

The background of the entire page is a rainbow spectrum of colors (red, orange, yellow, green, blue, purple) with a fine grid pattern. A large white scalloped border frames the central text.

The Rainbow Ripples Report

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

Recommendations

by Rainbow Ripples and
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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.

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

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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.

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

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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.

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

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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.

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.

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.

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.

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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).

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.

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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. 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.

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.

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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.

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.

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.

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. There 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 proactive 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.

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.

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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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