bus stop, hence making it possible for kneeling buses to make contact with the pavement was also commented upon.

> 'I don't think a lot of drivers know how to use park to use the low floor things properly. It, it's a fat lot of use if there's gap to the pavement.'

Whatever training managers may provide their employees with, their individual attitudes to members of the public will always impact on the service people receive. Despite signs on some buses in Leeds telling people:

> 'When alighting ring the bell once and remain seated until the bus stops.'
> (This sign is displayed on Harrogate Buses which service a number of routes through Leeds in 2006).

Interviewees whose impairments resulted in balance problems referred to the difficulties caused by bus drivers moving off before stops when they needed to sit down safely before it did so.

> 'Well I have some balance problems, so I hate buses, I hate buses and I don't go on errm, on a bus by myself. And, you know, particularly walking on a bus when it's moving, that's very difficult.'

Still the blame cannot be laid solely at the feet of service providers. The attitudes of other passengers can also create difficulties. Bert Massie (2005) reported how pressures to keep services on time can result in disabled people being left at bus stops after bus drivers have informed them that they haven't got time to get them on board. In this sense the lack of reliability of public transport that the general public repeatedly complain about, can be of particular concern to disabled people. Some individuals, for example, cannot stand, waiting for long periods, of time.

> ‘I can’t stand for long. I need to sit, to sit and, well bus stops and waiting just isn’t a good thing.’

Being left stranded at stops, due to the physical capacity limitations, of only being able to take one wheelchair user at a time, the time pressures drivers find themselves under, or any other reasons, can leave an individual feeling isolated and vulnerable.

Fear of abuse and discrimination

Fears of various forms of abuse and discrimination of LGB disabled people on public transport were raised by 11 of the interviewees. These included the fear of taxi drivers ripping blind people off with excessive fares. It was explained that this could occur either by drivers taking them on long routes which they were assumed to be unaware of as they could not see signposts and other landmarks, or by drivers simply lying about the figure on the meter which the individual was unable to read for themselves.

> ‘I have been in taxis when I know they have taken me a long way around.’

Fears of being quizzed by taxi drivers as to there family background, marital status, and other personal information caused some LGB disabled people concern as they felt it necessary to either set up a heterosexual alter ego, or refuse to engage in conversation.

> ‘I can just remember all the times that I’d had very personal questions asked of me [by taxi drivers], and being in a position either where you say. You know, it’s like what do you do? Even though I’m a pretty strong character it’s still very difficult to say ‘Sod off. It’s none of your business.”

Some also referred to the difficulty of being quizzed as to where you are going and for what purpose, particularly when the destination was an LGB venue or event.

> 'You know because there's always that fear, certainly as blind woman, that they're going to know where you are being dropped off, or. You know, you don't know who's watching you.'

It has been reported in other studies that non-disabled LGB people often ask taxi drivers to drop them off, or pick them up a street or two away from a gay venue to hide their LGB identity and reduce the likelihood of any homophobia (Richardson and Seidman 2002). Whilst some LGB disabled people may choose to use this tactic it is not an option open to everyone.

For some LGB disabled people the need to be dropped at the door makes this impossible and puts some off venturing to gay venues, unless private transport can be organised. One man explained:

> 'I do sometimes [get a taxi], it just depends where I've got to go.'

He went on to explain how getting a lift with a gay friend made him feel safer when he was going to a gay bar or club in Leeds.

A number of female interviewees referred to their desire for a woman driver only taxi firm. One woman explained how there did use to be such a thing in Leeds.

> 'There used to be again, but there isn't any more. That would definitely be an option for me. If I felt, you know, able to sort of errm to use a taxi. If I knew there were women around that were OK.'

Despite these difficulties for some interviewees taxis were the lesser of two evils as crowds of people on buses and trains can make them an impossibly daunting challenge. Whilst this was, obviously, extreme for individuals with agoraphobia, other individuals also made the pressures of interacting with other people in the confined space of a vehicle, where it was impossible to easily move away and avoid an interaction difficult. For example, one man explained his fears as a gay disabled man in relation to the confined space of a bus:

> ‘So there is an issue around public transport and being gay although I have never been confronted on a bus but its being in that confined space with people I don’t know.’

Simply buying a ticket from a bus driver or ticket office staff, can be difficult if you need them to look at you so you can lip read. But this practical act is by no means the only concern when it comes to paying for transport.

Finance

Whatever, other difficulties may arise on public transport, and even if an individual has their own vehicle, the most common transport problem amongst the interviewees was finance. It is well documented that disabled people, including LGB disabled people are … likely to be unemployed as non-disabled people (Barnes 1991). If they are in work, they are likely to be underemployed in low income jobs (Barnes 1991). Of the respondents in this research, only 7 were in paid employment (see section 7.2.).

The potential independence of a car was simply financially out of the reach of some interviewees. One man explained:

> ‘I've never been happier than if I can use my own blooming car.’

However, he could no longer afford to run it. Others acknowledged how fortunate they had been to benefit from the higher level of the mobility component of Disability Living Allowance (DLA). However, as one woman explained a knowledge of the benefits system when applying was necessary to ensure that applications for this were successful.

> ‘‘I’ve maximised all the grants I can get, so and DLA I do quite well out of really because I’ve got higher mobility and I’ve got it for life. So again because I was

> an advice worker, I had already quite a bit of knowledge about DLA and filling out for other people and what I did was I got someone else to fill it out for me because you have a tendency to fill it out and think about your best days because you don't want to think about your worst days. So I actually got someone to make me think about my worst days and then I got it.'

The limited forms of transport open to some people is what causes them the greatest difficulties. The expense of taxis, particularly wheelchair accessible taxis have been noted in other studies (ECMT 2001). One man explained the vast difference in cost for him between a wheelchair accessible taxi and the bus, if it were to be accessible.

> 'So it's getting the bus to Leeds. If it was accessible it would cost me thirty pence each way, so sixty pence. But, errm, because I've […] got to get a [wheelchair accessible] taxi, that costs whoever pays for the taxi about fifty quid.'

The extreme costing of accessible transport such as this needs to be looked into further, as does the structuring of mobility payments through DLA. These benefits do not currently match the range of different people's needs.

These problems with the expense and shortage of supplies of specialist taxis is mirrored in the costs and accessibility of technical aids and equipment more generally, as will be explored in the next section.

7.5. TECHNICAL AIDS AND EQUIPMENT

The term 'technical aids and equipment' covers a wide range of items from the hi-tech to the very simple. At one extreme you may think of the cutting edge technology of items such as computer programmes for people with dyslexia or related impairments, life like artificial limbs, electric wheelchairs, and GPS navigation systems for Blind people. On the other hand you may consider walking sticks, tactile markers on cookers and washing machines, and easy grip jar openers.

Images of the hi-tech, specialist goods seemed to dominate several interviewees' minds when discussing this area of service provision with them. When they were initially asked whether they made use of any technical aids or equipment many of them answered no. However, through further discussion it became clear that nearly all have certain possessions which are of particular practical importance to them.

This section firstly looks at the vital nature of every day items as 'technical aids'. It then moves on to look at the problems caused by the limited availability of information on technical aids to LGB disabled people. The controls put in place by how aids are provided and who provides them are addressed next, along with the cost and availability of them. Finally, LGB disabled people's practical ability to use technical aids, due to social stigma, embarrassment and social reactions to their use, amongst other factors are discussed.

The vital role of everyday items

As stated above (see section 7.4. Transport) something as simple as a bicycle can give an individual a sense of freedom and independence. It becomes a taken for granted piece of equipment which a person relies upon. Similarly the invaluable role of a walkman to a schizophrenic woman, and a futon bed to someone with post-trauma nightmares, were pointed out.

> 'I used to use a Walkman to give me a break from voices but that's like I say is technical equipment you know.'

> 'Since my accident. I have this habit of throwing myself out of bed. I have nightmares, post-trauma nightmares almost every night and I end up out of bed. So I have had to get a futon […]. It's just a real, a bed really. So that's a technical aid really isn't it?'

Several people stressed the vital nature of their internet connection. Its role as an information source and communication aid was invaluable to a number of interviewees despite their ability to regularly leave their homes and meet with other people face to face. Two such individuals stated:

> 'It's [the internet] quite an important support source for me certainly. Or it's a mechanism for support for other people that I know, particularly in the OU [Open University] community.'

And;

> 'Internet access. Oh errm, using MSN on the computer, errm. Really a lot more Deaf people are using that as a way to communicate, perhaps more than they are using minicom text phones now.'

For one person who is reliant on their carers and social services if they wish to leave their house, and has virtually no private life, access to the internet in their bedroom was particularly important. With their carers unwilling to acknowledge their sexual orientation and assist them in their desire to meet and talk to other LGB people, the internet was virtually the only access they had to the LGB 'community':

> 'I go on it [the internet] every day […] It would be nice if they set up more chat rooms for disabled lesbians, disabled gay people.'

The use of every day items, such as walkmans and the internet, as practical solutions to a person's needs, illustrate how LGB disabled people learn to adapt and find their own ways of doing things (Butler 2004). They find their own solutions to the situations they find themselves in due to their particular, personal circumstances.

It is virtually impossible to find up to date figures on the take up rate of technical aids by disabled people. However, the Royal National Institute for the Blind's survey of Blind and Partially Sighted adults in Britain in 1991, showed that 61% of the 595 people they spoke to were unaware of any of, what they called 'popular devices and gadgets' for 'Blind and Partially Sighted people' (Bruce et al 1991: 208). 80% of the 595 interviewees did not possess any such devices and gadgets (ibid: 209).

Why people may choose to develop their own self-taught techniques, rather than use specialist equipment and training seems to depend on four main factors: i) access to information on the availability of equipment; ii) who provides the technical aids and equipment, and hence control its distribution; ii) the cost of technical aids and equipment; and iv) the practicalities of using such aids and equipment.

Access to information on the availability of equipment

The first barrier to the possession, of what may be useful pieces of equipment, is the lack of easy access to information on what is available. As one interviewee put it:

> 'There's a whole host of probably technical aids and equipment I could do with, but I don't know that they exist. And I probably haven't found them out. So like for undoing bottles, for taking things off. You know, there's probably a whole host of things out there. I think the stuff that I do have came from Betterware I think. (laughter) You know one of these that comes through the door because I probably don't go and search stuff out.'

Another person explained:

> 'It's sort of other bits and pieces like household things, like tin openers that can sometimes be a bit of a pain, things like that. […] I've just kind of learnt my special way of doing things, but actually there might be an

> interesting piece of technology that can do it much simpler.'

The fact that specialist equipment is rarely available on the high street requires disabled people either, to actively go looking for it in a very deliberate manner, or to rely on service providers to get information to them.

To illustrate this, one man explained that he found out about his equipment mainly:

> 'By reading through disability magazine catalogues thinking blimey that would be really useful. […] It's just through me realising that something that I've seen in a catalogue would be really useful really.'

However, 'disability magazine catalogues' have to be requested and ordered. Finding out where to get hold of such catalogues and the more general existence of technical aids and equipment in the first instance can be something of a lottery. Disabled people are often dependent upon the knowledge and opinions of individual GPs, care home staff or other health and social care professionals to inform them of what equipment is available, advise them on what they need, and order it for them.

> 'There were a couple of things, I mean my wheelchair was prescribed for me by my GP or he, she referred me for prescription and errm, the pressure relieving mattress.'

Professionals – help or hindrance?

The role of health professionals, and the medical screening of people for equipment is evidence of the remaining influence of the medical model of disability in service provision (Albrecht et al 2001). The Director of Leeds Centre for Deaf and Blind People acknowledged that, whilst they do take individual referrals, most of their referrals come through social services or the health service.

The power service providers have in controlling information and the distribution of technical aids and equipment primarily through the health service and/or social services also has other important implications.

People are not constantly in touch with such services. Many people reported coming in to contact with them, and being advised about equipment only once in their lives. This was usually at the time of onset of their impairment, when they were in hospital, when moving home or through some other major event in their lives.

The assessments of their needs were rarely followed up with any type of after care service. One interviewee summed up the lack of any regular updates about new technical aids which may be of use to them.

> 'The last time I used the [technical aids] centre was when I was in hospital [a number of years ago] and I just needed some grip putting on my opposition plate.[1] I think I've had an address change since then as well so that might not be their fault.'

Whilst a change of address may indeed mean that information goes missing, given the fact that the person's health records had followed them to their new address via their GP, it should not be impossible for up to date information to reach those who may benefit from it. This raises the question of whose responsibility the provision of technical aids should be.

How are technical aids and equipment provided

Leeds City Council state on their Disability Services website (Leeds City Council 2006c):

> 'If you are having difficulty maintaining your independence because of a change in your health / physical condition and are experiencing difficulties in your home, the Social Services Department – Disability

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[1] An opposition plate in the interviewees own words is 'basically [...] a large leather strap that I fasten to my wrist so it goes halfway up my forearm with a steel plate, bolted to the back of it; it's got a curve in and sort of grip where the bar would go.'

> Services may be able to offer assistance. You will need to be referred, this could be via your General Practitioner or alternatively you could refer yourself by ringing the call centre.'

Whilst self referral is becoming more common, the need for medical assessment of a person's needs and the still common role of medical staff in referring 'patients' for technical aids illustrates how powerful health professionals still are in disabled people's lives. Indeed Leeds City Council's website continues:

> 'Occupational therapists, in Social Services and those who work in the NHS, Intermediate Health Teams, and hospitals, can advise on a wide range of equipment to assist with maintaining independence.'
>
> (Leeds City Council 2006d)

The fact that a number of disabled people have no 'health' needs and may rarely see their doctors suggests that other avenues should be open to them to gain specialist equipment which they may benefit from. The current approach suggests the continued influence of a medical model of disability, where equipment is seen as an answer to a person's illness and bodily shortcomings, rather than something which can aid their involvement in a society which fails to cater for their needs.

To illustrate this point, the items people may require, may be similar to those thousands of non-disabled people also desire, such as a video recorder. Getting the right equipment for a person with a particular impairment, however, is not always easy, as manufacturers cater for the so called 'normal' body. As one Deaf man explained:

> 'Subtitles on the television of course. I've got a particular video recorder that records subtitles. They don't all do that, but I've got one of those.'

Having an opportunity to try out a range of equipment and see which is best for you can be very important.

> ‘There’s quite a good disability shop in Harrogate with a really friendly guy, disability equipment shop. Errm, yeah. You can try out stuff with him first.’

However, this is not always possible:

> ‘The William Merrit Centre’s [a resource centre where equipment can be viewed] out, out of town and pretty difficult to get to. And you’ve got to book an appointment and you feel pressurised then and, I don’t know really.‘

Whilst everyday items take the role of technical aids for some people other items are not readily available on the high street. Access to some equipment is controlled by a small number of specialist suppliers. For example, one interviewee noted how Leeds Centre for Deaf and Blind People was one of the few places he could go, to get some of the aids he needed. However, when he did, he had come up against homophobia amongst their staff:

> ‘I remember asking them, the equipment officer, saying “What happens, if my alarm clocks broken, what do I do?” You know, do I have to go and buy a new one, or do you replace it, or what happens. So, they knew I was gay, so they said, they just said “Get, get a man to come and wake you up. That’ll be alright.” You know, if you hadn’t got the alarm. I mean I was, you know, obviously annoyed about that. After, after this issue with the equipment officer and the alarm clock and things like that. Then I went through the interpreter. There was an interpreter at the local communications support unit, so I went and said “Look I need this alarm clock now.” You know, “Ring the equipment officer.” You know, I explained. So the interpreter rang the equipment officer and said “Look we need an alarm clock now.” And then the message came back via the interpreter saying “Oh don’t worry about it, you can sleep with the interpreter and they can wake you up in the morning.” So of course the interpreter is really put out by this.’

When there is little competition between equipment providers the standard of service appears to suffer in other ways. Several interviewees pointed out that the time it takes to get equipment is anything but satisfactory. One woman explained:

> 'The way I got my accessible toilet was my aunty came on a visit and my mum was saying how we were struggling because I got too big for my room and my mum was struggling to do the personal bits and [my aunt] said "Have you tried, I think it's called a Rooker", and we've got buttons that you press if you want to wash and then to dry […]. It took us about 6 months to get it which was quite quick I think. Particularly when my bed took 12 years! (laughter) There was loads of problem, yes.'

When their toilet seat broke, an occupational therapist could do no more than put in a referral for a new one. Fortunately she managed to borrow one in the meantime from a day centre she used, but this was more good luck than good management. Her frustrations with having to wait for decisions from Social Services and their constant referral to their limited budget was only too evident.

> 'Yeah the Social Services budget is a bad issue at the moment.'

The cost and availability of technical aids and equipment

Limited funds from a limited range of suppliers mean that the range of equipment and training in how to use it is often poor. One woman explained her frustrations at attempting to get computer training.

> 'Well I went, I did a Social Services assessment. Not long after I came to Leeds and I went yattering on then about doing computing, but they wouldn't put that down as one of my needs at all. They just won't entertain it in Leeds. And I was making a big point that it should be. […] And they just wouldn't have it at all. They just won't allow Blind people, to err, to have

> computing equipment through their Social Services assessment. […] They don't see it as a priority. Well I'm sorry, but communi', communication is. As a political point it is a priority for blind people.'

Another woman commented on the benefits agencies unwillingness to recognise some spinal injuries as impairments, due to what she believed were the potential costs they could have to meet.

> 'Because I've got spinal injuries, the DLA don't seem to acknowledge you as being disabled […]they just don't want to know about it because everybody moans about having a bad back and they don't want to do anything about it and… all they want to do is get in there with a big knife and a big hammer and butcher you away and you know so. It's hard to be able to afford, you have to be able to afford all this or get the correct benefits, to get the correct benefits you have to have the correct acknowledgement of your condition, you know.'

Problems of limited finance equally impact on the support people get with learning to use equipment. When one man was asked whether he had received training in how to use his equipment he answered:

> 'This is a big difference. In America they do, they train people in how to use wheelchairs. How to get up and down kerbs, all this sort of thing. I spent a month on what they call a national demonstration centre in rehabilitation at Chapel Allerton Hospital, when errm, where they first forced me to use a wheelchair full time. Errm, because they didn't have the resources to keep me walking, otherwise I could have been kept walking. And, err, even though they'd got a special wheelchair garden designed with Kerbs and bridges and different surfaces to try, they, they just didn't have the resources to teach anybody how to use their wheelchairs properly. It's just appalling really.'

By their very nature, specialist pieces of equipment designed for a very specific, small group of people are often expensive. They do not benefit from the economies of mass production, or the competition of a large number of manufacturers. One woman explained how the less common manual version of her car was simply out of her financial reach.

> 'I wouldn't have minded a manual car but obviously I have to pay for that and I couldn't afford it so that would have been a nice technical aid.'

The limited size of the government purse mean that disabled people have to rely on others good will to meet the expense of some unique items of equipment. One man explained the various sources of funding for his equipment.

> 'My sports wheelchair I raised money for from various, err, local businesses mostly. Errm, small things I buy myself. Errm, large things other than my sports wheelchair are generally provided by the NHS, Social Services or the home.'

Whilst finance is clearly of great importance when it comes to an individual getting the equipment they need, money cannot solve all the problems people may have. When equipment is available some problems can persist.

The practicalities of using technical aids and equipment

Echoes of the medical model are not just evident in the screening and referral processes which disabled people must often go through in order to gain access to equipment delivery services. They are also still found in the nature of the equipment on offer. Technical aids and equipment have often been designed by non-disabled people with little input from disabled people. As one interviewee explained:

> 'I've got an, oh what do you call it, errm, a freeview box. A speaking one that does actually do some audio description, and I hate it (laughs). [My partner] thought this was some kind of revolutionary thing. She

> found the thing on the net (laughs) and she spent hours sorting this out and everything, you know. And the first time, I just thought, I can't listen to that. There's no way I can listen to it, it's mad. It's just like, it's so intrusive. […] It's down to who they talk to again isn't it? They do visual commentaries without asking the people what they need to know, you know.'

Whilst this piece of equipment had been paid for by the disabled person and their partner other unwanted items are distributed, without thought, by service providers. Failures to listen to disabled people mean that equipment which non-disabled people believe to be best for their service users, is paid for from limited NHS and Social Services budgets. At the same time, the direct requests for equipment by disabled people, as discussed above, are turned down. One man who was born without one hand explained how a series of artificial 'hands' he had been given through the NHS were of little use to him.

> 'I mean I had another artificial one [hand] which was a hook which worked on, it was a hook that was split […] into two that I could pick things up with and it was used by, there was a pulley system fastened to my right shoulder round to my left hand, so when I extended my left arm, these hooks would come open, and apart from looking like a bond villain, they weren't a great deal of use. […] And I had different hooks, I had a big hook, a small hook and a straight version and I had a fork that was a knife on one side, a fork on the other, so (laughter) and you know the irony being, I don't use any of them really but they were the best they had for me.'

In some circumstances hi-tech items prove useful whilst they work. However, their reliability is sometimes less than perfect. As one woman explained:

> 'I've got in my house, I've got an electric door that's supposed to open and close but it doesn't always work. It works but I've got a box on the side of my chair and it takes an out of the ordinary very square battery and

> you never know when that's going to run out do you? So you can be stuck outside.'

Not only did the failure of the battery leave the woman stranded outside until someone could assist her, but the 'out of the ordinary' battery, like many items, as stated above, can be expensive to replace and are not readily available on the high street. In this way, simpler alternatives which were not reliant on expensive parts can be preferable.

Ease of access to different places, events and activities are the purpose for which technical aids and equipment are required. Yet the reliability and practical functioning of them are not the only factors that influence people's use of them. As the social model of disability makes clear, other people's reactions to people with impairments can often be what disables them.

A number of interviewees explained how other people's responses to their aids and equipment made them uncomfortable and restricted them in their use. One woman explained:

> 'I've got my glasses. They're a bit embarrassing though because they look a bit dark you know and you look like you're sitting there sunbathing in the middle of the day and it's what's she doing? And it's like why are you wearing sunglasses?'

The man who makes use of the opposition plate, mentioned above explained his awareness of its appearance.

> 'The only thing I use is a what's called an opposition plate which looks something medieval. […] Every so often I think Ooh I've not done weights for a while so it's just a way of me using free weights, but as I said it looks fairly medieval.'

As other studies have also reported, the pressures of other people's opinions of them, their behaviour and appearance is too much for some interviewees to use some equipment freely. This may mean restricting their use to a minimum or disposing of them all together.

