

Putting the Pieces Together

A research report to encourage services to better include their disabled lesbian, gay, bisexual and transgender (D/LGBT) service users

Inclusion

**Partnership
Working**

**Person
Centred**

Respect

Communication

by Sam Rankin, James Hiwatari and Marianne Scobie

Foreword

To make our services truly inclusive we need to ensure that disabled LGBT people are involved in all that we do. For too long disabled LGBT people and their needs have been invisible. Improvements to service environments, attitudes and organisational policies have taken place to better include disabled people and separately to better include lesbian, gay, bisexual and transgender (LGBT) people. However, the intersectional issues experienced by people who are both disabled and LGBT often go unconsidered.

This report seeks to highlight that each service user will have multiple equality needs so services striving to be person-centred should recognise and respond to the entirety of each person, not just to a single aspect of their identity.

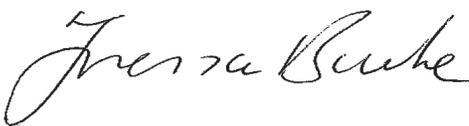
We hope that this report will inspire services to learn more about disabled LGBT people and engage with them more in their own inclusion.



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Let us keep putting the pieces together for better services for all.

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Executive Summary

This research was conducted in order to find out what works for disabled lesbian, gay, bisexual and transgender (D/LGBT) people's inclusion in services and equality organisations. It aims to inspire practical actions rather than contribute to theoretical debate. It draws together ideas and experiences so that we can all learn from each other. Rather than try to prescribe answers, it aims to encourage services and equality organisations to creatively engage with D/LGBT people and each other so that together we can continuously improve inclusion for all.

In order to do this in the most inclusive way possible, this report uses the social model of disability. By this we mean that we focus on ways in which people are disabled by environmental, attitudinal and organisational barriers to their inclusion within society, rather than their individual impairments or conditions.

“In some ways it’s a really big area of work and I’m not sure how to get my head around it all, but in other ways it is really simple. It boils down to the fact that people feel excluded. The only way to deal with this is to do stuff, involving people in what you are doing and the service you are providing. It is not rocket science.”

Flip

Key findings - Environmental issues

- Select easily accessible locations and timings for events and meetings
- Use buildings which are physically accessible
- Make sure your publicity materials highlight event accessibility provisions, such as sign language interpretation, physical access and changing facilities for transgender people
- Ensure adequate privacy within single-sex facilities and also provide gender neutral facility options
- Provide accessible information, communication support and transport assistance



“People have multiple identities and the best way to help them express that is to create an environment for autonomy, positive self and collective identity.”

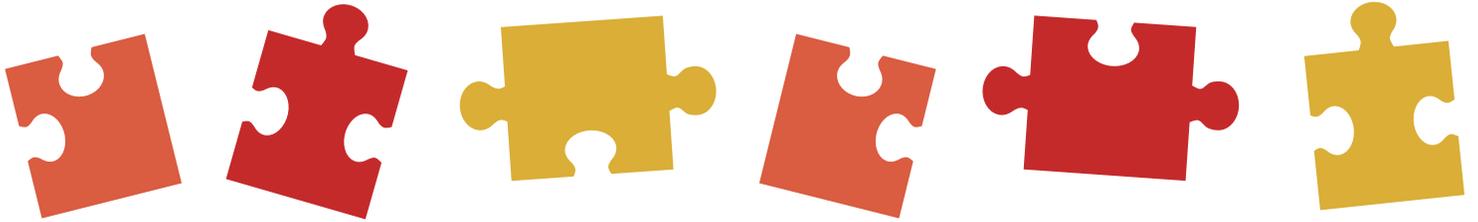
Independent Living In Scotland (ILiS)

“More modern buildings with greater privacy for everyone makes it easier to ensure safety and respect for transgender people. Have gender-neutral facilities, especially toilets and bedrooms.”

Focus Group Participant

Key findings - Attitudinal issues

- Use person-centred communication which is respectful, friendly and caring
- Value the skills and experiences of everyone
- Ensure that individual needs are provided for so that equal access to services is achieved with no discrimination
- Publicly demonstrate your commitment to open and inclusive approaches
- Take transgender needs sensitively and respect the gender identities of everyone
- Think outside the boxes and see beyond the labels
- Be honest about successes and failures



“Services shouldn’t think that people are either one or the other, e.g. a service said they didn’t need LGBT training because they only dealt with people with Alzheimer’s.”

Focus Group Participant

“Spread the word: make sure people know what you are doing to encourage them to do work on different equality strands and intersections. This also generates interest and growth in your own work and can open a whole host of partnership and good practice opportunities.”

Voices of Experience (VOX)

“Be person-centred: be able to listen, respond and be honest about when you can’t help and need to refer. Have a sense of humour and be friendly. Don’t be afraid to be a little informal. Treat people like a member of your family: familiar but with boundaries. Make it fun.”

LGBT Youth Scotland Dumfries

“Be open about successes and failures: honesty leads to improvement rather than being defensive.”

Inclusion Scotland

“The people that are end users are the ones with the most to lose or gain from your actions, so need to keep that in the front of your mind.”