For other individuals, however, the need and/or desire to use technical aids and equipment was combined with their desires to express themselves and their personality. We all choose our clothes, hair cuts, personal accessories or even cars, according to our own taste and the image that we wish to present to others. However, with many technical aids and equipment being provided by only one or two retailers (as discussed above) the range of goods, in terms of styles can be limited. Hence some people choose to modify their own equipment in order to express themselves freely. One woman explained:

> 'It's not just a white stick. I mean this one's got, errm, it's got shiny stars on it. Hologram spirals and all that sort of stuff (laughs). […] And it's incredible the, the reaction I get sometimes. Kids. I've heard kids in supermarkets ands stuff like that, and you can hear them behind you going "What's that? What's that? Is it a wand?" (laughs) So I'm sort of like tootling along having a bit of a heave and a laugh. […] It's a kind of hide behind it thing I can do with it, you know.'

Technical aids and equipment are not the only things which LGB disabled people may wish to individualise. The nature of the personal assistance they receive is also a matter influenced by personal needs and desires. This will be discussed further in the next section.

7.6. PERSONAL ASSISTANCE

Personal assistants can help a person with a wide range of tasks around the home, at work, in educational or leisure and social settings. We all rely on other people to play various roles in our lives. Non-disabled and disabled people alike, regardless of their sexual orientation, may need assistance with childcare, managing their finances, cleaning or other daily tasks.

Why disabled people are seen as more dependent on others than non-disabled people perhaps comes down to two factors. Firstly, the nature of the tasks that they need assistance with, are sometimes those which adults in British society are expected to be able to do for themselves, such as feeding, dressing or washing themselves. Secondly, due to problems of employment (discussed in section 7.2.), and low incomes, they often rely on, or indeed are 'dependent' on the state to pay for the assistance they require. However, it should be noted that many non-disabled single parents, pensioners and other low income groups also find themselves in this latter situation. Recognising this, it is understandable that the term "personal assistance" is preferred to "carer" by many in the disabled people's movement, as the term suggests that the disabled person is in control of the support they require, as opposed to being in a submissive or passive "cared for" role.

The fact that disabled people, like anyone else, can live independent lives, as valuable members of the community and local economy, when the right personal assistance is available, is all too often unacknowledged. This section looks firstly at the experiences LGB disabled people in Leeds have had of personal assistance, including support provided by the more traditional model of "care staff" as well as unpaid support from family and friends. It next considers the nature of the assessment process that some people go through in order to gain a personal assistant. The section finally looks at their desires for improved personal assistance services, and how they believe this may be brought about.

LGB disabled people's experiences of using personal assistance

5 of the 20 interviewees indicated that they were receiving paid support from a personal assistant. All the interviewees were using friends and family, at least in informal ways that non-disabled people might do, to help with tasks they found difficult. Three people referred to their partners or other relatives also acting as their personal assistants.

Disabled people are often seen as vulnerable. They are often portrayed as being open to abuse by care staff or personal assistants, and unfortunately, this can often be the case. In a survey of '84 adults with disabilities who received personal assistance with activities of daily living from family members, informal providers or agency personnel', Oktay and Tompkins (2004: 177) found that '30 percent reported mistreatment from their primary provider, and 61 percent reported mistreatment from another provider.' They found verbal and physical abuse, neglect, theft and extortion to be common forms of mistreatment. Inexperienced carers and those working more than 50 hours a week were found to be amongst the most likely to mistreat people (Oktay and Tompkins 2004).

In this research some interviewees did draw attention to some such instances of abuse. One man explained how his complaints about his care:

> 'had a large impact on the way that other people kind of dealt with me on a day to day basis, which then had a big impact on my life. And you're worried about making complaints in case it just back fires on you, you know, and it has been. There's been quite serious things going wrong at various points at [the residential home]. Been quite a few people who've been suspended or chucked out for abuse.'

One person commented on the homophobia and racism she had had to endure:

> ‘At the moment I’m not getting out of the house at all because I’m not using the Independent Living Fund. I haven’t re-employed anyone after a pretty disastrous experience with someone that just didn’t suit at all. She was racist, she was homophobic, you name it.’

As more and more services are contracted out by government and local authority agencies such as Social Services, the regulation and monitoring of services for good practice becomes increasingly important.

When it came to discussing contracting out services to the commercial and voluntary sector, the senior figure we interviewed at Leeds Social Services said that the monitoring of the delivery of quality services to suitable equality and diversity standards, was perhaps lacking when services were contracted out:

> ‘I guess as a commissioner of services we’ve got to apply a, a level playing field in terms of how we are monitoring for the quality of service delivery and within the quality I’d be looking at equality and diversity issues as well. And I think we’ve come some way to improving our equality monitoring. We’ve got a lot more to do, and I think the relationship with service users, customers in fact, is absolutely vital. We would expect the service provider to regularly monitor or understand what the customers are saying about the service, but I think as commissioners of services we need to also have an eye to doing that sort of thing ourselves as well.’

Types of assistance

The range of types of assistance that people received from their personal assistants was diverse. It ranged from personal care, cooking and cleaning, to assistance with surfing the internet, reading or interpreting in the workplace. However, assistance in the home with domestic and personal tasks were the most common forms of assistance received from paid assistants. The assistance people felt they needed outside the home, was often considered to go unrecognised by service providers. One man explained about the staff in the residential home in which he lived:

> ‘What I get is pretty inflexible as to timing for a start. Also, errm, they claim that they’re working towards independent living, but they don’t provide the support that people need to go out and do things. They only provide personal support. I don’t know what you might call nursing care or whatever really, even though they’re not a nursing home.’

This quote illustrates a common frustration with the limited range of activities which professional, paid, personal assistants would perform. For LGB disabled people, the ability to use personal assistance outside the home may be vital in terms of contact with the LGB community. LGB community activities tend to be organised on a citywide rather than a neighbourhood basis. Thus, a lack of willingness to provide these types of assistance may lead to a higher level of social isolation for LGB disabled people than for other disabled people, who may be able to access friendship networks more easily, through, for example the local pub or activities specifically for disabled people. This is one example of where “cultural competence” needs to be used when providing services for LGB disabled people.

In some instances they are limited by the hours they are paid and reluctant to start a task which it may be difficult to complete in that time. One woman explained:

> ‘You know, she wouldn’t make a proper meal, because she had to go at 5pm. It had to be something she could make quick, it always has to be something she can make quick. There’s no time for boiling potatoes for 20 minutes.’

Many tasks which are considered time consuming, non-essential and or take place outside the home are only conducted with the unpaid support and assistance of family and/or friends. This is something which can cause stress in those personal relationships. When one woman was asked if having to rely on her partner as an unpaid personal assistant caused difficulties, she answered:

> ‘Well of course it does, because that puts a massive stress on a relationship. With all the will in the world, and with all the politics in the world, and all the working out, and the talking about it, it does. There’s no two ways about it. She has a full time job. She gives me a massive amount of support. She has her mother to deal with, and loads of other stuff. And, and it takes its toll on her health, on her mental health, her physical health. She gets, she, she’s knackered a lot of the time.’

The inflexibility of initial assessments of people’s needs were often blamed for people’s reliance on unpaid, informal, hidden care networks and/or insufficient paid services.

The nature of the assessment process

In their study of how frontline social care staff conduct assessments of service users needs, Foster et al (2006) note that:

> ‘The findings [of their study on ‘personalised social care for adults with disabilities’] demonstrate the variability among practitioners in how they collect information and more importantly, the critical role practitioners occupy in determining the topics to be explored during the assessment process. In so doing, it shows how practitioners can exert control over the decision-making process.’

When assessments were formally conducted, they were usually the result of interactions with Social Services. This was sometimes after medical referral, or sometimes via occupational therapists at a person’s place of work. However, assessments for personal assistance and other needs did not take place regularly, and hence services could become out dated as people’s need changed. One woman explained how she had last been assessed:

> ‘Oh I can’t remember, a number of years ago.’

It should also be noted that it is rare that a person is offered an advocate to support them during the assessment, or indeed given any guidance as to what the assessment will involve before it takes place. This in itself adds to the power the assessor has in controlling what needs are discussed and in turn what decisions are made about the support a person will receive.

In some instances personal assistants may simply not be supplied by a service provider for certain activities. As much as they would not provide a blind woman with a computer as a technical aid (see section 7.5.), they were equally slow to offer one to one tuition in how to use such technology.

In other instances it may come down to the decisions of a particular social worker or other social care professional. Decisions may rely upon what they are willing to support funding for. Even after initial assessments are made, what tasks individual personal assistants are willing to carry out may control whether or not a person gets the assistance they desire and expect, or how flexible the service is.

> 'I need someone to be flexible. It depends what time I get my morphine. If I need to be out by 10am for a meeting I need it early, but they won't do an occasional early start.'

Several interviewees ideally wanted a PA who would do the job that they felt was required. As one woman put it, her ideal model of personal assistance would be:

> 'For me to employ […] someone on a, you know, working to my job description,'

Direct Payments

Direct payments have been seen as an important breakthrough in attempting to ensure that people get the service that they need. The aim is to give the disabled person the control to hire the personal assistant they want, for the hours they want, with the flexibility they want (it should also be stressed that direct payments can also be used for goods and other services, see also

7.5. Technical Aids and Equipment). However, this is not necessarily working in practice in LGB disabled people's experiences.

According to the Disability Rights Commission (2006c: 26-7) the CSCI in 2004 identified seven main barriers to the implementation of direct payments. These are:

1. A lack of information for people who might take advantage of direct payments.
2. Low staff awareness of direct payments and their objectives.
3. Restrictive and/or patronising attitudes about the capabilities of people who might use direct payments and a reluctance to devolve power away from professional to service-users.
4. Inadequate or patchy advocacy and support services for people applying for or using direct payments.
5. Inconsistencies between legislative intention and local practice.
6. Unnecessary, over bureaucratic paperwork.
7. Problems in recruiting, employing, retaining and developing personal assistants and assuring quality.

Several of these factors were referred to by interviewees. One woman pointed to the low staff awareness of direct payments:

> 'I had a social worker who didn't know anything about direct payments. I told her what she needed to know. She hadn't had any appropriate training on it. And even though they say that they do these days, a lot of people that I know who have gone on to direct payments, the social workers do not understand it at all. Errm. And it just takes an incredibly long time to get it sorted out.'

The complexity of the paperwork which needed to be undertaken was stressed by another interviewee:

> 'I certainly didn't want to do the employment stuff. Now I know CIL [Centre for Independent Living] will say "Oh well we'll do pay roll and all that sort of thing." But you still have a massive amount of stuff to

> do.[…] Errm. Negotiating with CIL and Social Services and all that that entails. Doing the payroll and all the rest of it […]. And I just, I've got enough grief. I don't want that.'

This was an issue acknowledged by a senior figure in Leeds Social Services whom we interviewed. He explained that he considered the social model of disability (see also section 6) to be:

> 'About an holistic approach to that meeting that person's needs; it's hopefully about the individual themselves needing the… a kind of definition of the outcomes that they're looking for; the support that they need to help them to achieve that. Direct payments are an enormously powerful tool towards achieving that.'

However, he went on:

> 'But so often people say to me well people don't want direct payments; older people don't want direct payments. It seems like, and I don't know enough about the detail of direct payments, I know that we've got an organisation set up that acts as a broker for disabled people, the Centre for Integrated Living. And, it does seem to me that there is a tendency to overlay upon it a bureaucracy around it and I'm not sure it's entirely necessary, but I suppose and it's just an impression, it's an impression built on this, on people saying […], you know, being a lot of paperwork and therefore too difficult and that's what puts people off. I think what we should be doing is actually saying, encouraging people by emphasising the positives and helping to sort the negatives out, helping to sort out you know the things like the paperwork and that sort of thing, whatever is needed to be done.'

A final, further problem raised by interviewees about direct payments was the difficulty of finding personal assistants (PAs) to recruit.

> 'PAs are very, very short on the ground in Leeds.'

An increased number of capable, fully trained and suitably qualified PAs was top of several interviewees wish list for an improved service. This included a desire for better training of PAs in LGB and other minority group issues.

LGB people's desires for improved personal assistance

The kind of assistance people would ideally like was as varied as the number of people interviewed, re-emphasising the need for the person led approach which the senior manager of Leeds Social Services referred to. One man described his ideal personal assistant as:

> 'Someone who doesn't kind of try and make me fit to their methods of doing things, rather than them trying to adapt to me if you know what I mean.'

In recognising individuals' particular needs, a person's sexual orientation, and gender were both identified as something which can impact on the personal assistance they both need and receive.

> 'There's also issues when I have had boyfriends there [at home]. Carers kind of. They're not very good at dealing with that whole situation really.'

> 'I don't feel comfortable, errm, with ladies helping me with certain aspects of personal care at all really.'

> 'And they [Social Services and personal assistants] don't take into account that we are errm, a community, that disabled lesbians and gay men are a community. That we have a culture of our own. That, errm, they need to recognise that culture in the same way that they recognise the BME community and their culture.'

It is noted that there is a legal issue regarding whether it would be lawful to specifically advertise for a a lesbian or gay personal assistant under the Employment Equality (Sexual Orientation) Regulations 2003. However, it is likely that this could be a "genuine occupational qualification" (GOQ) if the tasks included accessing LGB-only events or work that requires specific understanding of LGB culture. The equivalent legislation around "race" and gender is more specific regarding GOQs in relation to providing personal care and it seems likely that a similar approach will be taken in interpreting the broader wording of the law in relation to sexual orientation.

When they were asked whether they would ideally like personal assistance from another LGB person, answers were mixed. One woman answered:

> 'Oh definitely, yes.'

For other interviewees, however, the personal assistant's own sexual orientation and/or experience of disability was not as important as their attitude towards other people, and their willingness to listen to their employer.

> 'I don't really mind, as long as they treat me with respect, and they listen to me.'

The willingness of professionals to listen to LGB people, learn from them and work with them was important in all areas of LGB people's lives. The role of advocates to sometimes ensure that this occurred is of equal importance and will be discussed in the next section.

7.7. ADVOCACY

We all have times in our lives when we appreciate the advice and support of other people. Sometimes we require professional opinions and guidance, for example, to assist us with making legal or financial choices. Emotional support and assistance can be desirable when attempting to make informed decisions about health problems and their treatment.

Advocacy Network - Leeds (2006a), define advocacy as:

> A way of making sure someone's voice is heard when a decision is made. It involves looking at choices, enabling people to know their rights and helping to defend those rights.

Due to the negative social images of LGB and/or disabled people, and hence the discrimination that such people can face, it may sometimes be the case that decisions are made for them, or at least that others seem to have more say in those decisions than the LGB disabled person themselves. Having another person with them to help them express their opinions, check facts, and witness events, can offer reassurance, confidence and practical help. However, if LGB disabled people are to take advantage of such services, they must first be aware that they exist and know how to access them.

This section will firstly look at LGB disabled people's general lack of understanding and awareness of advocacy services. It will then look at the experiences of those who have used advocacy services. The lack of involvement of LGB disabled people in the planning of services generally, and the limited opportunities they are given to make their voices heard in service provision will then be outlined, before the section finally considers the nature of the ideal advocacy service.

People's understandings of advocacy services

When they were firstly asked whether they knew what advocacy was, interviewees responses varied. Whilst a few answered 'Yes' without hesitation, nearly half answered 'No'. This did not necessarily reflect a lack of use of such services, but simply an unfamiliarity with the term 'advocacy'. For example, when one man was asked if he had used an advocate he answered:

> 'No, no [a mental health support worker] wrote the report out but it was there. Yeah she's been very good.'

There was no awareness of the support workers role as an advocate. She had supported him in completing paperwork, and in direct conversations with social services, thus ensuring that his voice was heard and decisions made which he was happy with. The man, like several other interviewees did not realise that this was what is termed advocacy. This suggests that when advertising 'advocacy services', service providers need to be clear what is on offer, and who their services may assist. However, it is acknowledged that this may also be because some people may view "advocates" as specific workers who have come in to provide this role, rather than as other workers who have taken on an advocacy role as part of their work.

The lack of understanding of the nature of advocacy services was illustrate further, by the fact that several interviewees did recall having wanted support when they had had to deal with a variety of issues in their lives. However, they had often turned to family and friends, or struggled on alone, with little awareness of the availability of professional advocacy services. One woman explained how her and her partner operated when they had to talk to social workers or other professionals about her needs:

> 'We usually gang up on people if they come to see me, see there's two of us. (laughter) We intimidate them. (laughter) We do a lot of research about whatever it is that we need to do and present people with various things.'

Her reliance on her partner to help her with research into her rights was made crystal clear.

> 'But if I didn't have [my partner], again to help me do that [research], it would be a completely different kettle of fish.'

Other interviewees had acted for themselves, reading up on subjects in order to ensure they got their point across in discussions and were aware of their rights. This again, was often due to a lack of awareness of where to go to find effective advocacy services.

> 'I did my own advocacy based on the advice I was getting off them [solicitors] but I could see a possible time when I might want an advocate for something really serious where I'm too emotionally involved and I couldn't handle it and I think you know and my experience of being an advocate you can distance yourself and you can hammer a deal better.'

As in so many other areas of service provision, taking on the role of self-advocate can require a certain amount of self-confidence, as well as access to information on people's rights in suitable formats. The woman who declared that she had acted for herself, above, was also a self employed, articulate business woman and hence had experience of presenting arguments to others. She had communication skills and was well practiced at making herself heard to other professionals. Not all disabled people have had such training and/or experience and hence, professional advocacy services can be all the more important to them.

Experiences of using advocacy services

The dangers of not having an advocate, and/or being aware of your rights and knowing how to express them, were made clear by one woman who said:

> 'I mean you know, social services trying to make short cuts. If you don't know your rights, they'll flog you off with something.'

Poor advocacy services, and hence the limited control people can have over their own lives, were equally made clear by one man who explained:

> 'Oh yes I have, and it's not been forthcoming. Particularly in the residential home that I've lived in, and particularly to do with sexuality issues on one particular occasion. Err, management have got a tendency to kind of gang up. The, the, they come in the meeting too strong, because I'm apparently, I'm this stroppy disabled person and, and they're scared of me in a way. They don't seem to realise that I also need support sometimes.'

As indicated above, many of those who had used advocacy services, had not done so knowingly. Social workers, charity workers, health professionals, personal assistants, friends and family members with experience of negotiating skills were all used as advocates by different interviewees. Whoever took on the role of advocate, people's experiences of advocacy when they did use them were generally positive.

> 'Yeah, they were good. They argued for me.'

Difficulties did sometimes arise, when advocates failed to listen to the LGB disabled person, and jumped to conclusions about what they wanted and/or needed.

> 'They didn't listen to me. They talked like I weren't there. You know. They just talked to each other.'

This was sometimes influenced by an individual's impairment and/or sexual orientation, as stereotypical assumptions about LGB or disabled people affected the advocates' perceptions of what people can do, or how they behave.

> 'It just annoys me. They decide what's best for you, what you want. They assume I want to go to gay bars and stuff and I'm not into it.'

It must be acknowledged that this person was referring to a family member rather than a trained, professional advocate. However, the need for professional advocate services to have equality training for all their staff is clear.

Sometimes the difficulties that arise are not the result of poor advocacy services, but in other professionals' attitudes towards advocates. Research by Carver and Morrison (2005) showed that relationships between advocates and clinicians in the field of mental health were sometimes less than desirable. They noted that:

> Advocates can still encounter ignorance of their role and opposition to their presence. The clearest implication of the findings is the need for greater training of nurses and other clinicians in the role of the advocate.
>
> (Carver and Mortimer 2005: 75)

This was indeed recognised by interviewees, where they recalled professionals in the health service or other specialisms, responding to their advocates as no more well informed, and hence in a position to comment on the topic under discussion than their client.

> 'They [the doctor] ignored both of us really. They just, they weren't gonna listen to anyone.'

The way in which professionals can fail to see the importance of the voices of their clients can have a huge impact on services. When service providers consider themselves the all knowing experts, who should have the power to make decisions on other people's lives without those people's involvement, mistakes are made. Some people may even be ignored by service providers all together.

LGB disabled people's involvement in the planning of service provision

Advocacy should go beyond support for an individual to improve their situation, into the area of involvement, i.e. LGB disabled people having their voices heard in service planning. Interviewees were asked whether LGB disabled people get enough say in what services are available, how and where they are delivered. The resounding response was 'no'. One man said:

> 'They're not even considered at all. They're not even considered at all.'

A woman answered:

> 'Absolutely not at all. They don't consult.'

Another interviewee underlined the impact of LGB disabled people being somewhat invisible to service planners.

> 'I don't think it's seen as a particular group that has separate needs, so I don't think, I think it needs to be recognized more but you know I mean I've been involved in lesbian health matters and you know banging on to local GPs and everything about, you can't lump all women together, you know you can't ask… you can't assume heterosexuality when you're asking questions about sex and you know everything. I mean I must admit it all depends on what practice you go to doesn't it?'

The general lack of involvement of LGB disabled people in the planning of services clearly results in shortfalls in provision. Interviewees talked about the practices they would like to see in an ideal advocacy service.

People's desires for the ideal advocacy service

Firstly, the simple lack of advocacy services was noted by interviewees:

> 'There again CIL [Centre for Independent Living] […] just what I know of the system at the minute, […] I think there might be one advocate in post, which isn't sufficient to support people around. I know there are some advocacy projects, but you know, time is tight, money is tight, and there's just not enough available to support people.'

This was particularly noted in reference to LGB and disabled LGB specific services. As one interviewee commented:

> ‘Disabled people and LGB people do need advocates and it is not generally recognised.’

Advocacy services are often specialised to help particular groups of people. Advocacy Network - Leeds’s website (2006b) lists advocacy service providers by ‘category’. They include services for ‘people in mental distress’, ‘people with learning difficulties’ and, ‘people with sensory impairments’. There are, however, no services listed specifically for people with a wide range of other impairments, or for LGB people. What services there are for disabled people do not state that they do so with any awareness of the other social categories those people may belong to, including their sexual orientation. This needs to be addressed.

The ideal service was considered to be one where the LGB disabled person could keep control of a situation. The advocate needed to be clear that they were speaking for their client and needed to communicate their client’s views and opinions with clarity. One man summed this up when he expressed clearly:

> ‘They’d have to have an awareness of issues surrounding sexuality and disability and I would have to be confident that they would listen to what I was going to say and not speak for me without checking really.’

The need for there to be a good level of understanding between the advocate and their client is evident. An awareness of LGB and disability issues is something that is equally required of counsellors, as will be discussed in the next section.

7.8. COUNSELLING

The importance of advocacy services has been made clear in the previous section. The support and guidance that counselling services can offer is equally invaluable to many people in many different circumstances. There are times when, due to bereavement, work pressures, or numerous personal issues, we all suffer from emotional distress. We do not all, however, find the same ease of access to such services, or indeed have the same positive experiences when contact is made.

> 'It has been acknowledged in principle that those who provide counselling or support should respect differences and the diversity inherent within any society or culture.'
>
> (Cowie and Rivers 2000: 503)

However, what is acknowledged in principle is not always carried out in practice. Experiences of counselling services amongst the LGB disabled interviewees in this research were varied, but often involved homophobic and/or disablist incidents.

This section firstly looks at the general experiences LGB disabled people have had in terms of contact with counselling services. It looks at the misconceptions counsellors sometimes have of LGB disabled people and the impact such ideas can have on people's experience of the counselling process. It considers the vital nature of good communication and understanding between the client and counsellor, the potential restrictions of cost and finally, how services could be improved.

LGB disabled people's contact with counsellors

18 of the interviewees had used counselling services at some time. When they were asked what type of counselling services they had used all replied 'face to face'. No-one had experienced telephone or internet services. The value of the experiences were mixed. At one extreme one man said:

> 'Yes, I have [used a counsellor] and a brilliant one at that.'

At the other extreme, another man commented:

> 'Once for one session. It was poor.'

The reasons why people chose to use counselling services were also mixed. A number of people were dealing with depression or mental health issues, for a variety of reasons. One man, for example, explained:

> 'Yeah, I were referred [to a counsellor] by my doctor with me depression.'

Other individual's had chosen to seek out counselling services, because they were going through the process of coming out.

> 'when I realized I was gay. I just needed to sort my head out, you know.'

Some had sort support when relationships were breaking up.

> 'It was that problem where I had, I was about to be breaking up with someone in a relationship so I thought it would be a useful thing to do right now.'

An understanding of LGB issues, on the counsellor's part, is obviously of particular importance in situations such as these. A significant reason for the variation in people's experience of counselling services, was people's abilities to relax and express their identities to the counsellor, without fear of negative homophobic and/or disablist responses.

Misconceptions of LGB and disability issues amongst counsellors

Interviewees were asked whether or not, either their sexual orientation or being disabled, had ever affected their ability to use counselling services. Incidents of both homophobia and disablism were reported.

Some interviewees reported how counsellors jumped to assumptions about their sexual orientation. One woman explained how a counsellor struggled to accept her as a lesbian:

> 'They assumed I was heterosexual and couldn't quite get their heads around it.'

A man also pointed to the failure of some counselling services to acknowledge sexual orientation.

> 'It was poor and I didn't point out to him as well that I had filled in all the forms, that sexuality wasn't accounted for anywhere in their paperwork which I found quite shocking.'

Another man said:

> 'Counselling can work great if you get the right person. If you get the wrong person and who's homophobic you know and they just send you backwards because it knocks your confidence.'

When it came to disability, there were sometimes difficulties in relation to physical access. One interviewee, for example, explained how the difficulties she had experienced related to her disability rather than her sexual orientation:

> 'To do with disability stakes, but not homophobia stakes. Just in terms of they don't have you know they, you'll get there and it'll be upstairs.'

These comments clearly suggest a simple lack of awareness of LGB and/or disabled people's existence, and in turn their needs. The invisibility of LGB disabled people, and hence lack of thought about their needs, as stated in section 7.2. Employment, can be a form of discrimination in its own right. However, the above comments also point to deeper attitudinal problems amongst counsellors.

Some approaches to counselling can 'individualise and personalise problems', suggesting the person being counselled is at fault (Swain et al 2003: 137). In contrast, the social model of disability attempts to move away from a focus on the individual and points to the role of society in creating disability, by discriminating against those with impairments (see section 4.1.). Hence, the experiences they may be struggling to deal with as individuals are not their own fault, but the result of other people's reactions to them.

It has been recognised in past research that counsellors' own, socially conditioned views of disability, often in line with the medical, individual model of disability, impact upon the counsellor-client relationship (Parkinson 2006). One interviewee recalled a counsellor's assumptions that he was unemployed, and relatively unintelligent, seemingly because of nothing other than his impairment:

> 'They had a pretty low opinion of me.'

Research has also shown that individual counsellor's opinions of LGB people can impact upon the service that they provide. Evans (2003), for example, showed that the religion of counsellors can affect whether and/or how they work with lesbian and gay clients.

One interviewee made clear how her counsellor's unwillingness to accept that she may be a lesbian, set her back months in her own ability to come to terms with the situation.

> 'I was having individual counselling with the Relate person as well and they… I spent weeks building up to telling them well I think I might be a lesbian you know and this is why my marriage isn't working. And when I finally said well I don't think I've got a future with men, rather than explore it they said you just haven't met the right one yet! (laughter) It put me back months.'

It was noticeable that the combined affect of being both LGB and disabled had impacted on several people's experiences. This was particularly evident with mental health service users. It was evidently assumed by some counsellors that any mental health problems an LGB person had were related to their sexual orientation. When he was referred to a counsellor by mental health service staff, one man recalled:

> ‘They assumed I was screwed up because I was gay.’

For some interviewees, coming out as LGB and/or disabled to a counsellor, and/or setting them straight on LGB/disability issues, was not a problem.

> ‘It’s more of a case of you know this is the kind of customer I am and what can you do for me. If it’s a problem they don’t get my business in effect.’

However, as stated in relation to other areas of service provision, such an attitude requires a certain amount of self-confidence.

The vital nature of communication and understanding

The need to feel that there was a connection, a level of understanding between the counsellor and themselves was considered vital to many interviewees. When discussing her ideal counsellor one woman explained she needed someone:

> ‘A counsellor […] that completely understood the social model stuff, and that barriers do you know, play a major part in, in preventing people doing things. But also the fact that, you know, understanding what homophobia is. Completely understanding. It’s alright, you know, they used to say, “Oh we can understand that, you know, if you’re lesbian you could be harassed, or whatever.” But, unless people understand the nature of homophobia, and heterosexism, then they’re never going to understand where I’m coming from.’

The importance of specialist services, such as those provided by Yorkshire MESMAC, as well as PACE and The Metro Centre (London charities providing counselling specifically for LGB and/or transgendered people), was stressed.

> ‘She was a counsellor for MESMAC. I’m going to actually get some more sessions with her as well. She’s such a good counsellor.’

The failure to find such a connection could be significant. The woman who had, had counselling with Relate, mentioned above, went on to explain that:

> 'I had no faith in them after that, so I just stopped all the counselling then.'

One woman who had both positive and negative experiences of counselling services commented:

> 'I think it just depends on the person that you get.'

It should also be noted that it is not just counsellor's themselves who need to be aware of LGB disabled people's needs, but also receptionists or other people working with them. For example, when counsellors are unable to sign Deaf people may need interpreters to sit in on sessions, but this can make the session impersonal, at best, and completely unsatisfactory if the interpreter is homophobic (see section 7.11. for further comments on this issue).

Training and development issues for counselors

The need for increased awareness of LGB and disability issues amongst counsellors is clear. Participants in a study of counsellors by Parkinson (2006: 93) stated that:

> 'Coverage of disability awareness and equality issues was vital if they were to reflect the principles of open access to counselling services for all, as set out in the Disability Discrimination Act Part III (1996, 1999)'.

Parkinson (2006) calls for the inclusion of equality and diversity in all counsellor training programmes. Indeed for the more enlightened service providers, the benefits to them of working, open mindedly, with members of the LGB and disabled populations has been pointed out.

The point that communication is a two way process is an important one. Both the counsellor and the service user need to listen to one another and learn from one another if the encounter is to be productive. Research by Cowie and Rivers (2000: 503) has pointed out the potential benefits to counsellors as well as clients of positive engagements with members of minority groups.

> 'Working with lesbian, gay and bisexual clients can provide the practitioner with insights and opportunities to further expand their supportive skills through an exploration of what it means to grow up as a member of a minority group.'

Positive interactions with counsellors can only occur of course if clients can make the initial contact. As well as physical access issues mentioned above, finance must also be considered.

Financial restrictions

Whilst cost must always be considered as a potential barrier to any service, finances were rarely seen as a problem when it came to accessing counselling services. The majority of people had used free services, through charity organisations, or health services and commented on the benefits of this.

> 'No it came free, which is even better.'

However, some people acknowledged that a lack of money meant that they had to rely on services such as these. They had little choice over where they went for help, restricting in turn their choice of individual counsellors. For some they had been instructed who to see by a doctor, social worker, or other professional, with little say in the process of referral.

> 'I had no choice who I saw. It was just who I was referred to.'

People's choice and control over the counsellor they see is clearly a significant issue which can potentially be improved.

How to improve counselling services

As explained above, the main requirement of a successful counselling service is communication. This relies upon a good relationship between the counsellor and the service user. It is perhaps not surprising then that a key desire for improved services was a desire for more information on individual counsellor's feelings about, and willingness to work with LGB and/or disabled people.

> 'If I felt I needed counselling again, I would be looking for somebody that was advertised or whatever as lesbian friendly or something like that. I wouldn't take a chance in any kind of mainstream.'

Getting the right person, and having access to someone of the right sexual orientation, gender, or other personal circumstance, to try to limit misunderstandings, and ensure the comfort of the customer with the situation is essential. For, example, one woman explained her need to see a female counsellor.

> 'You'll have a long wait if you're waiting for a woman, sort of thing. So I said well I'd see this bloke that sort of and I've seen him three times and I actually rang up last week and said "Look I can't see you anymore. You know there's nothing wrong with you but I need to speak to a woman."'

A further factor which needs to be recognized, and which means that equality training is indeed vital for counsellors, as stated above, is that clients often need to address a range of issues in their counselling sessions.

> 'I found it really, really useful because some of the stuff that came out was about my belief in myself and stuff around how I felt about my impairment and a whole host of issues over the years, so it felt like it was very therapeutic.'

As this quote makes clear, counsellors need to acknowledge many different elements of their clients lives. This may well include the fact that they are both LGB and a disabled person.

Whilst referrals from GPs and other professionals can be beneficial the flexibility of such services to access a range of counselling services, suitable for a range of clients is also clear. Three way communication between clients and different service providers also needs to be addressed. The impact of health professionals, like counselors, making assumptions about LGB disabled people will be considered in the next section on health services.

7.9. HEALTH

Much of the traditional perception of disability has been around "impairment as a medical problem" rather than around the discrimination that disabled people have faced in society (Barnes 1991). Because of this, the disabled people's movement has tended to work on issues of social inclusion and anti-discrimination for disabled people and may have paid less attention to disabled people and health. However, health is a service area, alongside other areas such as education or transport, where disabled people need to receive an equal service. Also, for some disabled people, it is a fact of life that their impairments will mean that they use health services more frequently than others in the population. The 'Department of Health/Disability Rights Commission Framework for Partnership Action on Disability 2004/5' identified 'three priority areas for partnership working' (DRC/DoH 2004: 2). These were:

1. To foster a culture which promotes the rights, independence, choice and inclusion of disabled people by improving and strengthening the extent to which disabled service users, carers and the wider disabled community can influence service design and delivery.
2. To improve access to information and services, communications and levels of awareness of disability issues, in particular by supporting NHS and social care providers to meet the requirements of existing and forthcoming legislation.
3. To improve the recruitment, employment, retention and career development of disabled people in the NHS and social care.

Similar priorities for improving health services for LGB people must also be realised. Firstly, there is equally a need to involve LGB people in the planning of health services, and hence improve their experiences of it. Secondly, there is a need to improve awareness of LGB issues amongst NHS staff. Finally, increased attention to equality and diversity policies which ensure the same career prospects for LGB people in the NHS as heterosexual people are essential.

In this research all three of these areas for improvement were raised. This section will, firstly, look at LGB disabled people's experiences of self expression when using health services. It will consider the willingness of service providers to listen to, and engage, with them. It will secondly look at their experiences of health care professionals, the attitudes and responses that such people have towards LGB disabled people. It will look at the more general visibility of negative attitudes towards LGB disabled people through general access barriers to services, such as building design and finance. The experiences of those who wish to work within the health service will also be acknowledged. Finally, the section explores how health services could be improved for LGB disabled people in the future.

Choosing whether to express or hide your sexual orientation and/or impairment to health service staff

People need to be able to communicate with one another if different people's issues are to be raised, acknowledged and acted upon. Only through discussion can LGB disabled people help design services to better meet their, and wider societies, needs as the DRC and DoH (2004) suggest they should.

As in other areas of service provision, however, people's abilities to express themselves as LGB and/or disabled to health service providers depended upon a number of factors. Some people had chosen to be open about their sexual orientation and their impairments.

> 'I've been honest with all me GP's.'

This was not the case for everyone, however. The person's own self-confidence and comfort with their sexual orientation and impairment was one factor which influenced their choice. One woman who said she had not informed her doctors of her sexual orientation said:

> 'I'm not really out to many people.'

Previous experiences of discrimination when being out about either their sexual orientation or their impairments made some wary and reluctant to be open with health service staff. One man explained how he felt it was important to be careful what information you gave in case it was put on file, and could be used against you in medical checks for mortgages, insurance or other financial policies:

> 'I think …..I think I've had to keep aware of, I think it's changed now things like buying a house, life insurance, things like that as a gay man because you know if you go to a GP about an STI, then that shows up in a way that causes problems later then you know you have to be a bit canny about that..'

Whether or not people did choose to disclose their sexual orientation, and/or any impairments they had to their GP and other health service workers depended, perhaps most commonly, on whether or not they considered the information to be relevant to the issue they were currently wishing to discuss. When one man, for example, was asked if he was out to his doctors about his sexual orientation he answered:

> 'If it's relevant, but it often isn't.'

In this respect, the need for some to be open about their sexual orientation had little to do with their health needs, but rather their legal rights. For example, in terms of their right to name their partner as their next of kin.

> 'I suppose it, it would be different if I was in a full time gay relationship which I'm not at the moment, and then there's whole kind of next of kin issues and so on.'

Attitudinal discrimination by professionals

As in so many areas of service provision the comfort with which an individual felt able to come out to a member of health service staff, and the impact that disclosing that information had depended largely on the attitude and personal knowledge of that member of staff.

> 'Some NHS staff I've had to come out to and it, it hasn't been an issue at all and others, mostly in the mental health field, I've come out to and it, it has caused problems for me, so I suppose, I think it depends who really.'

This is an important point. One of the most common reasons interviewees gave for believing that there health care had been compromised due to the disclosure of their sexual orientation and/or impairment, was that false assumptions had been made about them, because of this information. One man explained how, when doctors could not diagnose his condition they searched for a psychological cause. Before a psychologist reported that he had no such attention seeking habits, and a correct physical diagnosis was reached, he recalled that:

> 'For a while there was this assumption that, kind of, if I was gay then this is what, this is why I was trying to attention seek with all these medical problems and so on.'

Other interviewees reported more straight forward assumptions being made that they were heterosexual. One woman with Multiple Sclerosis explained:

> 'Assumptions were made, assumptions that you're straight and [about] contraception.'

The false assumptions that health, like many other professionals, have about LGB disabled people, yet again points to the need for improved, compulsory equality and diversity training for all service providers. It equally points to the need for service staff to listen to LGB disabled people and acknowledge the value of learning from their expertise on their lives and their bodies.

Working in the health service

The potential value of people's own experiences assisting them in the workplace has been raised in reference to counseling (see section 7.8.). However, when it came to interviewees experiences of wanting to work in the field of health, particularly mental health, and help others who were going through similar experiences to their own, they had found barriers.

Despite nursing qualifications and encouragement from her own support workers one woman explained that she had been turned down for posts in mental health.

> 'I did apply, but I didn't get it.'

Whilst there is no evidence in this research that such employment decisions were discriminatory, such personal stories as this, and the continued under-employment of disabled people in the UK (Prime Minister's Strategy Unit 2005), only add weight to the need for greater monitoring of employment rates of disabled and LGB people in the NHS. Only through a greater understanding of the current situation and managers' fears of employing LGB disabled people can applicants and employees experiences be improved.

The Equality and Diversity Manager of the 5 Leeds Primary Care Trusts (PCTs) of the NHS, admitted a need for a better understanding of the current situation upon which improvements need to be made. He acknowledged that broad figures on how many 'disabled' people were employed by the NHS PCTs in Leeds failed to give important detail on what types of impairments they had, why they considered themselves 'disabled' and so on.

> 'I can give you a fuller figure but I can't really break it down in terms of specifics at this specific moment in time.'

Monitoring of NHS staff in terms of their sexual orientation is not currently undertaken. The lack of knowledge of NHS staff's sexual orientation and disability status, by management, perhaps points to a more general lack of awareness of disability and LGB issues in health services.

The attitudes of health service staff towards LGB disabled people

There is no mandatory training of health service staff on disability or LGB issues. Whilst uptake, however, of general disability related training was considered to have been reasonably successful, the

Equality and Diversity Manager of the 5 Leeds PCTs noted that equality training around LGB issues was lacking.

> ‘The blunt answer would be no there isn’t anything [in terms of LGB equality or awareness training for staff] taking place, but the softer answer I suppose is that it depends where you are, and how, because it is being tackled but it is being tackled not at the same level as it would be say for some of the other inequalities.’

The lack of awareness of LGB issues amongst health staff sometimes goes beyond simple ignorance, or common misconceptions, to overt homophobic discrimination. At one extreme a service provider may fail to acknowledge a person accompanying a disabled person is their partner. One woman remembered nurses’ reactions to her partner on a trip to hospital.

> ‘They thought she was my sister.’

At the other extreme decisions may be made about the person’s state of mind, not due to any medical or psychiatric evidence, but simply due to their sexual orientation as illustrated above by the man who had been assumed to be attention seeking.

In terms of disability issues, the lack of awareness of staff in terms of how to communicate and work with a blind person was made clear to one interviewee when she went for a mammogram.

> ‘I was just physically. I mean I understand that they have to do physical things to you doing a mammogram, and it’s not a very pleasant experience. But, if they would tell you what they were doing, instead of just grabbing hold of you.’

A mental health service user recalled how he was made to wait to the end of a doctor’s surgery to be seen. Other patients, who arrived after him, were seen first because he had been drinking. He explained how he was calm, quiet and inoffensive, and how he felt that:

> 'I didn't think it was a very professional thing to do. To me you drink, if you drink a lot you drink because you're unhappy not because you want to get… you know you don't drink it because you want to relax in company or whatever or because you want to feel merry, when you drink like that it's because you're blocking something out.'

Whilst it may be desirable for an individual to sober up before seeing and talking to a doctor, the lack of awareness or thought about what mental health issues may have led an individual to be drunk in the first place was evident. The staff had equally failed to talk to the man about why they felt it best he waited, but simply left him to do so.

Failures in the ability of staff to work with and communicate with people with different types of impairment, due to a lack of suitable training, are not the only barriers to accessing services for LGB disabled people.

Other restrictions on access to health care support

The provision of interpreters and of printed information in different formats was something the interviewee from the PCTs in Leeds said that they took seriously. However, a number of factors can combine to mean that services fall short of what is required. These factors can include; disabled people being used to providing their own PAs, advocates or interpreters at appointments or meetings, and hence it being assumed they will continue to do so; the lack of forethought from some health staff about such provisions; and concern over wasted resources if large volumes of documents in different formats are uncalled for.

26 service providers working in the field of health returned the questionnaire survey. 23 of these said that they offered information in 'Plain language', only 2 offered BSL DVD/video or clips on a website. Just 13 offered large print material and 14 information on tape.

The interviewee from Leeds PCTs noted that high profile complaints, possibly going through the courts and with the attention of local media, made services raise their game, but this was far from a desirable situation. He thought that at times service providers become complacent:

> 'All the time and I think that until we have another reasonably high profile case, maybe… and it shouldn't have to be that, but you know unfortunately that's a catalyst for change isn't it at times?'

Accessible buildings were as ever a further restraint for some people. One man recalled a visit to a hospital and said:

> 'It was an old building. The access really wasn't good.'

The responses of the 26 health service providers who returned questionnaires showed a great deal of room for improvements in terms of access to their services. For example, only 4 offered a typetalk service on their phone. Only 7 had audible or tactile controls in lifts, and only 10 had controls in lifts at a level reachable by wheelchair users. Just 13 had doors light enough to be opened by people with low strength, and 14 reported having low reception desks or counters for wheelchair users. 4 admitted to not having adequately wide doors for wheelchair users or clutter free corridors.

The PCT representative confirmed that building access is an ongoing issue which they are trying to tackle:

> 'I think in some of the older buildings which are on lease etc., I'm sure that some of those issues about just basic entry and awareness inside may not be the same as some of the new buildings that we're going to be moving into or are being built.'

A final, unsurprising cause of restriction in services for LGB disabled people was finance. One man explained:

> 'They haven't got the resources to provide the support that I need. And as a result that's why I'm in a wheelchair. Errm, lack of physiotherapists largely. And an institutional mind set. […] If I was in America and

> had got the right medical insurance or whatever, then I wouldn't be in a wheelchair.'

The limited pot of money in the government purse which Oliver (1990) refers to, does not appear to be prioritised for everyone on an equal basis.

How health services can be improved in the future

Limited financial resources constantly need to be reconsidered in terms of their distribution patterns. For example, Campaigns to increase awareness of Sexually Transmitted Diseases needs to be followed up with improved STD clinics. As one man put it:

> 'Nobody can get treatment, they have to wait six weeks. Well, I don't understand it, it's looked down upon as if nobody's having sex. We are talking of going back to this mystical Victorian time when nobody was having sex. Well we all know now that it were probably far worse than it is now but no I don't think it is getting any better. I think it all needs improving.'

Preventing the spread of such diseases and/or catching conditions early can save the NHS money in the long term. A desire for a wider range of health services through the NHS including homeopathy was also raised.

> 'I want them to pay for it, and so we're negotiating, to-ing and froing, all of which's taking a long, long time. And they keep getting back to me saying, you know. Coming up with various other things that I have to jump through hoops on.'

The value of getting a treatment that a patient is happy with can be great. It can ease mental distress and many homeopathy treatments are inexpensive compared to conventional drugs.

As in so many areas of service provision covered by this research, the need for staff to listen to and work with LGB disabled people was a further issue considered vital in future planning initiatives, as was the need for greater awareness of LGB disabled people's issues and culture amongst service staff.

The need for health service staff to be aware of the social model of disability and that disabled people are first and foremost people, with the same needs, rights and fears as any non-disabled person was made clear by one woman when she recalled how doctors had discussed her as though she were not there.

> 'He was talking over me and I just said to both of them "I'm not a piece of meat on a slab, and do not talk about me as if I don't exist."'

The PCT diversity lead explained how he wished to develop general equality and diversity training to focus on how it related to health professionals work and experience in particular.

> 'What I want to do is run something […] internally for ourselves to be saying, Okay now within the service area that you're operating in, what are the issues and what you've picked up?'