DG Voice

“Getting it right for an individual when they engage with a service is not rocket science. It’s about being able to talk about what someone’s needs might be and what the issues are and not turning a person into a problem.”

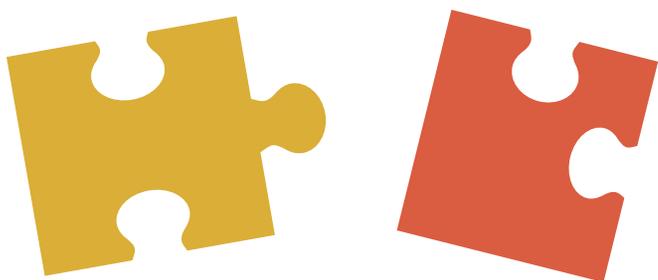
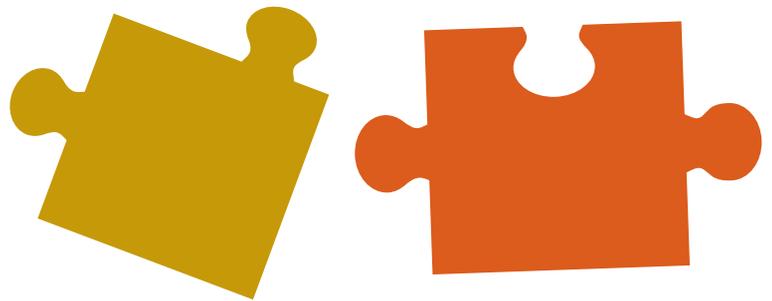
LGBT Centre for Health and Wellbeing

Key findings - Organisational issues

- Ensure your organisation is flexible enough in its service provision to take a person-centred approach that offers choices
- Increase staff knowledge and awareness of experiences and needs
- Work in partnership with other organisations across different equality strands
- Implement systems for dealing effectively with discrimination
- Make inclusion and access core to all work
- Undertake D/LGBT specific initiatives
- Recruit diverse employees and volunteers and support their inclusion
- Ensure your organisation addresses the needs of disabled transgender people
- Implement a policy to support transgender inclusion, especially within any single-sex services you provide
- Develop administration systems that can easily change name, title and gender on all records

“I want them to ask me directly if there are things they can do to make services more accessible for me and how they can improve the experience.”

Focus Group Participant

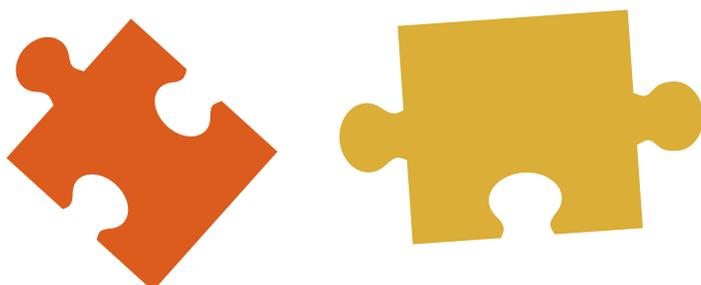
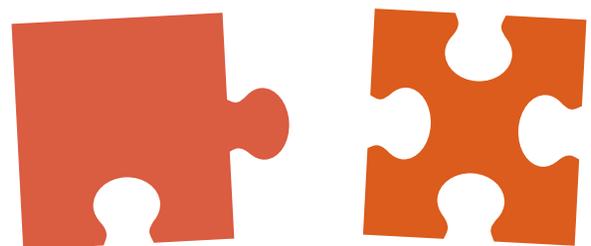


“Citizenship is needed to empower structures. We need to connect and preserve the autonomy of people. If there are no D/LGBT organisations, then work with D/LGBT people.”

ILiS

“We cannot overstate the importance of good partnership working. For example, people may go to D&G LGBT Centre first about a disability issue or to us first about an LGBT issue.”

DG Voice



“Have an action plan and have reviewing it as a standard item on the staff meeting agenda.”

Glasgow Association for Mental Health (GAMH)

Chapter 1 - Background and Methodology

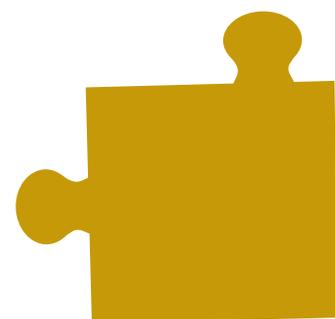
This research report focuses on the inclusion of disabled lesbian, gay, bisexual and transgender (D/LGBT) people in services and LGBT and disability equality organisations in Scotland. We have collated good practice tips and ideas for improving inclusion as expressed by diverse D/LGBT people and key LGBT and disability focused services and equality organisations. We have also included quotes from D/LGBT people about their experiences of accessing services and ideas for improvements.

Most readers will be aware that there are on-going debates in all equality sectors about identity and terminology. While this work recognises these debates and the importance of language in making people feel included or excluded, it is not for this project to impose any terms or definitions. Rather, we welcome everyone to engage in terminology debates and use the terms that they feel are most appropriate to them. In the interests of inclusivity we have opted for the broadest definitions of all equality and diversity related terms.