All staff within the health service need to be aware of equality and diversity issues. As the PCT representative expressed, one problem which must be tackled is the issue of who attends equality and diversity training days from any particular health practice.

> 'I think what you've got is that sometimes people will come to the training sessions because they are deemed to be the appropriate person from a staff and sometimes it's not that person that needs to be there but the provider themselves'

The provision of such widespread training should ensure that patients get the rounded, holistic approach to their care that they desire.

> 'I want to go and have a consultation with somebody that I feel comfortable with. Somebody that will take account of my sexuality, my impairment and how

> much of an impact that has on my, my life, my lifestyle, my general health, because it does.’

An overall awareness of people’s needs as both LGB and disabled is required in all areas of service provision. In the next section how LGB disabled people experience leisure services will be considered.

7.10. LEISURE

Previous research on disabled and LGB people's and leisure

As Aitchison (2003) notes, there has been little discussion between those working on disability policy and those working on leisure policy. The negative social images of disabled people as weak, ill and dependent on others, do not necessarily sit comfortably with them having active social lives, engaging in a range of hobbies and pastimes.

It may be true that LGB disabled people themselves have low expectations of what they may do in their leisure time. This was an area that many interviewees had relatively little to say about. However, this may not be simply due to their institutionalisation and/or acceptance of social expectations of them. Barnes (1991: 182) suggests that 'disabled people's ability to participate in mainstream recreational pursuits and establish 'normal' social contacts and relationships is severely restricted' by 'economic, environmental and social barriers'. The impact of low incomes, an inaccessible physical environment and other people's attitudes were all evident factors in controlling the leisure pursuits of interviewees.

It could be argued that LGB people's leisure activities have received more attention. However, the focus of literature on LGB people's leisure time has been dominated by their experience of the lesbian and gay community and 'scene', and their expression of their sexual orientation (Richardson and Siedman 2002). Even the occasional reference to sport and keep fit have been related to their sexual expression, through discussions of body image, and what it is to be a man, or woman (Valentine 1999). These are issues which have been identified as being of particular significance in the 'lesbian and gay community' as discussed in section 5 and as will be illustrated further in section 7.11. (Butler 2001). The question of why LGB people may or may not wish to engage in a much broader range of leisure activities has seemingly been neglected.

In light of these points this section firstly looks at the nature of the most common hobbies and leisure activities LGB disabled people described themselves as participating in. It next considers the restrictions they face in the most general of social gatherings, such as visiting a restaurant for a meal. Next it looks at the specific difficulties related to leisure centres and other sports amenities, and finally it considers their desires for improved future involvement in leisure activities.

Common hobbies and leisure activities

When asked about their hobbies, most interviewees struggled to list any pastimes that they enjoyed doing. One man said:

> 'I don't really have any.'

Similar comments were common amongst interviewees. Many activities such as listening to music, reading, or using the internet to contact friends or check information, are perhaps taken for granted by many people, rather than thought of as hobbies. However, such simple pastimes can be of more importance to some people than others. As pointed out in section 7.5. (Technical Aids and Equipment), for example, listening to a walkman helps one mental health service user deal with the voices in her head, and internet use gives many people invaluable access to an otherwise inaccessible world of information and other people.

Home-based leisure activities

Entertaining themselves at home in some way was a key leisure activity for many people, as other studies have also shown (Barnes 1991). For some interviewees, in particular two mental health service users, decorating, and hence brightening up their home environment were important activities.

> 'Yeah, it's mine and it's getting there. A coat of paint makes a big difference, and I picked up that lamp at a charity shop.'

Painting their living room, or gaining a new item of furniture or lighting, gave them both something to occupy their time and improved their mental state. The biggest barrier to such a simple activity was cost. Sources of cheap or free materials, alongside donations from family and friends were vital as both interviewees were reliant on welfare benefits.

> 'My social worker helped me get the paint from some place where people donate stuff and you can get it free.'

Another taken for granted, home based, leisure activity in Britain today is watching television. It is for millions of individuals a basic source of entertainment and information, yet its usage and value is restricted for many disabled people. Despite increased efforts by some media companies in recent years there is still limited provision of access services, such as subtitles and effective audio commentary (see also section 7.5. Technical Aids and Equipment). The BBC (2006) state on their website that:

> 'No other UK broadcaster matches the proportion of programmes subtitled by the BBC. It is committed to subtitling 100% of BBC TV programmes from April 2008. 95% of BBC One and Two are already subtitled, and 80% of BBC Three, Four, CBBC, CBeebies and BBC News 24.'

With the impending switch from terrestrial to digital TV in Britain, however, the BBC is far from the only provider of channels. Other media companies have not been as quick to make efforts to meet disabled people's needs. What is more, the range of programmes that companies have prioritised for subtitles has apparently been limited. One Deaf man explained in relation to subtitles:

> 'I love documentaries on anything, and errm Sky has quite a lot of documentary programmes, but they don't have subtitles. So there's lots of things that interest me that I can't watch. You know, Coronation Street, EastEnders, those kind of mass, popular programmes, most of them are subtitled now, but if you've got any more narrow interest programmes sometimes you get problems of them not being subtitled. But saying that, you know, you've got a lot of programmes with subtitles compared to some time ago, but it's not, it's not the full range.'

One blind woman's frustrations with audio commentaries which do not give the information she requires were explained further in section 7.5.

Whilst activities in the home evidently take up a big part of people's leisure time, social gatherings with other people are as important to LGB disabled people as they anyone else.

Social gatherings

Meeting with like minded people for support, information sharing, friendship and forming for intimate relationships is of great importance to us all, as will be discussed further in section 11, community and social life. When asked about their leisure pursuits, however, one man summed up the importance of social gatherings by saying:

> 'Err, let me think hobbies. Going out for meals, seeing friends, you know, things with other people, with friends.'

Evenings out with friends, however, are not always simple, un-traumatic events for LGB disabled people. One interviewee explained the unfriendly reception they and a group of fellow signers had experienced in a restaurant.

> 'We booked a table. There was a Deaf group of us, […] And we'd booked a particular table, and we arrived to go to our table, […] and then when they called us through, they'd moved us to a different table. And they kind of sent us to a table that was kind of hidden round a corner at the back of the restaurant. And we said 'No we booked a table out there.' Or wherever it was. 'Why have you moved us here?' And when we challenged this the staff were a bit, you know, errm, taken a back a bit, unable to respond clearly. You know, and our table had got the reserved sign on and things. It was definitely that we were out as a group of Deaf people signing and they were discriminating against us. And they wanted us tucked out of the way.'

Commercial service providers can in this way be the direct cause of people's experiences of discrimination and harassment at social events. In other instances, even with voluntary or statutory services, their lack of interference in events held on their premises can be the problem. The Deaf social club which meets at Leeds Centre for Deaf and Blind people is seen by its Director as a group which meets on their premises, but is not a concern, or the responsibility of the Centre itself. The Director explained:

> 'Although we house it [the social club] and facilitate it, it's not part of the Society. It is very much a stand alone organisation that makes their own decisions and do things off their own back. They share facilities etc.'

Whilst on the one hand this was a positive thing, as Deaf people are rightly, left to organise and choose their own social events, on the other hand, failing to set basic equality and diversity standards for all users of the building to abide by has dangerous risks. It can mean the premises can be used by homophobic groups or homophobia can go unchallenged.

Fears of homophobia at the centre were raised by an interviewee as will be discussed further in section 7.11, as well as other interviewees raising issues of disablism issues at LGB venues. It is strongly arguable that guidelines for practices on an organisations premises should attempt to stamp out such behaviour, not least for the good of the organisation's own public image if they are serious about being welcoming to all.

The importance of service providers' premises as sites of social and leisure activities was further highlighted by interviewees who make use of day centres. For some people day centres act as highly important, if not their sole, social meeting places. What is more they can provide a space in which they can learn and develop confidence building skills through leisure activities.

> 'I mean, and… you know, the number of people that I see in there that had a absolutely every ounce of self-worth robbed of them. You know, they feel that they can't do anything right and they suddenly work out

> “Well, actually I can draw and I can paint and I can do these things.” and suddenly they re-emerge, their self-esteem comes back and… a lady that used to be a neighbour of mine and it’s only through going to the day centre that we’ve become very close friends. I taught her how to paint water colour and because of the water colours and having this friendship she’s blossomed again and she’s starting to wear the clothes that she wants to wear and not wear something that’s subdued and she has an opinion again and…’

The value of leisure activities to people’s confidence and well being is well established, though for LGB disabled people there may be issues of whether the leisure activities held in institutional settings are culturally appropriate (see section 7. 3, Housing for an example of this in a residential care home).

The value of sporting activities, in particular, is often promoted in relation to our health and self-esteem.

> ‘Sport can enrich people's quality of life, raise self esteem and confidence levels and provide enjoyment to individuals.’
>
> (Department for Culture Media and Sport 2006a)

Sports amenities

Despite the increased public profile of events such as the Paralympics, images of disabled people and many sporting, or otherwise energetic leisure activities, do not seem to overlap in most people’s minds.

Leeds City Council’s guide to their ‘Sport and Active Recreation Programme for Disabled People’ was updated in May 2006 and shows some awareness of the need for services to work together. Leisure centres which offer sports activities for disabled people, are of little use if the centres themselves are inaccessible. The guide therefore includes a brief guide to the council’s leisure centres access features and facilities, as well as a guide to the public transport systems which service them. Physical access to venues is of course vital in leisure services as much as in any other area of service provision and problems were noted by interviewees. One man explained:

> 'I go doing adventure sports quite a lot, but only in the centres that have been specially designed for that. […] At my local swimming pool the disabled changing rooms [… are] wholly physically inadequate'

Specific access information is limited in the Leeds City Council booklet and contact details restrictive. Telephone, Email and Fax numbers are given for the 19 leisure centres, but no minicom, type talk or such like offered for Deaf people. 6 of the 19 do not claim to have accessible changing and showering facilities, and it is not made clear for those that do, whether these are available in the gents, ladies, or separate, segregated, accessible changing rooms. This particular problem was pointed out by one interviewee who pointed out the difficulties with accessible changing rooms at his local swimming pool:

> 'They're in the normal changing rooms, so given that the majority of my carers are female they can't come into the male changing rooms to help me and that's just a lack of thought more than anything.'

Even if facilities were accessible, attitudes of staff and other service users within them were also of importance. Heterosexual and disablist attitudes in gyms and leisure centres were noted by some interviewees. In particular they pointed to the obsession with the perfect body which prevailed in such places.

> 'Sort of those sports and leisure centres, you know, the fitness and leisure gyms, that kind of thing. I feel, due to my appearance, I feel I may not, I may not fit in. It's a very macho, straight, homophobic environment, so I feel I don't fit in.'

Separate sessions for LGB and or disabled people were considered desirable by some. One man said:

> 'Some gay only sessions [at his local leisure centre] might be good.'

Having said all this, there were some examples of good practice amongst leisure service providers, not least when they worked with disabled people's service providers. One interviewee explained how as a mental health service user she had been actively encouraged to use the council's leisure facilities, given information about them, and had found them therapeutic and enjoyable.

> 'Well I think the thing with this choice thing is that they're actually encouraging mental health users to use leisure services you know. They're encouraging it.'

One vital element of her experience was the subsidised charges she was offered when using the facilities. However, when it comes to finances, it is not only entry or hire charges to swimming pools, badminton courts, other sporting venues, or non-sporting clubs and societies that can be difficult for people on low incomes to meet. Again, as discussed in section 7.5. the cost of specialist equipment, such as sports wheelchairs is a controlling issue.

> 'The sports wheelchair was errm, had to be made to measure because I'm so tall and so heavy. Three and a half thousand pounds. And it's not motorised or anything, it's manual you know. So definitely an issue there on price.'

Finances were one explanation for people not having the opportunity to try leisure activities they may otherwise like to.

Desires for further leisure activities

Interviewees were asked what leisure pursuits they may like to get involved with, but for whatever reasons feel unable to at present. There answers generally fell into two categories. A few suggested specific sport, arts and crafts, or other activities that they needed assistance with, or better access to facilities for.

> 'I'd like to do more art stuff, but I need one to one teaching, and you can't get it.'

Others responded with a relative lack of interest. However, whilst they expressed that there was nothing they wanted to try, they equally indicated a lack of awareness as to what was available to them. One interviewee said:

> 'I don't know. I'm not sure what there is to do.'

There was, as in other areas of their lives a sense of them being resigned to there being little they could do, even if they wanted to.

If the Department for Media, Culture and Sport (2006b) are genuine in their claim that they:

> 'are committed to raising participation in sport by 3% by 2008 from people, over the age of 16, who fall into' the category 'physically or mentally disabled.'

A great deal more work needs to be done on two levels. Leisure services, sporting and otherwise need not only to improve the range and the accessibility of the service they provide, but also to consider how they advertise and promote them to disabled people in accessible information formats. In the next section the practicalities of socialising and interacting with like minded people in the lesbian and gay, and disabled communities will be explored further.

7.11. COMMUNITY AND SOCIAL LIFE

As stated in section 2, The Context of The Research, past research about LGB disabled people has had a heavy focus on their experiences of their sexuality and their experiences of discrimination in the lesbian and gay and disabled people's communities.

We all have a desire to belong, to feel wanted and understood. Friendships and social communities are an important part of our lives. Our friendship and other support networks can be of particular importance to some LGB people. Past research has shown how friends can take the place of family support networks, if the person coming out as LGB causes rejection and isolation from the family (Nardi 1992). Whether immediate family members are supportive or not the ability to talk to like minded people is something we all value, be it about shared personal experiences or personal interests. Hence LGB and disabled communities can be of great value. As one interviewee put it:

> 'I think it would be good to have …. some sort of sense of community with people that you felt safe with. It's, it's important that. To have that sense of community and belonging.'

However, what makes a LGB or disabled community is difficult to define. It has been suggested that it is defined by place (McNee 1984). LGB bars and clubs, as locations that are seen as friendly and welcoming to those particular groups of people, are sometimes referred to as the LGB scene, and are considered a significant part of the LGB community (Richardson and Seidman 2002). Others have inferred that the LGB and disability communities are defined more by the people who make them up. They are collectives of people with shared experiences due to their sexual orientation or impairments, and often the political fights they therefore engage in (Richardson and Seidman 2002). In addition, in larger UK cities, and in some smaller towns and rural areas there are LGB voluntary and community groups which operate to provide services to the LGB community on a not-for–profit basis. Their rationale is different to the LGB scene, yet they are more formalised structures than informal friendship networks.

They too are often considered to be a significant part of the LGB community.

In this section the nature of LGB disabled people's friendship networks will be discussed. Building on this, the section goes on to look at to what extent LGB disabled people feel a part of the LGB community. It considers the attitudinal barriers and discrimination disabled people face in the LGB commercial scene and there difficulties in accessing community and support services. The section then moves on to look at the parallel issue of access to the disabled people's community for LGB people. The nature of support from community organisations of/for disabled people and how information on issues for LGB disabled people can be accessed are considered. Finally, the section looks at LGB disabled people's experiences of sexual relationships, the stresses which can be placed on partnerships and LGB disabled people's experiences of parenthood.

LGB disabled people's friendship networks

Like many people, the interviewees in this research had generally met their friends and other social acquaintances over a long period of time and in a variety of different places. For example, when one man was asked where he had met his friends, he replied:

> 'I have got some long term friends and they're mostly people I've met in squats. Errm, in a wide variety of places and doing a wide variety of things. I don't think that I can generalise about it really.'

When they were then asked what kinds of people made up their social group/community most people said that their friends and other people they met socially were from a wide range of social backgrounds, and belonged to a wide range of social groups.

> 'I wouldn't say that my entire social life by any stretch is just confined to LGB people. I've got a real mix of friends.'

> 'I mix with lots of different groups. I've always cast a wide net because I belong to lots of different groups.'

Responses were mixed when people were asked whether or not there were groups of people that they would like to meet and/or socialise with more, that they currently do not get the opportunity to meet. For some, bullying, periods of hospital treatment and other negative experiences in the past, had left them isolated with few friends. They simply wished to meet people they could talk to for company as much as anything, and were not particularly bothered what social groups they belonged to. One man said in answer to what kind of people he would like to meet:

> 'Virtually any for the friendship really more than anything else.'

As Shakespeare et al (1996: 153) point out 'clearly gays and lesbians are more than their sexuality and disabled people are more than their impairment'. Perhaps not surprisingly then, similar interests, beyond those of disability or sexual orientation were what attracted several people to their friends. One man explained how he preferred to attend events like poetry workshops or drama classes in order to make friends with people with similar interests:

> 'Yeah I prefer to do things that way rather than going to pub, meet a load of strangers and getting drunk.'

Another interviewee explained she had met most of her friends through her political activities.

> 'You sort of just meet people at an event or something and you start chatting to them and yeah it's really sort of through political activism I'd say that I've met most of my friends really.'

Those who did desire to meet more LGB and/or disabled people generally wished to do so for mutual support and understanding. They did not want some kind of therapy group, but rather to meet like minded people in a relaxed space.

> 'It's not just about for support; it's just because it's easy; there's no questions and you don't have to answer anything.'

For one individual whose social life was controlled by her carers, to whom she felt unable to come out, her desire to talk to other LGB disabled people was apparent.

> ‘More lesbian and gay groups. They don’t have to have a disability but it would be nice.’

She explained that she went on the internet daily and wanted more:

> ‘Chat rooms for disabled gays, disabled gay people.’

Finding other LGB disabled people was not always easy. Rainbow Ripples themselves were virtually the only group of LGB disabled people that the majority of interviewees had heard of. For example, one well connected, politically active woman said:

> ‘There’s the Rainbow Ripples do their bit. I can’t think of anything more than that really.’

The need for understanding friends who were aware, and unafraid of disability and LGB issues, regardless of their own circumstances was made clear by one woman who stated:

> ‘I’ve found some of my friends a bit crap really. I know it’s a terrible thing to say but I’ve lost some friends because of being disabled and having cancer, keeping just freaked out and just vanished out of my social network which was quite shocking.’

The loss of friends in this way can make the importance of the LGB and disabled communities and the services they provide all the more valuable. However, a lack of groups specifically for LGB disabled people is not the only problem when it comes to accessing support services.

Feeling a part of the LGB community

When interviewees were asked if they feel a part of the 'lesbian and/or gay community', most answered with phrases like:

> ‘No, not really.’

Others, however, acknowledged the complexity of the term ‘community’.

> ‘Well, that gets into definitions of community and it's all a con really. I don’t know, I think you know, it depends what you mean by community really.’

One woman made clear her own opinions that there was a lack of politically active networks, which she saw as central to a sense of community.

> ‘I don’t really feel part of the lesbian community. I, I do things with other lesbians, and gay men, but there is no community. There really is no community. It’s a myth. It always has been. There are groups of people all over the country now, starting to do things to try and build networks, and we’re involved in trying to set up a network in Leeds.’

Others saw the lack of definition of an LGB community in a different way. ‘LGB communities’ are perhaps stereotyped as being one single group of like minded individuals, who all share similar interests and have similar needs and desires. Interviewees comments, however, pointed to the divisions within the LGB population, and the different sub-groups to which they felt they belonged. For example, one woman said:

> ‘I feel part of the lesbian parenting community and probably not much more than that.’

Why interviewees did not feel part of the broader LGB community and why few of them frequented the lesbian and gay scene was due to a number of factors.

Attitudinal barriers and discrimination in the LGB commercial scene

The attitudes of service providers in the commercial lesbian and gay scene, as well as those of their non-disabled clientele is one such factor. One wheelchair user noted how gay clubs and other venues in Leeds are generally unwelcoming to him.

> ‘Well they’re inaccessible. They errm, perpetuate stereotypes. You’ve got to have money, which I generally haven’t.’

Another interviewee said:

> ‘We have done a couple of times you know we’ve been to London to a few to sort of visit a few of the clubs and things but it’s just at the moment, we’re bringing up small children and so our social life is severely curtailed.’

Lesbian and gay pubs and clubs are not seen as welcoming to children.

However, they are noted for their obsession with the body beautiful, a culture of glamour and glitz and the use of recreational drugs (Butler 2001). It is a culture which does not always sit comfortably with disabled people’s life styles, experiences and needs.

One woman explained how the LGB scene in Leeds was predominantly about clubbing and how this did not suit everyone, either in terms of their interests, or their particular circumstances. Being asthmatic and having a hearing impairment, she explained why busy clubs were very unpleasant places.

> ‘To be honest the gay clubs and things in Leeds are absolutely nightmare because it’s all really, really packed. It’s really, really loud music playing all the time so you can’t hear a s*****g thing and it is just massively smoky and when you’re asthmatic, it’s just intolerable and you go to the bar and I can’t hear a word the bar staff are saying.’

A man said:

> 'A lot of it's very alcohol and drugs focused and it's just not really my idea of a good time.'

The Director of MESMAC agreed that there is a very specific culture in many gay bars and clubs.

> 'Youth and beauty are the two big currencies often on the, well what's perceived to be the scene, well on the commercial gay scene really. It's a tough place to be I think if you're slightly different in any way, really.'

He went on to discuss what he considered to be the surprising extent of negative attitudes to difference in the commercial gay scene.

> 'The gay scene and I mean you know it's possibly one of the most difficult places to be different you know I mean it's kind of ironic really that you know it's supposed to be the sort of place where we celebrate our diversity and our differences and yet when people kind of fall outside of that acceptable narrowly defined notion of what is acceptably different, people you know just get treated appallingly badly. And you know I guess, I mean we notice sort of a lot of it around race, particularly around race actually and the racism around the gay scene is kind of extraordinary.'

He also noted the tensions which sometimes emerge around HIV and AIDS. For some gay men the labelling of people living with HIV as disabled has perhaps caused tensions. He explained:

> 'People who are the longer term survivors of HIV who went through those kind of cases, you know, at those times where the prognosis was like six months, you know, and they all got their Disability Living Allowance because they were going to die in six months, this is what we were thinking. They kind of resent it even more than some newly diagnosed folk. I guess because they're saying, you know, we've been through all of that and now we've got these new treatments and you know, new drug regimes and I'm going back

> to work and I’m back in the workforce and, you know, I don’t consider myself to be disabled any more.’

Disablist tensions within the gay scene were something that interviewees were equally aware of. One woman who had been heavily involved in the LGB political movement and organising LGB events noted how disablist she had realised the gay commercial scene was after an accident left her with an impairment. She began by explaining:

> ‘I mean I always thought I was pretty good. I didn’t think I was disablist, but you just don’t realise it until you face it do you?’

She went on to explain one of her first experiences of an LGB club after her accident:

> ‘There were steps into it. […] So they said, ‘Oh it’s [you], don’t worry. We’ll carry you in.’ You know, because they knew me, and several of them lifted me in my wheelchair inside. But I thought, no, it’s not just about me, just because you know me. There are loads of disabled people who need to access gay clubs.’

She noted that this problem, was not one restricted to Leeds, but is found all over the country.

Accessing community and support services for LGB people

Some towns and cities are better known for their LGB communities than others. Manchester, Brighton and London, for example, are perhaps better known than many for their ‘gay villages’, and ‘pride’ events. When they were asked if they ever travelled to Manchester, London or other cities for LGB services or events most people said that they either used to or still did. The main reasons for people no longer doing so was either finance or other commitments, including children. One woman said:

> ‘Yeah it’s very expensive, it’s just very expensive do you know, you know I’ve got a kid, then I’ll have to get childcare in so that costs money and then I’ll have

> to get a taxi, I might be able to get a bus out but I'll have to get a taxi back, so that costs money so, you know if you go out for a few hours, I've spent £40 before I've actually done anything so I wouldn't be doing that on a regular basis because I couldn't afford to do it.'

As outlined in section 7.4., Transport, the cost of transport can limit people in their journeys into and around Leeds, let alone further afield. Once the location has been reached, other problems can still arise.

Only 5 organisations considering themselves as providing services for the LGB community returned questionnaires. Similarly 5 respondents considered themselves as service providers in the disabled community. None of these respondents were from the commercial sector, and only 1 from each group were statutory organisations. The rest were voluntary and/or community organisations.

Their levels of access provision were interesting. Whilst all the LGB community service providers said they provided clear signposting on their premises only 3 of the disability organisations did likewise. However, whilst all 5 of the disabled community organisations claimed to have disabled parking bays and adequately wide doors for wheelchair users only 2 of the LGB service providers had such facilities.

The Director of Yorkshire MESMAC, one of the largest sexual health organisations in the UK, working with LGB people, recognised that not all MESMAC's services are accessible to disabled people. It was something they are keen to work on, as finances are available, and their new building in Wakefield is much more accessible.

> 'Being fair we spend quite a lot of money on making sure at least one of our sites is accessible so there's always a kind of accessibility and things like training and a meetings space. And Wakefield, our newest site that's kind of better, has very good access for people with mobility disabilities.'

However, transport costs, time and other factors do not mean that the Wakefield offices are necessarily the easiest for an LGB person to visit, any more than any non-disabled LGB person who would have a choice of sites to visit.

In addition to MESMAC's own services, the MESMAC offices are used by other smaller LGB community groups. The significance of the inaccessibility of the MESMAC offices for people with mobility impairments was not lost on their Director.

> 'The only, the biggest problem for us really is that a lot of groups use this building so it's used every night by LGB groups which we you know, part of our remit is to provide meeting space for LGB groups, that's what we're really keen to do. And of course if there's somebody with a mobility disability they wouldn't be, you know, they wouldn't be able to come to that group and that's kind of, we don't really have any control over that so that's, the groups are kind of self-organising and self-defining groups, so it's kind of up to them'

The fact that the MESMAC offices are perhaps seen as one of only a few friendly meeting places for LGB groups is of concern in terms of it's limited physical accessibility.

The lack of awareness of disability issues, or planning for disabled people in the LGB community has caused access barriers not just to social events, or special interest groups, however, but also to more significant forms of support. The Director of MESMAC acknowledged this when discussing the improvements they have made in their counselling service to Deaf people.

> 'Before we had a counsellor that could counsel using British Sign Language, she was working with a young chap and she was doing a counselling session via instant messaging, MSN or something, I don't know. Yeah, yes because he was… he really didn't want to have an interpreter in on it because it was quite, kind of, a difficult subject for him to talk about, but that

> was kind of like a useful, an interesting use of technology I think that.’

Feeling excluded, whether for physical, or attitudinal reasons from the LGB community and/or scene may mean LGB disabled people look elsewhere for support. This may mean turning to sections of the ‘disabled community’. However, does this exist, or is this anymore tangible that the LGB ‘community’? And is it any more welcoming?

Accessing the disabled people’s community

When they were asked if they felt part of the 'Disabled people’s community', virtually all the interviewees answered with ‘What community?’, ‘no, not at all’ or something similar. One woman said, there was ‘absolutely not’ a disabled people’s community. The political activism she would hope to find in a disabled people’s community was almost non-existent in Leeds she explained.

> ‘A lot of the political disabled people that there are around the city have just gone their own way, and become very, very disillusioned.’

This lack of community activity perhaps makes the lack of awareness of LGB disabled people’s issues, as much as any disabled people’s issues unsurprising.

Support from Community Organisations of/for disabled people

Amongst disabled service providers, as well as else where there are still ‘heterosexist assumptions that disabled people cannot be lesbian or gay’ (Shakespeare et al 1996: 153). One man said of a specific disabled organisation:

> ‘They didn’t acknowledge that I had a sexuality at all.’

This has important implications. Of all disabled people, it is perhaps Deaf people that have traditionally had the strongest tradition of socialising together, due to their position as a linguistic minority (see Ladd, quoted in Campbell and Oliver 1996, 120). The Director of the Society for Deaf and Blind People acknowledged the importance of the Society their offices being a friendly, accessible space where questions are not asked about an individual's personal life. This is not least so anyone can access confidential services, such as social workers, or gain assistance with personal communication in a safe and reassuring environment.

> 'Because we have a social work team here, you know we have some things which are a confidential relationship between a service user coming in, and I don't want people feeling like as if they were coming into an office building where they've got to sign into the book and be, and they say well I've come to see the social work.'

He went on to say that:

> 'I'm disturbed and upset if the perception is that the Deaf gay community doesn't feel welcome at this society. Certainly as a client group people who are referred to us, there's no reason at all why they wouldn't feel welcome at this society. I can't say whether they're welcome in the social club or not but I have no reason to believe they're not.'

The first meeting of Deaf lesbian and gay people has recently taken place at the Society's offices. A positive thing as one interviewee pointed out. However, he also noted the institutionalised, homophobic image that he felt the Society has.

> 'It's the first time there's been a gay and lesbian party at the Deaf centre in Leeds. There is a lot of homophobia and a very sexist, bad attitude towards sexuality. The problem is the Deaf Centre is a very institutionalised organisation run by non-Deaf people. That is very old fashioned, 1950s style. Also the Deaf Social Club reminds me of a "working men's club".'

The Director of the centre acknowledged that:

> 'We have the old organisation the society, 130 years old, we are a fairly traditional organisation in terms of the way we've provided services in the past, the sort of… I have to be really careful… the sort of people we've employed… you know we have a fairly ageing board of trustees who've been around a long time. If you looked at the profile of our trustees, although we have… over 50% of our trustees have got a sensory loss and that's split between hearing loss, sight loss, deaf/blindness, the age profile is very much upper quartile and a lot of the trustees have been on the board for a long time.'

However, he equally stressed their desire to modernise and stressed:

> 'I mean I hope that if anyone has experienced homophobia in the Society that they would feel comfortable enough to raise it as an issue with me, we have a process for doing that. Without saying there is any homophobia in the Society, perhaps to distinguish between the society and the deaf social club again, because if we're talking about people in a social setting, you know that might be different from one in a caring provision of service setting.'

The impact of, perceived or real, homophobia when using the centre's services may prevent LGB disabled people from feeling comfortable to use the Centre as a social support venue. When told of the homophobia one interviewee had spoken of, when they attempted to gain an alarm system (see section 7.5. Technical Aids and Equipment) the centre's Director answered:

> 'If I knew that was true and it's so unacceptable that you know it's gross misconduct as far as I'm concerned if somebody spoke to a client like that and it really just wouldn't be tolerated.'

Whether justified or not, fear of homophobia in many venues makes the need for people to access and feel a part of the LGB community all the more important. People also talked about feeling unable to come out, for fear of homophobia at day centres, and other locations. One woman explained that, although the day centre staff were friendly, and that she could talk to them about other matters, she did not feel safe to come out to them as a lesbian:

> ‘Yeah it’s almost impossible to be myself. Everywhere I go, even here because we’ve got nice staff here and we go out and we can go and chat with. So it’s quite lonely.’

In the responses to the service provider questionnaire, 5 organisations specifically provide services to disabled people. Of these, 4 declared a desire to improve services for LGB people, but none reported displaying information that makes it clear that LGB disabled people are welcome.

Fears of homophobia in offices of service providers for disabled people, such as these can be highly damaging, not simply in the nature of the quality of service the individual receives directly from them, but also in terms of the resources they may offer, and hence access to other services. Day centres, for example can offer a free source of local newsletters and/or internet access, but if people fear homophobic responses they may not feel able to look at information on LGB events or issues.

Accessing information on issues for LGB disabled people

Interviewees were asked if they felt they had access to information on LGB/disability issues, and whether it is in an accessible format. One blind woman explained how she was reliant on her sighted partner to assist her in gaining information:

> ‘Nationally, because I’m on various e-groups I get information through web stuff. And we do get, we do get Shout, so we do pick up stuff from there. And we are on various, you know Antics and stuff, you get to know a lot of stuff through that and errm. And because of friendship networks, but otherwise it would be really, really difficult. […] Yeah, it would be impossible to get to know what was happening.

> (laughs) So you know I'm, so obviously I mean you can work out that my dependency is on [my partner] for hearing about a lot of stuff and getting to know lots of stuff.'

Another woman explained how it was essential to be in contact with certain other people, already a part of the LGB network in the city to be able to find out what's going on.

> 'I think there's something, there's something about how information is shared, in Leeds there used to be a sort of alternative newspaper and it had all sorts of stuff like that in it and that doesn't exist anymore, so now you really only find out about stuff if you are on somebody's mailing list but then you have to know something to get on it, do you know what I mean?'

★ The Director of Yorkshire MESMAC was keen to stress how they are working to improve the accessibility of their information and how important this is to them.

> 'We advertise the fact that we have a Minicom system and we're just working on a project-wide brochure that outlines all our different, the kind of access of all our different buildings as well which is kind of, go out quite wide with our new training programmes.'

MESMAC are also currently working to improve the accessibility of their website. Efforts such as this are very much welcomed. However, whilst friendships and social support are important, for many people their partners and their families are the most important social relationships that they have. This section concludes by examining issues around partnerships and parenthood.

LGB disabled people and sexual or partner relationships

Whilst there has been much attention paid to LGB people and issues of sexual relationships, this has often been an area that has been ignored in relation to disabled people, due to taboos around disabled people and sexuality (Tom Shakespeare et al 1996).

In this research, we did not specifically ask about sexual relationships or partnerships as the research was focussing on service provision issues. However, we do know that of the 20 interviewees, 8 disclosed that they were currently in a relationship. Of these 6 were living with a partner.

The information from interviewees around this area came mainly from the discussion of other topics, such as transport difficulties in meeting people (se section 7.4.) or the tension in relationships when a partner provides unpaid personal assistance (see section 7.6.). These indicate that LGB disabled people face access barriers in establishing relationships and that there may be additional stresses in the dynamics within relationships, once they are established. Sometimes, these additional dynamics may include factors related to the disabled person's family or friend struggling to accept their sexual orientation. One woman explained how she had attempted to tell her parents about her sexual orientation, but they had been unwilling to listen, or discuss the matter.

> 'I told my parents I thought I was gay and they told me not to be so stupid, and it's never been mentioned again.'

In the Deaf Gay community particular problems can arise with friends. In such a small community, as one man put it 'everyone knows everyone.' Friends and ex-partners are often only too aware of a person's new relationship, giving them little sense of privacy.

A further dynamic at work in LGB disabled people's relationships can be the benefits they receive. As discussed in section 7.4. the mobility component of Disability Living Allowance does not take account of the range of different costs facing people with different impairments and living in areas with differing levels of accessible public transport. As for all people, some benefits depend upon marital status and/or the people you live with. Recent changes to welfare benefits legislation, following the Civil Partnerships Act 2005, mean that LGB people living together are no longer treated as individual claimants but as a couple. Exactly what impact this has had on LGB disabled people is as yet unclear. However, many disabled people are reliant on means-tested benefits, due to educational or employment disadvantages (see sections 7.1. and 7. 2.) or other factors. Changing those benefits without transitional payments may mean people lose their independent incomes at short notice.

Experiences of parenthood

As for any family, finances can be particularly worrisome where children have to be provided for. 4 of the interviewees had children. Those who had been disabled when they had become pregnant were particularly keen to talk about the lack of support, financial and otherwise, they had had in raising their children.

> 'You know, having a baby when you're blind, it's just a. You just shouldn't do it as far as family, friends, the authorities, anybody goes. It's just not the done thing, in the seventies, you know. Especially, errm. And you know the possibility that I might bring another blind child into the world was just the pits.'

As this quote indicates, it was not only health or social workers who raised concerns. Negative images of disabled people equally affected friends reactions to people's responses to them being pregnant.

> 'I have got concerns from you know quite a few of my friends were quite concerned saying oh what happens if you die? I'm going well, you could bl**dy go out get run over by a bus you know.'

The expectations of care workers and friends alike, however, were often proved wrong.

> 'I think they were astonished that I brought her up very well.'

The 'interference' of social workers can be highly frustrating.

> 'I couldn't take [my daughter] out on my own, so I always had to have someone around, and that was

> causing major problems. And they were just keeping a very close eye on things.'

Desires to keep social services and what was seen as their 'interference' at bay had meant that one individual had felt the need to manage her own life and her child's even when seriously ill. This was something which she admitted had had:

> 'a bit of a detrimental effect on my health because obviously I've kept going for him [her son].'

Such is the fear of a loss of independence that a person is willing to risk their own health.

Perceptions of disabled people as incapable, combine with a lack of information and understanding about LGB parents to cause further difficulties for some people. One lesbian parent explained the annoyance and frustration with people's insensitive questions about her pregnancy.

> 'When you announce that you're pregnant as a lesbian, it's amazing how many straight people think it's okay to say Oh how did you do that then? Idiot. And they want to actually know the details of how you actually inseminated and you don't ask a heterosexual couple Oh where did you conceive you know what position were you in or things like that but people feel that they can intrude and ask very personal questions.'

The importance of LGB parent support networks is clear.

> 'We've set up the rainbow family network for lesbian and gay parents, but it is mostly lesbians though, because we just felt that our children needed to mix with other kids as well that have two mums or whatever so that… and for that kind of sharing.'

This quote brings us back to the point made at the beginning of this section. That a sense of belonging is important to us all. A desire to feel understood and listened to has been a common theme in many of the last 10 sections on the different areas of service provision. Improved equality and diversity training for service providers has equally been a common theme. If communities supposedly aware of discrimination and oppression can still lack awareness of one another’s needs this issue can seemingly not be understated.

Communities and a sense of belonging, do not only offer understanding, but often a sense of security and safety within them for their members. The next section of this report looks at LGB disabled people’s feelings towards issues of safety, harassment and discrimination.

7.12. SAFETY, HARASSMENT AND DISCRIMINATION

As has been made clear in previous sections of this report, all the LGB disabled interviewees recalled some stories of bullying, harassment and/or discrimination in at least some of the different areas of service provision discussed in this report. However, when it came to discussing issues of safety, harassment and discrimination specifically, many interviewees dismissed these incidents as 'unimportant' or 'to be expected'. These responses underline the importance of people's perceptions of what makes an incident worth reporting to either the police or any other authority.

In this section the nature of hate crimes, homophobic and disablist incidents will be discussed. Building on this, interviewees' experiences of the police service will be examined and the positive moves the police and others are making to tackle issues of safety, harassment and discrimination for LGB disabled people noted. The section will then look briefly at provisions for disabled people who commit crimes. Moving on from what may be considered criminal actions, the section explores how safe LGB disabled people generally feel in Leeds and what actions LGB disabled people are taking to tackle problems of harassment and discrimination.

The nature of hate crime, homophobic or disablist incidents

Peter Fahy, Chief Constable Cheshire Constabulary, in his forward to *Hate Crime: delivering a quality service,* published by the Home Office, Police Standards Unit in March 2005 (page 5), stated:

> 'Hate crime scars its victims beyond the legacy of any physical injury. If it is not professionally and successfully countered by the agencies of social control, its pervasive effect is to create alarm and fear as it chips away at the mortar of social cohesion.'

Indeed, more fears that they may be targets of crime were expressed by the interviewees in this research than actual experiences of crime.

> ‘I haven’t no [been a victim of hate crime], but I do worry about. I do think about it and try to make sure I avoid it.’

Such fears were often exaggerated due to what people considered to be their particular vulnerability, being both LGB and disabled people.

> ‘I know some of them know I’m gay and, it’s like, errm, you know they probably think I’d be easy to take if they wanted to.’

Whilst fear of crime or general harassment dominated many interviews it should be noted that 2 people had experienced a physical assault, and 4 what they considered aggressive verbal harassment. One woman, for example, explained:

> ‘We’d had a lot of, errm verbal abuse […]. And we’d had verbal threats. Errm, we’d had property and the car attacked.’

A police officer from West Yorkshire Police pointed out that any crime could be a hate crime, and acknowledged that recorded incidents of homophobia include:

> ‘graffiti, […] right the way through to murders of gay men, and criminal damage, harassment, thefts, thefts of motor vehicles.’

Whilst disablist crime rates are not yet monitored, (partly due to national computer programmes and paper systems lagging behind police policy) he speculated as to what may be the most common types of incident the police and related service providers have to deal with:

> ‘I would hope that you know as we move into disabled hate crime, I don’t know what we’ll start with. I can’t think of a particular, probably verbal abuse, that’s my gut feeling about what is a constant daily grind to a lot of people, whatever disability that they might have. And I think it will be the fact that well you know it

> happens, it's what we have to put up with, what can the police do about it?'

Many of the actual experiences interviewees discussed did indeed fall into this category. What might be seen as minor incidents of name calling, irritating office pranks, one off pieces of hate mail or abusive phone calls, stares, or other gestures that made the individual feel uncomfortable, at risk and/or unwanted in a particular place were common. One blind woman explained how people failing to communicate with her, to simply say "Hello" and let her know they were there left her feeling uneasy:

> 'It's not so much a thing about feeling safe. I don't feel comfortable. I don't feel comfortable.'

A man explained:

> 'I've had name calling and stuff. I know, I know, it sounds like nothing really I know, but it wears you down.'

The impact of these types of incident on the mental health of people on the receiving end cannot be underestimated. In August 2006, over £800,000 was awarded to an employee in a city firm in recognition of trauma caused by "office bullying" (The Guardian 2006).

However, events such as these which are seen as minor incidents, are labelled as 'low', rather than 'high', level crimes in police terminology. The police officer we interviewed acknowledged:

> 'To be called names every single day, every time you leave your house, that sometimes gets called low-level and for me that's not right you know. It's a term that we shouldn't use.'

Focusing mainly on concerns about violent crimes has, according to Stanko (2001: 309), left society and the law ill prepared to deal with 'people's ordinary experiences of intimidation, threat and bodily harm.' With the police, like other service providers pressurised by limited resources, the West Yorkshire police officer suggested the need for an inter-agency approach to dealing with all hate incidents.

> 'We will take the crimes and we'll recognise them as hate incidents or hate crimes, but we will stand up and say that we may not be the best people, you know if it is a tenancy, if it's an age thing, then we will make sure that other agencies that we work with get involved and that would be the way that I see things going.'

Some incidents, as the police acknowledged, go unreported due to the vulnerable position of victims. For example, people living in care homes, dependent on their staff, can fall victim to theft from those very service providers. When he was asked if he felt safe where he lived one man said:

> 'No, not really. More than I used to really. It's definitely had its issues. Quite severe issues over the past few years. Not really to do with sexuality, although that, that has been. There has been that issue, but there's been an awful lot of stuff going off in the home over the past few years and I don't really feel safe living there.'

The police officer we interviewed admitted that such incidents were a huge area which the police were only just beginning to explore. It is not just people who may be stereotyped as vulnerable due to the nature of their impairment whose experiences of hate crime and discrimination may go unrecorded, however. People with invisible impairments may still be put off reporting incidents as they simply do not wish to draw attention to themselves. Avoiding discrimination by keeping a low profile and even hiding their sexual orientation and/or impairment was not an unusual strategy amongst interviewees.

> 'I keep myself to myself to avoid trouble.'

High profile media stories have given the impression that, as well as being violent, hate crimes are generally committed by people who are unknown to the victim (Mason 2005). However, research suggests that this is not the case (ibid). The perpetrators of such crimes are often known to the victims as neighbours, work colleagues, frequent users of the same services, or even service providers, as the last point illustrates. It is often assumed that the relationship between a victim and the perpetrator of a hate crime provides a motivation for the offence (Stanko 2001). Interviewees who had, had difficulties with neighbours, who seemed to resent having LGB people living in their street seemed to support this theory. When asked if he felt safe to express his sexual identity in his neighbourhood, one man who had had trouble with his neighbours, in the past answered:

> 'I don't know it'd go down really, so don't know. No I won't tell anybody because they're very gossipy anyway.'

A person's own view of how serious or, relatively insignificant an incident is, appears to be one factor which influences whether or not they report the event to the police or any other authority. Other factors which impact on their decision include their expectations, and/or past experiences, of other people's responses if they do so.

Experiences of the police service

Only five interviewees had, had any direct interaction with the police due to homophobic and/or disablist incidents. Whilst this is a small number, it does represent a quarter of the people interviewed. Their levels of satisfaction with the service they received were mixed. When one woman was asked whether she got the support she needed from the police, she answered:

> 'No, we didn't. Errm, we tried to get support from various places and we were just literally passed around. '

Another interviewee said:

> 'Oh God they bent over backwards.'

The relatively haphazard response to such incidents is a matter of concern which the police are aware of. Creating a policy and environment which ensures 'if you're a victim of a hate crime in Keighley, you should get the same level of service as if you experience something in Wakefield', was identified by the police officer we interviewed as a key part of the work of the Community Safety Unit, at West Yorkshire Police Headquarters.

One key factor in people's satisfaction with the service they receive from the police, as in other areas of service provision, is the particular people whom they have to talk to and work with. The police officer stated that:

> 'I don't prescribe to the view that the service is homophobic or racist for that matter. There are individuals within it obviously and, you know, we've had considerable success in being able to show to the public what happens to racist and homophobic officers and police staff.'

However, other than their 'legal responsibilities under the DDA and the changes in the DDA', he admitted there is 'probably very little' in terms of disability equality in the mandatory training programmes for police officers. Rather they concentrate 'through the first two years of probationers' training on 'standards of service delivery. It's about equal opportunities; it's about equality and it's about diversity' ensuring that everyone gets the same quality of service.

The same philosophy is applied to LGB issues:

> 'I have never said, I wanted to train all five and a half thousand officers in LGBT issues. You know we struggle to have the capacity to train them to use their body armour or their batons or whatever, to then sort of say then you need some sort of implant as well to deal with LGBT issues, no I, that's where I go back to the broad golden thread. From day one when we recruit somebody into the police service, we should be telling them, talking to them, getting them to be aware of all the sorts of people.'

Practical experience of dealing with people on the job was seen as the best form of training, but does this come at a price? Are lessons learnt at the expense of a police officer's first hate crime victim?

The police officer acknowledged that there had been problems in the past, for example, with the Deaf community:

> 'Certainly with the hard-of-hearing community within Wakefield is that they are so distanced from the police for a variety of reasons that they get absolutely no help and support from us. Their perception is that we won't help them; can't help them and sadly by some of our responses to them, then we've probably compounded that issue.'

He went on:

> 'We've got to make sure that our services, that we've got, text messaging that we've got type talk, that we don't do awful things.'

The experiences of some interviewees made clear that policies only work when enforced. On paper they were little more than words, public relations exercises. If individual officers do not follow practice guidelines victims suffer, unless they have the confidence to complain. The interviewee who stated that the police had bent over backwards for her admitted that this was after she had made a complaint about their initial response to her experience.

> 'At first it was like 'So what do you mean they're being homophobic? Are you gay? Oh you're not gay.' Isn't that irrelevant. Can't you just get somebody round here. And so I made a complaint. And, err, to the Chief Inspector, and err, ended up getting them to bend over backwards for me.'

In other instances it is not simply confidence to complain, or demand access to services, but the knowledge that services are available that is of importance. The police officer stressed that:

> 'Any victim of crime has access to Victim Support should they wish it and our work with Victim Support, I know that if that victim say requested a support worker from the LGBT community. That could be

> provided. I know our support group for victims of rape, I know that they have LGBT counsellors specific, if requested. I think that's something for us and Victim Support as we work towards the disability agenda.'

Despite this none of the victims of crimes interviewed in this project showed any awareness of, or recalled being offered such specialist support. The need for increased ease of communication between crime and safety service providers, and their clients is evident.

Moving forward - new initiatives

In a press release on 29th June 2005, West Yorkshire Police explained the importance of their involvement in the national True Vision initiative to tackle hate crime (West Yorkshire Police 2005).

> 'True Vision focuses on raising awareness of the help and support available to hate crime victims, and centres on an information pack which gives advice about bullying, personal safety, local contact groups, domestic violence and a self-reporting form. It encourages victims and other people affected by hate crime to notify the authorities about incidents and seek advice.'

What was seen by interviewees as the hassle of reporting an incident to the police or other authorities, such as their line manager, or care home staff was a definite concern. When one interviewee was asked if they had reported the incidents they had experienced, they answered:

> 'What's the point? It's not worth the hassle.'

Yet as the West Yorkshire police officer pointed out:

> 'If we don't know what's going on, then our resources are always [going] to where we do know what's going on.'

He stressed his aim to encourage people to report hate crimes and the importance to the police of the increased figures of homophobic hate crimes, which suggested that what has been a relatively hidden problem is being uncovered and dealt with to some extent. He acknowledged the need to extend the range of ways in which people could report such incidents, anonymously, or as a third party if so desired, without the pressure of any police involvement.

> ‘One of the big recommendations from Stephen Lawrence was to provide people with places other than police stations to report hate crime. We very seriously took that on board in West Yorkshire and currently we have over 350 third party hate incident reporting centres. They are in Citizens Advice, Victim Supports, the majority I would say are in local housing providers, some gay venues, some sort of one-stop shops, anywhere really where the training commitment, there’s the service level agreement commitment as well, to try and give a standard.’

These moves to improve services for victims of crime have to be matched by efforts to ensure LGB disabled perpetrators of crime are also treated without discrimination.

Disabled people as perpetrators of crime

Disability has been studied alongside race as a social factor which can affect how likely children and youths are to get involved in crime (Schroeder et al 2004). Some studies have indicated that individuals with learning difficulties, particularly dyslexia, have been found to be at increased risk of offending (Kirk and Reid 2001). A high percentage of people in prison and youth offender centres have been found to have dyslexia (Kirk and Reid 2001). A discussion about the validity of this research and the potential reasons for any offending patterns are clearly outside the remit of this report and we do not, falsely, wish to suggest that crime rates amongst disabled people are higher than they are amongst any other group of people. The point, however, does need to be made that the needs of those committing crimes need to be met, just as much as those of the victims of crime.

Whilst at least 3 interviewees recalled being ‘peace activists’ and/or involved in other political campaigns, interviewees in this study were not specifically asked whether they had ever been involved in criminal activities and none of them raised the issue.

However, the officer from West Yorkshire police stated that:

> ‘We’ve got to make sure that people with disabilities have exactly the same rights both as witnesses and victims but also as perpetrators.’

He went on:

> ‘Would a walking person get a real sentence and a wheelchair user get community service for the same crime? My question is, is the penal service, is the prison service equally geared up to accommodate?’

A general sense of justice, that equality for all in the legal system can be expected and relied upon, is an important one for everyone in Leeds. Equally, a general sense of safety and security in the City is important.

General feelings about safety in Leeds

Despite the discussions above the majority of interviewees said that they felt safe on the streets of Leeds and using a variety of services. However, this was generally followed by comments such as:

> ‘At certain times of the day.’

Or;

> ‘In some places. There are some places I wouldn’t go to.’

This is perhaps unsurprising, and could be expected of most members of the public, LGB or heterosexual, disabled or non-disabled alike. The nature of this research, based mainly on qualitative interviews with no direct comparison with non-disabled or heterosexual people, means that it is hard to draw conclusions about whether the general feelings of safety were lower than the population at large. However, other studies have shown that LGB people are at a higher risk of crime and harassment than others (Herek et al 2002). Disabled people are also common victims of harassment (Barnes 1991). These factors are likely to have an impact on the feelings of safety of LGB disabled people in particular.

Whilst it was clearly difficult for people to generalise about their feelings of fear and/or safety across the city as a whole, some general points were made about safety and harassment. Firstly, the lack of information as to what were LGB friendly places and service providers was pointed out. Given that fear of discrimination, harassment and crime is perhaps more prevalent than actual incidents, the suggestion was made that such information should be more forthcoming. Signs telling people that assistance dogs are welcome, informing individuals that premises have induction loops and other access information are available (to some extent, though not always accurate or complete) on many premises. However, signs indicating that a venue is 'gay friendly' or that LGB people are welcome, are rare. Discussions suggested that such signs would be gratefully appreciated. One man summed up the issue when he said:

> 'There was this restaurant and we were thinking of going in it anyway and then there was a little sort of rainbow triangle in one corner of the door: I'll definitely go here. So I think it does make a difference in terms of kind of the message that you get, even if it's a mixed venue, there's a clear message about you know whether or not you're welcome there. And whether or not your particular lifestyle, call it what you will, is valued, recognized and protected as well by whatever power that be in that place, I'd think it would be, I'd think it would be great, because there could be a network for venues outside of the obviously gay venues that would say that they were gay friendly.'

Being informed that services are LGB friendly is clearly important, but as stated in section 7.4. on Transport, companies policies are not always followed by individual members of staff. If harassment and discrimination does take place people need to know how to take action against it.

LGB disabled people taking action on harassment and discrimination

A general point which was made by many interviewees was that service providers' harassment and complaints procedures were not made readily available. They were rarely if ever offered to clients unless specifically requested. This is despite the fact that, in the survey of service providers, we found that 85% of service providers said that they had an equality opportunities policy and 67% said they had a harassment policy. One woman summed up many people's feelings when she said:

> 'They don't push them [information on harassment and complaints procedures] forward, so it's difficult to know what the score is, but I've obviously got enough nous to know that I would ask for them if anything should happen.'

This being the case a small number of people were unsure of what to do or who to turn to if they did experience harassment or discrimination.

> 'I'm not sure who I'd, what I'd do.'

As in other areas of service provision, discussed earlier, for many who did know who to turn to, their rights and/or what support services were available, the issue was more about having the confidence to do so, and the belief that there would not be reprisals. One man explained the importance of his own determination and confidence to complain.

> 'No, but I'm such a bolshy git that they get the complaint anyway. (laughter)'

One woman in contrast commented:

> 'I wouldn't want any trouble. If you complain you sometimes just get more trouble don't you?'

The apparent reluctance to make harassment and complaints policies publicly available added to some people's concerns that they would be seen merely as trouble makers, that the process would be more hassle than it was worth and that they would not be heard with any level of understanding of sympathy. One man explained his experience of being put off complaining when he had asked to see harassment policies:

> 'Some [service providers] have said that none exist and I know it does.'

These seemingly quite simple request for the clearer indication of the acceptance of LGB people in venues, and the display of harassment and complaints policies, are just two ways in which service provision can be improved. In the next section of this report a number of recommendations for the improvement of service provision for LGB disabled people will be outlined, both for local and national service providers.

8. LESSONS TO LEARN: RECOMMENDATIONS FOR SERVICE PROVIDERS

Drawing on the findings of the research, as discussed in sections 6 and 7 of this report we make a number of recommendations for the future improvement of services for LGB disabled people. Firstly, this section outlines general, wide reaching issues which need to be taken on board by government in future legislation and policy, and by service providers at all levels. The section then moves on to look at specific recommendations to the 12 areas of service provision covered by this research. We would like to emphasise that service providers need to take action on these recommendations. Further research needs to be conducted in 3 years time to see if improvements have been made. Rainbow Ripples will continue to work in this area.

8.1. General Recommendations for Government and all Service Providers

1. Shifts in policy to broad equality and diversity statements and combined service provision, and away from specialist, separate policies and services for race, disability, sexual orientation, gender and so on, must be carefully managed. It must be ensured that the necessary expertise of staff is not lost, and that service providers can still deal with the range of issues that are currently addressed. This said, it must also be ensured that the benefits of staff's potential expertise on more than one social issue, and the awareness that people fit into more than one social category, must be fully appreciated.

2. There needs to be greater monitoring of LGB and disability amongst service providers and employers. Clients and staff of service providers need to be monitored in relation to disability and sexual orientation so that a better understanding of the scale of the barriers that people face and the range of people's needs is understood. In order to achieve this, sometimes it may be necessary to monitor in relation to type of disabling barrier that the person faces, e.g. whether they are a Deaf person, a blind person, have a learning difficulty, a physical impairment or experience mental distress.

3. Service providers need to be aware that they may have LGB disabled service users or customers. They must not make assumptions about people’s sexual orientation or disability status if none has been declared.

4. There is a need to ensure that Disability Equality Schemes and impact assessments cover LGB issues.

5. There is a need for services working in different areas of people’s lives to communicate with one another. Failure of services to work together, to share expertise and to combine their resources mean that they are failing to meet LGB disabled and other people’s needs.

6. Research is needed in to the development of Charter Mark schemes to indicate the quality of services for LGB and disabled people. It is suggested that basic standards could be self assessed by organisations which could then be advertised to potential service users or customers to inform them of their friendly and accessible nature. Higher levels of accessibility and specialism of service for LGB and disabled people would be assessed by external auditors. The exact nature of the criteria which would have to be met for each level of recognition needs to be considered in the near future.

7. When considering changes to benefits regulations and other legislation, the particular needs of LGB disabled people need to be considered. For example, the Disability Living Allowance’s mobility component does not currently recognize the wide variation in disabled people’s transport needs and, hence costs. It is as yet unknown what the implications of changes to means-tested benefits arising from the Civil Partnerships legislation has been on LGB disabled people who are living with another person, who may or may not be their partner.

8.2. Recommendations for Education and Training

1. The “guaranteed core curriculum” for young people aged 14+ needs to include sexual orientation in the equality statement.

2. School curricula should be applied so that the content addresses the needs of a diverse range of children, taking into account developing a positive self-identity for all children, regardless of ethnicity, sexual orientation, impairment or other factors.

3. Similarly, bullying policies should address a range of reasons why children may be bullied including ethnicity, impairment and sexual orientation. Bullying of LGB young people, or around LGB issues, should be explicitly mentioned in bullying policies and staff should promote a culture where this is unacceptable.

4. Schools need to be aware of the importance of friendships to young people; by carrying out activities which promote the development of friendships, especially for young people who may be isolated and by a sensitive approach to individual young people who may feel isolated because of difference.

5. Further and higher education establishments need to carry out work to address less obvious reasons why disabled people may not apply for courses, such as low levels of self-belief based on previous educational experiences.

6. Some further and higher education establishments still need to improve access for disabled people – possibly by learning from organisations which have developed good practice, such as the Open University. A key element in improving access is flexibility of provision.

7. Further and higher education establishments need to speak directly to disabled people to agree plans to remove barriers to access. This may include liaising with other service providers, at the disabled person’s request, such as “social care” or transport providers.

8. All young people need access to good quality education on sex and relationships, including lesbian and gay issues. In particular, young disabled people need the same access to this as their non-disabled peers.

9. All young people also need access to education on disability equality and on specific aspects, such as issues around mental distress.

10. Informal sources of learning, such as the internet should be developed to provide useful information and even interactive learning, for LGB disabled people. A good example of how this can work is the NSPCC's website for young people which lists some frequently asked questions, but also offers a human contact for them to talk to and to raise issues in confidence and safety.

8.3. Recommendations for Employment

1. There needs to be further work at a national level to ensure an end to disability discrimination in the workplace, including less obvious indirect discrimination such as inflexible working practices and unspoken assumptions about disabled people made in recruitment and selection processes.
2. There needs to be a removal of attitudinal discrimination in the education system and in careers advice. There should be an expectation that disabled people will achieve if access barriers are overcome. Until this occurs, disabled people will always be disadvantaged in employment.
3. There needs to be a review of funding and benefits to ensure that people living in residential care can work without a financial penalty. The interaction between benefits and employment also needs a more general review but this is beyond the scope of this project.
4. Organisations supporting people into a range of employment, including self-employment (such as Business Link) should review their support to disabled people, with a view to removing barriers.
5. Employers need to be more aware that there are disabled people in their workplaces, including people with hidden impairments. They also need to ensure that all supervisory and management staff have knowledge of schemes that can support disabled people, such as Access to Work.

6. Employers need to take attitudinal discrimination against LGB and disabled employees seriously. This includes ensuring that Equality Policies and Harassment Policies are well known, that policies specifically mention homophobia and disablism, and are used when required. Consideration needs to be given to protection from reprisals for people making claims of harassment. Assumptions should not be made about people who have not disclosed their sexual orientation or disability.

7. Employers should aim to create an environment which makes it safe for employees to "come out" as LGB or as a disabled person to their line managers and to colleagues, as hiding identity can be damaging for individuals.

8. Employers should encourage peer worker support groups for LGB and disabled employees. In large organisations it may be possible to have a specifically LGB disabled employees support group. These groups could provide 3 roles; support for workers, feedback to management on issues of concern and a consultation route for management on new developments, and policies.

9. There needs to be more availability of high quality equality and diversity training of managers, supervisors, human resources and employment support staff (e.g. careers service etc). This should be a responsibility of Human Resources departments.

10. Self employment was a popular option for many LGB disabled people, both in terms of being in control of working conditions and being free from potential discrimination from colleagues or managers. Agencies supporting self employment need to look at their marketing and services to LGB disabled people.

8.4. Recommendations for Housing

1. Work needs to be done at a national and local level to ensure that no-one is living in residential care who does not want to be there.

2. Nationally and locally, there needs to be an increase in accessible housing stock, in a range of areas, including areas that are "LGB friendly". This should include flexible housing stock, that can be lived in easily by people with a range of impairments. This needs to be a priority for any future new building of social housing.

3. Housing providers need to accept LGB people's wishes in relation to safety and location as a valid factor in priority for rehousing and in making appropriate offers of housing. This may involve reviewing lettings policies and the way that Choice Based Lettings operate, especially in relation to disabled people where the availability of suitable housing stock may be further limited.

4. More housing providers and agencies (for example Leeds City Council, Housing Associations and Estate Agents) and services (for example aids and adaptations teams) should positively promote their equality policies in relation to LGB issues, for example by taking up an "LGB friendly" charter mark (see general recommendations).

5. The Commission for Social Care Inspection should specifically look at the practice of care homes in relation to freedom of expression and support for LGB service users.

6. There needs to be more investigation into alternative forms of housing to meet the needs of LGB disabled people, such as co-housing. Some state financing of these schemes may be necessary to enable access for disabled people who are not working, yet this may still be efficient use of money compared to options such as residential care or supported living.

8.5. Recommendations for Transport

1. Access to mainstream transport which is physically accessible and affordable was a major issue for LGB disabled people in the research. There have been many research reports including recommendations about increasing the accessibility of mainstream public transport to disabled people and this report endorses the overall move to inclusion in this respect.

2. Similarly, the report endorses the need to improve attitudes of transport providers, including frontline staff, towards disabled people – for example through training in disability equality.

3. Some disabled people will always need door-to-door transport. An "LGB friendly" charter mark which taxi firms or other door-to door providers could sign up would increase the confidence of LGB disabled people using these methods of transport.

4. Vehicle licensing / transport planners should encourage the development of women-only or specifically LGB taxi firms.

5. The government need to review whether the DLA mobility component is at an adequate level for people who need door-to-door travel.

8.6. Recommendations for Technical Aids and Equipment

1. There should be more outlets available for advice and ordering of technical aids and equipment, including service providers that are specifically LGB friendly

2. If an LGB disabled person wishes to have access to the internet, this should be viewed as a vital link in terms of information and community participation by "professionals" carrying out assessments of need with LGB disabled people.

3. Professionals whose role is to advise and assess disabled people about aids and equipment need to be aware of non-specialist items that could be bought "on the high street" as well as specialist items made for disabled people.

4. Professionals whose role is to advise and assess disabled people about aids and equipment need training on equality

issues, including recognising the importance for LGB disabled people to be able to carry out tasks (such as reading or travelling) without human assistance. Having to ask for help can sometimes make LGB disabled person vulnerable to homophobic responses.

5. Equipment providers should be non-judgemental in their provision of advice to LGB disabled people. This should be part of the contract if the service is commissioned by Leeds City Council and should be covered by the organisation's complaints procedure.
6. Assessment for equipment should be based around the social model of disability, i.e. recognising the barriers that disabled people face and seeing how equipment may reduce or remove the barrier.
7. Equipment services should be able to provide or advise on a range of solutions and supply them in a timely manner.
8. Many disabled people would welcome an opportunity for more regular reassessment, in case their needs have changed or equipment has been updated.
9. More thought needs to be put into the "look" of equipment, so that it is less "medical". Individual budgets, with the option for people to purchase equipment on the high street may partially solve this – though some items will always require design and production by specialists (such as prosthetic devices).

8.7. Recommendations for Personal Assistance

1. Homophobic comments or ways of behaving by "care staff " or personal assistants should be unacceptable. This should be made explicit in induction training for staff and in information given to disabled people.

2. The mandatory training of all social care staff, through NVQs should include training on LGB equality and disability equality issues, alongside other equality issues.

3. Preventing homophobia in social care provision should be an integral part of the independent inspection processes by the Commission for Social Care Inspection (CSCI).

4. More needs to be done to deal with abuse by "care staff"; such as early detection and protection of disabled people who report abuse.

5. As more services are contracted out, Social Services Departments need to take a stronger role in monitoring equality issues by contractors, alongside the role that CSCI takes.

6. Providing a "culturally competent" service to LGB disabled people includes recognising the need for interaction with LGB communities. This should be reflected in assessment processes to prevent the disabled person having to rely on partners or friends or even having no access to their community.

7. Advocacy services should be offered prior to any assessment. For LGB disabled people, the advocate should be culturally competent in LGB issues (see advocacy section).

8. There should be training and supervision of assessment staff to ensure consistency of assessment and competence in dealing with equality issues.

9. Disabled people need to have more control over the tasks that workers carry out, even when they are not receiving Direct Payments.

10. The range of support roles and tasks that personal assistants/ care staff may carry out should reflect the need that LGB disabled people have for interaction with other LGB people.

11. Staff awareness of Direct Payments needs to be improved.

12. There needs to be an alternative to Direct Payments for disabled people who do not wish to be employers but still want to have control over the times and tasks that their personal assistant carries out. A Brokerage Scheme for Leeds should therefore be investigated.

13. There needs to be more work in recruiting Personal Assistants available for disabled people to employ, possibly through establishing a "Personal Assistants Bank" in Leeds. For some people, it would be important that the PA was a lesbian or a gay man; this information could be held by the bank and would not necessarily contravene the legislation around sexual orientation and employment.

8.8. Recommendations for Advocacy

1. Advocacy services need to clarify and publicise what the term 'advocacy' means.

2. Advocacy services should be better promoted, both by the services themselves and by statutory agencies, for example before social care assessments (see Personal Assistance section).

3. Where other services, such as mental health support schemes, provide an advocacy role, the type of advocacy provided sometimes needs to be clearer. Clients need to be told that independent advocacy services are also available as an alternative. This is an issue for staff training and for information given to the disabled person.

4. There should be services which provide information and advice to disabled people who wish to self-advocate. This could be a role that an existing organisation takes on. This service should be competent in dealing with equality issues, such as the needs of LGB disabled people.

5. Existing advocacy services need to be more proactive in promoting their services to LGB people, so that LGB people can approach the service with confidence.

6. There needs to be an overall increase in the capacity of advocacy services for disabled people and for LGB people in Leeds as there are barely any specific advocacy services in these areas at the moment.

7. There needs to be more discussion between advocacy organisations and LGB disabled people about advocacy needs, in order to develop the best model of advocacy for LGB disabled people in Leeds.

8.9. Recommendations for Counselling

1. This study suggests that a high percentage of LGB disabled people use counselling services. This is probably a higher percentage than is found in the general population. All counsellors should therefore have training in order to provide an appropriate service to LGB disabled people. The basis of this should be to move away from blaming individuals for problems which may be caused by discrimination.

2. This training needs to include a challenge to any heterosexist assumptions. This includes recognising how homophobia and discrimination against LGB people can be the cause of mental distress, rather than simply being a lesbian, gay or bisexual person.

3. The training also needs to include a challenge to any disablist assumptions. This includes using a social model of disability approach and recognising how disability discrimination can cause mental distress and low self-esteem rather than automatically thinking that having an impairment is the issue. However, this is not to deny that counselling can be positive when someone is coming to terms with having an impairment, but this should not be seen as a tragedy.

4. Training also needs to include consideration of the impact of multiple discrimination on people, including LGB disabled people.

5. Counselling services should monitor feedback from LGB people and disabled people through asking people to

disclose sexual orientation and disability on anonymous evaluation and monitoring forms.

6. Counselling services should ensure that they consider improving physical access where necessary, in line with the DDA Part III. Services should be clear about any physical and other access barriers on first contact from a potential client and should offer to hold sessions in alternative, accessible premises and meet other access needs if necessary.
7. As communication is so vital to the success of counselling services, there needs to be consideration of whether there are adequate services for Deaf people and for people with learning difficulties.
8. The need for a third party, interpreter in some situations should be considered as unsatisfactory as it upsets the dynamics of the confidential counsellor/client interaction, there is therefore a need for an increase in counsellors who are fluent in British Sign Language.
9. There should be a directory of counselling services. This should clearly state whether it is possible to specify the gender of counsellors, whether there are specifically any LGB counsellors, disabled counsellors or counsellors belonging to any other minority groups available, as well as physical access and any services aimed at disabled people that have communication access requirements such as Deaf people or people with learning difficulties.
10. Counsellors need to understand their clients culture.
11. More resources should be put into free counselling services, to reduce waits and increase choice (e.g. choice of a man or woman).
12. There needs to be a clearer protocol about information sharing between counselling services and third parties, for example GPs or referrers, especially in relation to disclosure of sexual orientation. Permission from clients should be sought to disclose this information.

8.10. Recommendations for Health

1. Health services as a whole need more specific consultation and involvement work with LGB people to root out homophobia in service provision.

2. The health service needs to use contracting processes, such as the GP contract to raise the level of expectation around equality for LGB patients and disabled people using services.

3. LGB and disability equality issues need to be included in all mandatory training programmes for staff. This is a large task, because of the size of the health service.

4. Ongoing learning around equality issues should be carried out in staff teams, with reference to the specific experiences of people using the service and staff.

5. There is still the need to tackle the assumptions of professionals that mental distress is the result of a client's sexual orientation. Such assumptions are currently evident amongst both mental health professionals and consultants dealing with physical health issues.

6. Staff in different health areas need to work on the particular barriers that disabled people face in accessing their service, these should include personal assistance requirements and staff attitudes. Attitudinal training should be based on the Social Model of Disability.

7. Some primary care services still need improvements in terms of basic physical access for disabled people.

8. Choice of health services should be improved, for example access to complementary therapies.

9. Barriers need to be removed to increase the number of disabled people working in the health service. This is a massive task.

10. Health services needs to monitor sexual orientation of staff alongside other equality issues, to see if there may be any discrimination in employment on the basis of sexual orientation.

11. The health service needs to monitor staff self-definition in relation to impairment type, to see if there may be levels of discrimination against people with particular impairments.

8.11. Recommendations for Leisure

1. More organisations, services and venues taking up an "LGB friendly" charter mark (see general recommendations) would increase feelings of confidence amongst LGB disabled people using leisure facilities.
2. Where LGB disabled people have a contact with "professionals" such as social workers or keyworkers, they can provide an important source of information on leisure options. This should be a part of any assessment process - so workers in the city need access to information about specifically LGB leisure activities that may be available, such as LGB groups and societies.
3. Finance is a major barrier to people taking part in leisure activities – more statutory and voluntary sector providers of leisure need to look at pricing structures and availability of transport and assistance, to enable LGB disabled people to take part in non-segregated leisure activities.
4. Leisure services need to consider how they promote their activities, in a range of formats, as many LGB disabled people are not aware of the existing range of services on offer.

8.12. Recommendations for Community/Social Life

1. Some form of peer support network/project for LGB disabled people should be investigated. This would enable LGB

disabled people to share information and develop their capacity to increase their social circles.

2. The commercial "lesbian and gay scene" should be encouraged to improve its access to disabled people, this includes less obvious barriers such as lighting and noise levels.

3. Community education around equality issues, particularly attitudes such as disablism and racism needs to take place and the LGB commercial scene needs to take some of this agenda on.

4. There needs to be a strengthening of the capacity of the LGB voluntary and community sector to provide services on an equal basis to LGB disabled people. These groups and organisations provide a range of activities and services as there is much variation in the "LGB community", for example the community needs of lesbian parents are quite different to those of young gay men. Traditionally, many of these groups have been under funded and this has sometimes compromised access for disabled people.

5. There needs to be an LGB-friendly non-commercial venue in Leeds city centre, with good physical access, to enable LGB community organisations to improve their access to disabled people.

6. Access to community activities should include a consideration by groups of the extra costs that disabled people have, e.g. accessible transport, BSL interpretation and personal assistance.

7. The needs to be more information sharing and networking between LGB voluntary and community groups, resources should be allocated for this in the same way that resources for other equality work is allocated by central and local government. This information then needs to be disseminated widely to LGB people.

8. Organisations of or for disabled people need to be more pro-active in promoting LGB equality issues through; staff training, use of equality policies, specific information which makes LGB people welcome and specific activities for LGB disabled people, where requested.

8.13. Recommendations for Safety, Harassment and Discrimination

1. Disablist crime should be monitored by the police.
2. Information on homophobic and disablist crime should be made available in a number of formats, to encourage LGB disabled people to report hate crime, raise people's expectations of the service that they should receive and to explain how to complain if the police do not respond adequately.
3. Support services, such as Victim Support, should look at their services in order to provide support to LGB disabled people.
4. Police and other services need to ensure that crime such as verbal abuse is taken seriously and that it is not regarded as "low-level" anti social behaviour, because of the impact it has on the mental health and freedom of LGB disabled people.
5. There needs to be more work to ensure that disabled people have adequate redress and protection against hate crime perpetrated by people that are supposed to be providing a service, such as "care workers".
6. Police need to continue work to respond in a consistent manner to hate crime, wherever it occurs. This includes training of police officers and support staff in equality issues and consistent implementation of national and West Yorkshire-wide policies.
7. Independent reporting centres need to understand both homophobic and disablist hate crime in order to provide an alternative monitoring method to reporting to the police.

8. More organisations, services and venues taking up an “LGB friendly” charter mark (see general recommendations) would increase feelings of safety and confidence amongst LGB disabled people.

9. Services should have their Equality Policies, Harassment Policies and complaints procedures advertised widely in their public areas, Services should have full copies of these policies easily available for service users to obtain their own copy on request.

10. The existence and use of policies to prevent harassment and discrimination of LGB disabled people should be monitored both locally (e.g. by Leeds City Council when awarding contracts to the voluntary or private sector) and nationally (eg as part of Commission for Social Care Inspection regulated inspections of care services).

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Appendix A: Information Sheet for Participants

Please note that the information on this sheet was correct at the time of its circulation to participants. However, some of the organisations contact details may now have changed.

Sources of services and support for Lesbian, Gay and Bisexual Disabled People:

Leeds Involvement Project:

Leeds Involvement Project is a service users and carers organisation. Our aim is to enable those who use community care services to take control over their own health and social care needs.

Leeds Involvement Project,
Block D,
Mansion Gate Drive,
Chapel Allerton,
Leeds.
LS7 4SU.
Tel: 0113 307 3280
Fax: 0113 307 3281
Minicom: 0113 307 3282
Email: info@leedsinvolvement.org.uk
Website: www.leedsinvolvement.org.uk

Rainbow Ripples.

We are a group run by and for lesbian and gay disabled people. We work to the social model of disability which says that people are disabled by barriers in society not by medical conditions. We aim to change services in Leeds to better meet our needs.

Contact Lucy Wilkinson at Leeds Involvement Project for further information.

Hate Crime Reporting:

The inquiry into the murder of Steve Lawrence recommended that the police should take all possible steps to encourage the reporting of hate crimes. According to West Yorkshire Police 'A hate crime is any incident which is perceived to be racist or homophobic by the victim or any other person'.

Incidents can be reported in complete confidence at many locations, not just police stations. There are now 150 reporting centres across West Yorkshire including MESMAC and Citizens Advice Bureaus.

Information lines: 0800 138 1625 (racist incidents)
0800 138 1698 (homophobic incidents)

Further details are available on West Yorkshire Police's website at www.westyorkshire.police.uk

Leeds Crisis Centre:

Provides counselling and support through qualified counsellors for anyone finding it difficult to cope at a stressed time of their lives.

Leeds Crisis Centre,
3 Spring Road,
Leeds.
LS6 1AD.

Tel: 0113 275 5898
Fax: 0113 274 5801
Minicom: 0113 274 8880
Website: www.through-the-maze.org.uk/pages/LeedsCrisisCentre

Women's Health Matters:

Offers information and short term support. Support in going to hospital/doctors. Advice on health care. Free pregnancy testing. Referral for counselling and accommodation.

Bridge House,
Balm Road,
Leeds.
LS10 2TP.
Tel: 0113 276 2851
Office opening hours: 9am to 5pm.
The office is accessible.
Bengali, Hindi, Punjabi and Urdu speakers available by prior arrangement.

Leeds LGB Switchboard:

The switchboard's new website now offers much of the information also available through its phone service. There is a guide to the Leeds scene - pubs and clubs. A directory of LGB resources from help and advice services to walking groups.

Tel: 0113 245 3588 available Monday to Saturday 19.00 to 22.00.
Website: www.leeds-switchboard.org.uk

MESMAC:

Yorkshire MESMAC is one of the oldest and largest sexual health organisations in the country working with Gay men Bisexual men and men who have sex with men. We work across North and West Yorkshire, with offices in Leeds, Bradford, Wakefield, Scarborough and York.

MESMAC Leeds
PO Box 417,
Leeds.
LS1 5PN.
Tel: 0113 244 4209
Email: leeds@mesmac.co.uk
Website: www.mesmad.co.uk

Leeds Centre for Integrated Living (LCIL):

LCIL provides a number of services, which include:

Direct Payments Support Service - support, advice and information for people using or wishing to use direct payments.
Advocacy Service - independent representation for disabled people in a number of areas
Peer Support - confidential listening service
Detnet - a network of disabled people who deliver equality training to groups or organisations.

Leeds Centre For Intergrated Living,
Armley Grange Drive,
Armley,
Leeds.
LS12 3QH.
Tel: 0113 214 3599
Fax: 0113 214 3595
Minicom: 0113 214 3598
Email: leedscil@btconnect.com
Website: www.through-the- maze.org.uk/pages/LeedsCentreForIntegratedLiving

DIAL (Disabled Information and Advice Line):

Advice on a wide range of issues for disabled people, but particularly benefits and housing. Telephone helpline and visits to the office by arrangement.

DIAL
The Mary Thornton Suite,
Annley Grange Drive,
Leeds.
LS12 3QEH
Tel: 0113 214 3630
Minicom: 0113 214 3627
Open Monday to Friday 10.30 to 15.30.
Ramped Access and wheelchair accessible toilets.

CHANGE:

CHANGE is a national organisation run by disabled people. CHANGE fights for the rights of learning disabled people especially people with learning disabilities who are deaf or blind.

CHANGE
Unity Business Centre,
Units 19 and 20,
26 Roundhay Road,
Leeds.
LS7 1AB.
Tel: 0113 243 0202
Fax: 0113 243 0220
Minicom: 0113 243 2225
Email: changepeople@btconnect.com
Website: www.changepeople.co.uk

Leeds Gay Community:

Gay mens social group. Meets every Friday evening.

Tel: raymond 01132559973
Website: www.leeds-gay-community.org.uk

REGARD:

REGARD was founded in 1989 to address the absence of information and lack of understanding about the reality of disabled lesbians and gay men's lives, working within the disability movement.

Unit 2J Leroy House, 436 Essex Road, LONDON, N1 3QP.

Tel:020 7688 4111

Fax: 020 7688 4114

Minicom 020 7688 0709

Helpline: (Tue 7 – 9pm) 020 7738 6191

GEMMA:

Disabled Lesbians organisation.

GEMMA
BN PBX 5700
London
WC1N 3XX.

DLAGG (Deaf Lesbian And Gay Group):

Deaf LGB support/social group.

c/o 7 Victoria Avenue,
South Croydon,
Surrey
CR2 0QP

Tel : 020 8660 2208, minicon evenings only.

Deaf Gay UK:

A website giving news, advice, stories and details of events for lesbian, gay and bisexual Deaf people.

Website www.deafgayuk.com

Broken Rainbows (LGBT Domestic Violence Service UK)

Provides ground-breaking services to LGBT people experiencing domestic violence, including a helpline.

Broken Rainbow Hotline: 07812 644 914
Email: lgbtdv@btopenworld.com
Website: www.lgbt-dv.org/html/rainbow.htm

Safra Project:

The Safra Project is a resource project working on issues relating to lesbian, bisexual and/or transgender women who identify as Muslim religiously and/or culturally (Muslim LBT women). The Safra Project was set up in October 2001 by and for Muslim LBT women. The issues faced by Muslim LBT women, and the (combination of) prejudices based on sexual orientation, gender identity, gender, religion, race, culture and immigration status that they experience, are unique and currently insufficiently addressed.

Safra Project
PO Box 35929
London
N17 0WB
Email: info@safraproject.com
Website: www.safraproject.org

ABC Group in Leeds:

Asian and Black Community Group for Asian and Black Lesbians, gay men and bisexuals.

01274 744 798 on Sundays 1pm to 5pm.

Terrence Higgins Trust - Yorkshire:

Advice and support on sexual health matters.

THT.
2 Oxford Place,
Leeds.
LS1 6XD.

01132364720

Northern Older Lesbians Network (NOLN):

Social/support group for Older Lesbians. NOLN meets the first Saturday of the month 1pm to 5pm.

Tel: Sue 0113 226 8863 or Georgine 01535 647443 (eveningss only).

SHOUT!:

SHOUT! is Yorkshire's LGBT paper providing news, events information and listings of LGBT groups and clubs.

SHOUT!
PO Box YR46
Leeds LS9 6XG
Tel: 0113 2485700
Fax: 0113 295 6097
Website: www.Shout.connectfree.co.uk

Social Services

If you want a social services assessment of your needs, a first point of contact is there telephone centre:
0113 398 4702

Their out of hours emergency helpline number is:
0113 240 9536

Appendix B: List of Preferred Terminology and their meanings

The following words were the agreed preferred terminology by the steering committee, using a Social Model approach to disability.

Disability terms:

Disabled People - anyone who finds themselves discriminated against in society because of mental distress, physical or sensory impairment or learning difficulty, or because they are a Deaf person. This term was considered preferable to People with Disabilities. If disability is the result of society, "people with disabilities" was not considered a phrase which made sense by the steering committee.

Disability - as used under the social model of disability- i.e. Disability exists in society, because society disables people.

Impairment - as used under the social model of disability. i.e. an impairment is the difference in someone's body or mind that causes them to be labelled as a disabled person.

Deaf – This is the preferred term to hearing impaired. Deaf with a capital "D" relates to a Deaf identity, usually amongst people who have British Sign language as a first language.

deaf – deaf with a small "d" relates most commonly to people who have lost their hearing later in life and do not consider themselves a member of the Deaf community. They usually have English as a first language.

Hard of hearing – This term was considered suitable to describe people, who had partially lost their hearing.

Blind - this was considered a preferable term to partially sighted or visually impaired, but it was recognised that many misinterpreted it to refer only to those individuals who could see nothing at all. It was felt that Blind is not a derogatory word, but should be reclaimed, like "Deaf". In this report, a Blind person is anyone who has sight loss/ impairment which cannot be “corrected” by spectacles.

Visually impaired - it was recognised that some individuals prefer this term and find it more accurately defines their circumstances, however it was felt that whilst any individual should be free to use whatever terminology they like in interviews and discussion, the term Blind (when properly defined) was preferable in any project reports.

People with learning difficulties - this or Disabled People with learning difficulties were both preferred terms to use. People with learning disabilities was not a term to be used for the same reasons as people with disabilities (see “Disabled people” above).

Mental health service user/system survivor - Any of these combinations of terms were considered acceptable. However, mental health survivor is not a term to be used. It is the system that people have survived, not mental health.

Mental distress - this is an acceptable term referring to the actual experience/impairment. However, mental health problem is not a term to be used. It makes distress into a “problem”.

Mobility impairment - Preferred term – it relates to the barrier rather than the body.

Wheelchair user - Preferred term.

Physical impairment - term to be used. Not all people with a physical impairment have a mobility impairment, for example people with upper body impairments.

Long term health condition - term to be used referring to people with health conditions which could mean they are often in pain, for example.

Hidden impairment - this was considered preferable to invisible impairment. Some impairment may be hidden and hence invisible at times, but visible at other times.

Disabled People’s Movement - this was a term to be used, recognising the people involved, and in line with the values of the social model. However, Disability Movement was not to be used.

This term has caused confusion as the term has been used in the past by big charities/ organisations FOR disabled people rather than OF disabled people in their campaign work.

Sexual Orientation terms:

Sexual orientation - dependent upon which sex or sexes an individual's main emotional and sexual attentions are drawn.

Sexuality - the expression and experience of sexual orientation.

Lesbian - preferred term rather than "gay woman".

Gay – this, as an adjective or "gay man" are acceptable terms. "A gay" is not acceptable.

Lesbian, gay and bisexual (LGB) – the preferred term if referring to both men and women

Bisexual - this term should be followed by "people" or "person".

Queer - considered a political and academic term to describe the theory of human sexuality. It was not considered the best term to use in reference to people.

The Scene - used to refer to the commercial lesbian and gay scene and venues.

Transgender - an individual who wishes to change their sex.

Transexual - a post-operative individual who has changed their sex.

Transvestite - an individual who cross dresses, but has no intention of changing their sex.

Being Out - choosing to tell an individual or group of people about your sexual orientation.

Not out - this is a preferable term to “in the closet”. As with “being out” it could refer to an individuals relationship with other individuals or groups of individuals.

Heterosexual - This was an accepted term to refer to those whose main emotional and sexual attentions are drawn to the opposite sex.

Straight - It was recognised that this term could be found offensive and that Heterosexual was preferable.

LGB Community - this was felt to refer to a wide community often viewed in a stereotyped way, which was not necessarily supportive or inclusive of LGB disabled people. There is a danger that people confuse “the LGB community” with “the lesbian and gay scene”. In one location, there are often a number of LGB communities, based on different identities. For example, informal lesbian feminist networks are very different to social groupings organised around the lesbian and gay scene.

Joint term:

LGB Disabled People - this was the preferred term to “Disabled Lesbians, Gay men and Bisexuals (LGB)”, as it emphasised that those being discussed were individual people.

Appendix C: Advertising Leaflet.

The
Rainbow Ripples
Research Project

We need your views

Who are we?

Rainbow Ripples is a group of Lesbian, Gay and Bisexual (LGB) Disabled People in Leeds. We wish to improve services used by LGB disabled people so that they meet our needs.

What is the project about?

Funded by Comic Relief, we are carrying out research into the way services are provided to LGB Disabled People in Leeds.

By LGB we mean anyone who is Lesbian, Gay or Bisexual or is questioning their sexuality.

By Disabled we mean anyone who finds themself discriminated against in society because of mental distress, physical or sensory impairment or learning difficulty or because they are a Deaf person.

The research will be culturally sensitive to people from all cultural, ethnic or faith backgrounds.

What's the point?

We hope that what you and other LGB disabled people tell us will help improve the services on offer to you.

Most people do not know what it is like to be LGB and disabled.

Your stories can help them understand.

What will I have to do?

We would like to interview you about your experiences as an LGB disabled person. Each interview will last about an hour and will be recorded so that we can remember exactly what you said.

Will what I say be confidential?

Yes, completely. The interviews are totally confidential.

When we write the project report we will make sure that no – one will know who you are.

That way, people will feel they can be open about what they tell us.

What will happen to the information I give?

When we have talked to everyone, we will write the research up as a report for service providers. This will help them think about how their services can be improved. We will also produce training materials for courses on Health and Social Care, hopefully helping future service providers. Last, but not least, we will make a research report available to you and other LGB disabled people.

What happens next?

If when you have read this, you decided you would like to help us, please contact our researcher at the address on the back of this leaflet. She will arrange to come and interview you at a time and place that will suit you.

For further information please contact:

Ruth Butler
CASS, University of Hull,
Cottingham Road, Hull
HU6 7RX.
Tel: 01482 465788
email: r.e.butler@hull.ac.uk
minicom: 0113 307 3282 (Leeds Involvement Project)

Appendix D: Equal Opportunities Monitoring Form.

EQUAL OPPORTUNITIES MONITORING FORM

We want to make sure that we talk to a range of lesbian, gay and bisexual disabled people. In order to help us do this, we are asking people that we interview some questions. **You do not have to answer any of these questions if you do not want to.**
THANK YOU

Please put a circle round the word :

Are you:	A woman	A man	
Age in years: (please write)			
Are you:	Lesbian	Gay	Bisexual
Do you have a major responsibility for care of any relative or friend (including children)?			
	Yes	No	
Are you:	Unemployed	A student	Doing unpaid work
	In part-time work	In full-time work	Other (please say what)
How would you describe your impairment(s) – you can tick more than one:			
	Physical impairment	Blind/ visual impairment	Deaf/ hearing impairment
	Learning difficulty	Mental distress/ user of mental health services	Other (please say what)

Please turn over

Please describe your ethnic origin. The Project is now using the Census 2001 as standard monitoring categories.

BLACK / BLACK BRITISH

Caribbean	African	Other

ASIAN / ASIAN BRITISH

Indian	Pakistani	Bangladeshi	Kashmir	Other

WHITE

British	Irish	Other

MIXED

Black Caribbean/White	Black African/White	Asian/White	Other Mixed

CHINESE

OTHER

If you have chosen a category named ‘other’ please give details:

…………………………………………………………………………………..

How did you hear about the interviews? ……………………………………………………………………………
……..

Appendix E: LGB Disabled Participants' Consent to Interview Form.

Rainbow Ripples

Leeds Lesbian, Gay and Bisexual Disabled People's Group

THE UNIVERSITY OF HULL

Research Project

LEEDS INVOLVEMENT PROJECT

CASS, University of Hull, Cottingham Road, Hull, HU6 7RX
Tel: 01482 465788 Fax: 01482 466088 Minicom: 0113 307 3282
e-mail: r.e.butler@hull.ac.uk

Consent to interview on the Rainbow Ripples Project (Lesbian Gay and Bisexual (LGB) Disabled Person)

Rainbow Ripples is a group for Lesbian, Gay or Bisexual (LGB) disabled people who want to change services. The Rainbow Ripples project aims to find out the needs, hopes and dreams of LGB Disabled People in Leeds. It aims to develop an understanding of services now available for LGB Disabled People in the City and to look at what new services, or work practices may be put in place to improve their experiences.

We need to understand what experiences of services LGB Disabled People have had. How they think they can be improved and/or where good practices are being followed. We need to know whether existing systems work in practice. What types of services would you like to see in an ideal world?

Basically we need information from LGB Disabled People such as yourself.

If you agree to take part, the projects researcher, Ruth Butler, will carry out an informal interview with you lasting no more than one hour, unless you wish to say more than this time allows.

Your interview will be recorded on tape, and written up for the research. In the write up of the interview all names (people and places) will be removed. No-one other than the researcher will have access to the original tapes.

The researcher will look at the write ups along with those from interviews with Service Providers. The research results will be put in reports and given to service providers to tell them about the best way of working and how their services could be improved; in teaching materials for training courses, hopefully helping future service providers. You and all the LGB Disabled People who take part will also be given a full copy of the project report.

Before signing this agreement you should note the following important points.

In signing this form:

- You agree to taking part in the research of your own free will, and under no influence by the researcher or project steering group.
- You have the right to refuse to answer any questions that you are not happy with.
- You agree for your comments, with your name removed, to be used in reports of the projects results.

We agree:

- To make sure that we tell you information on how your interview comments have been used and what the research results are.
- We agree to give you a copy of a leaflet telling you where you can find more information on issues for LGB Disabled people.
- We will keep the tapes and write ups of your interview safe for 2 years at the most - in agreement with the Data Protection Act. After this the tapes and write ups will be destroyed so they cannot be read by anyone else.
- We promise complete confidentiality. Only the researcher will have access to the interview tapes and only members of the Rainbow Ripples Research Group will have access to the full write ups. The only exception to this is if you tell us about someone's behaviour or actions which may be putting other people at risk of harm. In this case we have a responsibility to pass this information on to the correct authorities.

If you are happy to take part please sign the agreement form.

If you want more information on the project, or you have any other questions, please contact Ruth Butler at the address above. Thank you for your help.

AGREEMENT FORM

I fully understand what is involved in taking part in the research. I agree to be interviewed. I also agree that what I say can be used in the research.

Name :

Signature :

Date :

Signed on behalf of Rainbow Ripples by the Researcher

Name: Ruth Butler

Signature:

Date:

Appendix F: Service Providers' Consent to Interview Form.

Rainbow Ripples

Leeds Lesbian, Gay and Bisexual Disabled People's Group

THE UNIVERSITY OF HULL

Research Project

CASS, University of Hull, Cottingham Road, Hull, HU6 7RX
Tel: 01482 465788 Fax: 01482 466088 Minicom: 0113 307 3282
e-mail: r.e.butler@hull.ac.uk

Consent to interview on the Rainbow Ripples Project (Service provider)

Rainbow Ripples is a group for Lesbian, Gay or Bisexual (LGB) Disabled people who want to change services. The Rainbow Ripples project aims to find out the needs and aspirations of LGB Disabled People in Leeds. It aims to develop an understanding of current service delivery for LGB Disabled People in the City and to look at what new services, or work practices may be implemented to improve their experiences.

As an essential element of this project, we need to understand what form service provision currently takes for LGB Disabled People. We need to know how existing systems and work practices have developed, how codes of good practice have been come about in some organisations, whether organisations would like help or guidance in developing policies for LGB Disabled People, whether organisations feel needs are met by other organisations, and so on.

To put it simply, we require information from professionals such as yourself.

If you consent to taking part, the projects researcher, Ruth Butler, will conduct an unstructured interview with you lasting no more than one hour, unless you wish to say more than this time constraint allows.

Your answers will be recorded on tape, and transcribed for analysis purposes. At the point of transcription any names (people and places) which you feel to be sensitive can be removed. No-one other than the researcher will have access to the original tapes.

The transcripts will be analysed along with those from interviews with LGB Disabled People, i.e. the service users, and the research findings will be disseminated in reports to yourself, other service providers, and Leeds' LGB Disabled Community. Teaching materials for college courses on Health and Social Care will also be produced.

Before signing this consent form you should note the following points.

In signing this form you:

- Consent to your participation entirely of your own free will, and under no influence by the researcher or project steering group.
- Do not lose your right to refuse to answer any questions you feel inappropriate or which raise issues on which you would simply rather not comment.
- Agree for your comments, once anonymised, to be used in publications of the projects findings, and in teaching materials for students on NVQ Social Care

and Health courses as deemed appropriate by the projects steering group.

For our part, in signing this form we:

- Guarantee that we will make available to you information on how your interview comments have been used and what the research's findings are.
- Will give you a copy of an information document, listing the names and addresses of useful organisations, publications and websites in the area of the study.
- Will keep the tapes and transcripts of your interview secure, under lock and key for a maximum period of 2 years, in line with the Data Protection Act. After this time the tapes will be physically destroyed.
- Promise complete confidentiality. Only the researcher will have access to the original interview tapes and only members of the project steering committee will have access to the full, anonymised transcripts. "The only exception to this is if you tell us about any conduct of staff, volunteers or service users that suggests that other people may be at risk of harm. In this case we have a responsibility to pass this information on to the correct authorities."

Having understood these points, please sign the attached consent statement.

If you require further information on the project, or desire any clarification, please do not hesitate to contact Ruth Butler at the address above. Your co-operation is greatly appreciated.

CONSENT STATEMENT

I fully understand the terms and conditions of this project and have given my consent to the project team to interview me as part of the research.

Name :

Signature :

Date :

Signed on behalf of Rainbow Ripples by the Researcher

Name: Ruth Butler

Signature:

Date:

Appendix G: Summary of Questionnaire Findings

This appendix contains a copy of the service providers' questionnaire with a summary of the answers given to each question.

Please note:

- For each question the total numbers of respondents giving each respective answer, as well as the percentage of all respondents that this figure represents are given.
- A total of 60 questionnaires were returned.
- All percentages are given to the nearest whole number.

Rainbow Ripples

RESEARCH PROJECT

LEEDS SERVICE PROVIDERS QUESTIONNAIRE SURVEY

Thank you for taking the time to complete this survey. In order to gain an honest picture of the current state of service provision for Lesbian, Gay and Bisexual Disabled People in Leeds the input of as many organizations as possible is required.

Please answer as many of the questions as possible. However, if you do not wish to answer a question or you consider any specific question irrelevant to your organization please leave them blank.

Completed questionnaires should be returned in the pre-paid envelope provided to Dr Ruth Butler, CASS, University of Hull, Cottingham Road, Hull, HU6 7RX as soon as possible and not later than 30th September 2005.

The survey's findings will be made available in due course at www.leedsinvolvement.org.uk/rr.html If you would like a copy of the questionnaire or the report in an alternative format please let us know at the address above.

Thank you again for your time and co-operation.

Section A: About your organization
These questions are solely for analysis purposes.

1. What type of organization do you work for? (Please tick one box)

Voluntary	15 (25%)	Commercial	5 (8%)
Statutory	24 (40%)	Community	15 (25%)

These figures include one organization who considered themselves to be both a voluntary and community organization. Two respondents did not answer this question.

2. Approximately how many people does your organization employ?

1-10	9 (15%)
11-50	19 (32%)
51-100	2 (3%)
101-500	10 (17%)
501-1000	1 (2%)
Over 1000	15 (25%)

Three respondent (5%) wrote ‘none’ and one (2%) did not answer this question.

3. How would you broadly describe your position within your organization? (e.g. Senior management, owner, administrator, office worker, skilled manual, etc)

Senior Manager/management	16 (27%)
Middle Manager/management	9 (15%)
Manager/management	10 (17%)
Chief executive, Partner or Director	4 (7%)
Administration manager/Administrator	3 (5%)
Development worker	2 (3%)
Professional	1 (2%)
Hostel Co-ordinator	1 (2%)
Connexions worker	1 (2%)
Accessible transport officer - training	1 (2%)
Office worker/community worker	1 (2%)
Participant and voluntary admin worker	1 (2%)
Customer service assistant	1 (2%)
Convenor	1 (2%)
Secretary / player	1 (2%)
Connexions PA	1 (2%)
Self employed	1 (2%)
Skilled manual	1 (2%)

Two respondents did not answer this question.

4. If your organization uses premises at more than one site please tell us the type of site you most often work at (e.g. head office, drop in centre, a branch office, etc)

Head Office / Central Office / One of two main sites	10 (17%)
One Site	2 (3%)
Main site	7 (12%)
Regional Office/Centre / District Central Office	3 (5%)
Branch Office / Local Unit / Satellite Office / Community Base	6 (10%)
Administration	2 (3%)
Clinic	1 (2%)
Day centre	1 (2%)
Public access office	1 (2%)
Adult education centre	1 (2%)
Shopping centre management suite	1 (2%)
Meeting room	1 (2%)
Football field	1 (2%)
Work form home	1 (2%)
Hospital	2 (3%)
Out patient department	1 (2%)
Inpatient unit (Community Rehab Unit)	1 (2%)
Community Library	1 (2%)
We use many different venues including churches and community centres	1 (2%)

5. What is the first half of the postcode of your place of work? (e.g. LS3)

LS1	9 (15%)
LS2	6 (10%)
LS3	4 (7%)
LS6	3 (5%)
LS7	9 (15%)
LS8	1 (2%)
LS9	4 (7%)
LS11	3 (5%)
LS12	4 (7%)
LS13	2 (3%)
LS14	1 (2%)
LS15	3 (5%)
LS16	1 (2%)
LS19	1 (2%)
LS21	1 (2%)
LS25	2 (3%)
WF1	1 (2%)
WF10	1 (2%)
WF13	1 (2%)
BD23	1 (2%)
No answer given	2 (3%)

6. Which of the following areas of service provision does your organization work in? (Please tick all that apply)

Education	18 (30%)
Employment	5 (8%)
Housing	12 (20%)
Health	26 (43%)
Transport	5 (8%)
Financial	2 (3%)
Advocacy	9 (15%)
Counseling	7 (12%)
Personal Assistants	5 (8%)
Leisure	8 (13%)
Catering and hospitality	6 (10%)
Security/Safety	4 (7%)
The Lesbian and Gay Community	5 (8%)
The Disabled People's Community	5 (8%)
Religion	2 (3%)
Other (please specify)	12 (20%) Provision of office facilities for non-funded groups/individuals. Advice and guidance. Social services - adults - learning disabilities. Shopping centre. The arts. Learning difficulties/disabilities. Young people and older people. Community development. Community capacity building. Service, beauty therapy.

	Information and guidance, support.

Section B: Disability issues

7. Are you aware of having any disabled employees/ colleagues?

Yes 40 (67%) No 19 (32%)

One respondent (2%) indicated that they felt this question was not applicable to them as they had no employees in the organization.

8. Are you aware of having any disabled clients/customers?

Yes 57 (95%) No 2 (3%)

One respondent (2%) did not answer this question.

9. Do the premises you work in have the following access features? (Please tick as appropriate)

	Public areas of the buildings / grounds
Clear signposting	42 (70%)
Signs indicating that you welcome and facilitate disabled people's needs (e.g. Assistance dogs welcome, the ear symbol)	29 (48%)
Clutter/obstacle free entrance halls	49 (82%)
A low level reception desk or counter for wheelchair users	33 (55%)
Suitable and adequate seating in reception	38 (63%)
Clutter/obstacle free corridors	48 (80%)
Adequately wide doors for wheelchair users	48 (80%)
Disabled People's Parking bays	37 (62%)
Moveable seating in meeting rooms to accommodate wheelchair users and assistance dog owners	45 (75%)
Doors which are light enough to be opened by individuals with low strength	26 (43%)

9 Continued. Do the premises you work in have the following access features? (Please tick as appropriate)

	Public areas of the buildings / grounds
Safety markings on glass doors	29 (48%)
Either wheelchair accessible lifts or ramps as alternatives to stairs	44 (73%)
Ramps which comply with building regulations in terms of width, gradient, hand rails, and non-slip surface	38 (63%)
Steps with contrasting edges, non-slip surfaces and handrails	31 (52%)
Lift controls which are in the reach of wheelchair users	27 (45%)
Audible and/or tactile lift controls	22 (37%)
Toilets with level access and adaptation for wheelchair users	46 (77%)
A Textphone in the building (Minicom, TextBox, etc - live communication by text)	18 (30%)
A Typetalk service on your phone number	11 (18%)
An induction loop system	23 (38%)

9 Continued. Do the premises you work in have the following access features? (Please tick as appropriate)

	Public areas of the buildings / grounds
A quiet seating area	38 (63%)
Adjustable levels of lighting	17 (28%)
Well lit spaces	47 (78%)
Flashing light free spaces	31 (52%)

Please note that two respondents did not answer this question as they had ‘no firm base’ and/or ‘use many different premises’.

It should also be noted that respondents were also asked to indicate what facilities were available in ‘private areas of the buildings / grounds’, however, many respondents left this blank, some ticked only one or two boxes and others ticked exactly the same boxes as for ‘public areas’. It was not considered to be clear whether these figures indicated a lack of any private areas, a lack of facilities within them, or respondents unwillingness to answer this question. Therefore due to the figures potentially being misleading they have not been included either in this appendix, or the body of the report.

10. Do you provide written information on your services in any of the following formats? (Please tick the relevant column as appropriate)

	Yes	No	Don't Know	No answer
Clear print (e.g. Tahoma or Arial fonts and 14 point)	39 (65%)	9 (15%)	6 (10%)	6 (10%)
Jargon free language	48 (80%)	2 (3%)	2 (3%)	8 (13%)
Plain language	48 (80%)	2 (3%)	3 (5%)	7 (12%)
Braille	21 (35%)	24 (40%)	5 (8%)	10 (17%)
Large print	34 (57%)	17 (28%)	4 (7%)	5 (8%)
On tape	17 (28%)	25 (42%)	4 (7%)	14 (23%)
In other community languages (e.g. Urdu, Bengali, Punjabi, etc)	23 (38%)	21 (35%)	5 (8%)	11 (18%)
Easy words and pictures	24 (40%)	18 (30%)	4 (7%)	14 (23%)
British Sign Language video, DVD or video clip on your website	6 (10%)	34 (57%)	5 (8%)	15 (25%)

11. Are you prepared to provide the following support services for people using your services if requested? (Please tick the relevant column as appropriate)

	Yes	No	Don't know	No answer
Sign language interpreters	40 (67%)	9 (15%)	8 (13%)	3 (5%)
Community language interpreters	39 (65%)	10 (17%)	7 (12%)	4 (7%)
Lip speakers	28 (47%)	13 (22%)	12 (20%)	7 (12%)
Verbal description on visual images (e.g. in film or OHP presentations)	28 (47%)	11 (18%)	13 (22%)	8 (13%)
Personal Assistants for people who need practical support	32 (53%)	11 (18%)	10 (17%)	7 (12%)

12. Would you like to improve your services for disabled people? (Please tick one answer only)

Yes - we are in the process of doing so	32 (53%)
Yes - but we need more guidance on how	8 (13%)
Yes - but it is impossible at present for financial reasons	7 (12%)
Yes - but it is impossible at present for reasons other than financial	4 (7%)
No - they are already satisfactory	11 (18%)
No - there is no call for it	2 (3%)

Please note that several organizations ticked more than one box. One respondent (2%) wrote 'yes, but at the moment there is no call for it' and two (3%) did not answer this question.

13. How confident are you that you meet the Disability Discrimination Act's requirements of you as a service provider?

Very unconfident	3 (5%)
Unconfident	13 (22%)
Confident	34 (57%)
Very confident	9 (15%)

One respondent (2%) did not answer this question.

14. Do you feel you need greater guidance on the Disability Discrimination Act’s requirements?

Yes 22 (37%) No 35 (58%)

Three respondents (5%) did not answer this question.

15. Do you know where to go for assistance and advice on improving your service for disabled people?

Yes 50 (83%) No 9 (15.0%)

One respondent (2%) did not answer this question.

16. Which, if any, of the following people have you consulted about your facilities and policies for disabled people? (Please tick all that apply)

The Disability Rights Commission	14 (23%)
Building Regulations officers	20 (33%)
Disabled clients/customers	27 (45%)
The council’s equality team	15 (25%)
Council access officers	15 (25%)
Local disabled people’s groups	17 (28%)
National Disability organisations (e.g. SCOPE, the RNIB, MENCAP, etc)	10 (17%)
Disabled People’s Organisations (e.g. the BCODP, run by disabled people)	10 (17%)
Other, please specify:	13 (22%) Equality and Diversity Unit at Leeds University. Friends who are employed in disability services, or who work with disabled people. Leeds Interagency project - specialist worker for disabled and experiencing domestic violence. Work access report in building. Personally none because all co-ordinated by our national HQ. DDA website. Architects undertaking a building DDA audit. Access audit from independent consultant. We are a national disability organisation. Plan move to more suitable building for service. I haven't personally, but it is possible some of my colleagues have. other vol' organisations who have remodelled their premises to be DTA compliant. We have a facilities dept who are involved in maintaining the building to a particular level. HR manager.

17. Do you feel any of the following things prevent you from providing an adequate service for disabled people? (Please tick all that apply)

Buildings cannot be physically adapted	23 (38%)
You do not own the building and the landlord will not make any changes	9 (15%)
Policies/rules within your organisation	5 (8%)
Limited finances	30 (50%)
You don't know how to contact and consult Disabled people	2 (3%)
A lack of information and advice on how to change	4 (7%)
Other, please specify	6 (10%) Lack of time - everyone is a volunteer. Time is prohibitive. Above only applies in parts of certain areas, not college wide (had ticked 1st, 2nd and 4th answers). We provide an adequate service but we are always working to improve. Limited capacity as a voluntary org', we do not have staff people able to put time into developing services. We do not have a building but play football out doors, we have no provision for disabled football at present.

18. Have you had any complaints or reports of dissatisfaction from disabled people about your organisation?

Yes 17 (28%) No 41 (68%)

Two respondents (3%) did not answer this question.

19. If yes, please tell us briefly how you resolved the matter(s)?

Information not provided in Braille
We have finally re-laid the path. We host events elsewhere.
Provided additional staff
By meeting to make appropriate adjustments where practical and where finance available
Ongoing but working hard to resolve them.
Re-roomed classes to more suitable rooms
Key operated disabled lift/s. Action: all changed to button.
It was dealt with by management committee - the worker left.
Investigating providing new independent access lift; new signage; funding to support work with groups with special needs being sought.
There have been many different ways that different problems have been Resolved
Agreed to work with them to remove barriers
Photography department - tables too high for students in wheelchairs, had tables adapted for these students now able to lower/raise tables to taste.
Raising toilet seat - on going. Customer complained disabled toilets don't Meet required height.
Currently getting induction loop fixed - some people with hearing aids mentioned it wasn't fully working.
We had a complaint that information was not accessible enough. We employed someone with a learning difficulty to make all information fully accessible.
We have no lift and therefore at least two members find the stairs difficult
Informal management or through organisation's complaints procedure

Section C: Lesbian, Gay and Bisexual (LGB) people's issues

20. Are you aware of having any LGB employees/ colleagues?

Yes 36 (60%) No 23 (38%)

One respondent (2%) did not answer this question.

21. Are you aware of having any LGB clients/customers?

Yes 44 (73%) No 15 (25%)

One respondent (2%) did not answer this question.

22. Does your organization consider sexuality/sexual orientation on its equal opportunities monitoring of staff?

Yes 33 (56%) No 13 (22%)
Don't know 11 (18%)

Three respondents (5%) did not answer this question.

23. Do you believe LGB people feel comfortable about disclosing their sexuality to members of staff in your organization?

Yes 30 (50%) No 3 (5%)
Don't know 24 (40%)

Three respondents (5%) did not answer this question.

24. Do you display any information informing people that your organization welcomes LGB people on your premises?

Yes 18 (30%) No 39 (65%)

Three respondents (5%) did not answer this question.

25. Would you like to improve your services for LGB people?

Yes 36 (60%) No 10 (17%)

Four respondents (7%) put '?' next to this question. Ten (17%) did not answer the question at all.

26. Do you know where to go for assistance and advice on improving your service for LGB people?

Yes 29 (48%) No 28 (47%)

Three respondents (5%) did not answer this question.

27. Which, if any, of the following people have you consulted about your facilities and policies for LGB people? (Please tick all that apply)

LGB clients/customers	11 (18%)
Local LGB people's groups (e.g. Leeds Gay switchboard)	8 (13%)
The council's equality team	12 (20%)
National LGB groups (e.g. Stonewall)	8 (13%)
Other, please specify	7 (12%) MESMAC Consultant Nationally Co-ordinated Expect respect Ourselves Internal GLB group I haven't but colleagues may have

28. Do you feel any of these things prevent you from providing an adequate service for LGB people? (Please tick all that apply)

Policies/rules in the organisation	2 (3%)
You don't know how to contact and consult LGB people	6 (10%)
A lack of information and advice on how to change	12 (20%)
Homophobia amongst colleagues	2 (3%)
Homophobia amongst clients/customers	5 (8%)

29. Have you had any complaints of homophobia made against your organisation?

Yes	1 (2%)	No	55 (92%)

Four respondents (7%) did not answer this question.

If 'Yes', please tell us briefly how you resolved the matter(s)?

The respondent who answered yes simply put '?' in this space.

Section D: Organization policies

30. Do you have any specific policies or provide any specific services for LGB Disabled people?

Yes	13 (22%)	No	42 (70%)

Five respondents (8%) did not answer this question.

If 'Yes' please specify.

GP.
Sexual orientation is part of our equal opp's policy.
LGB Choir.
Given the inaccessibility of our building we ensure that all courses are run at least twice in an accessible building. Also staff are willing to visit homes or mutually agreeable place for 1 2 1 sessions, etc. In short we try to make sure that our services are not building bound.
Each disabled persons needs are considered separately.
Equal opportunities - Don't know.
Diversity policy DISC (Diversity incorporating, safer communities) policy.
Equal opp's

Two respondents who answered ‘no’ added;
We have policies that cover equal ops and all disabled people.
Other than what is provided for disabled people.

31. Do you have an equal opportunities policy?

Yes 51 (85%) No 8 (13%)

One respondent (2%) did not answer this question.

If ‘Yes’ can you please attach a copy.

32. Do you have a harassment policy?

Yes 40 (67%) No 14 (23%)

Six respondents (10%) did not answer this question.

If ‘Yes’ can you please attach a copy

Please use the space below to make any further comments about your services for LGB disabled people which you feel relevant to this research.

No further comments were made by any respondents.

Many thanks for taking the time to complete this questionnaire. If you would like a copy of the final research report please write a contact name and address below. Please return the questionnaire in the envelope provided to Dr Ruth Butler, CASS, University of Hull, Cottingham Road, Hull. HU6 7RX as soon as possible and no later than 30th September 2005.

The Rainbow Ripples Report

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Rainbow Ripples

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For additional copies and copies in alternative formats, please contact Leeds Involvement Project. This report is available in Large Print and on disc. Summary report is available on audio cassette and BSL DVD and all formats are available on the Rainbow Ripples website