There were a number of individuals who expressed interest in this process but noted that they could not participate due to ill health, caring commitments or other personal reasons. From discussions with both individual participants and partner organisations we have reason to believe that a number of other factors could have prevented people from participating. These include: fear of stigma; not personally self-identifying as “disabled” and/or “LGBT”; and carers actively discouraging engagement. Conversely, people who are actively engaged with equality organisations were particularly drawn to this process. We are aware that these factors have impacted on the kinds of narrative captured and needs and ideas expressed.

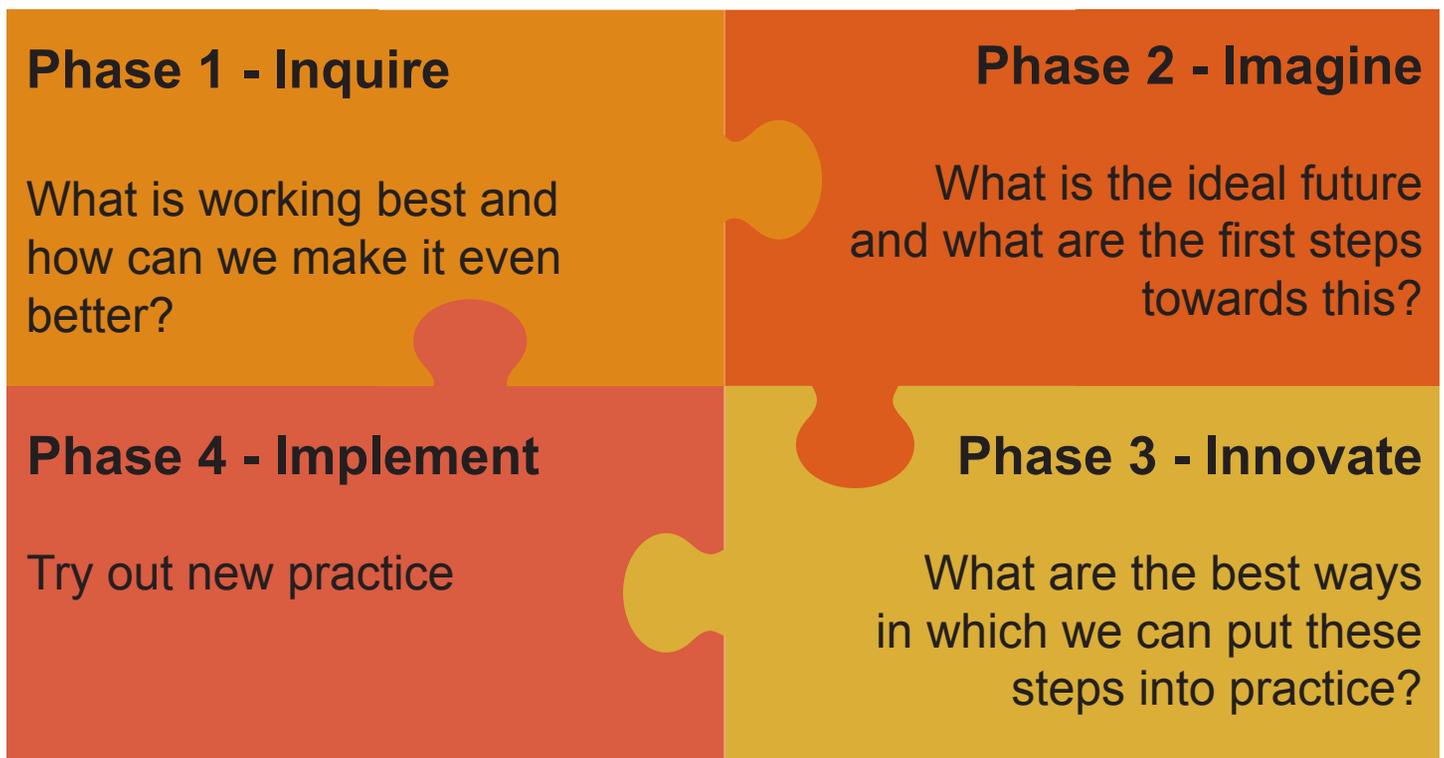
“We are all cocktail drinks. There are ingredients that you may think don’t go together but you can put them together and create something special.”

Focus Group Participant



A particular comment should be made about the lack of explicit intersex inclusion. There is much work still needing to be done to increase the Scottish equality sector’s level of understanding and inclusion of intersex specific concerns. One participant identified themselves as intersex and their contributions have been included as fully as possible. However to say that this report is sufficiently intersex inclusive would be disrespectful to the wide range of intersex identities and needs. Therefore we refer to “LGBT” rather than “LGBTI” throughout.

This research is based on a methodology called Appreciative Inquiry. At its essence, Appreciative Inquiry is about asking questions in four circular phases. This research focused on the first three phases of this process. Findings from phase 1 and 2 are summarised together in the body of this report. Ideas from phase 3 are explored in the “How to” section at the end.



We held four focus groups¹ which were attended by twenty-five D/LGBT individuals. Participants received an Appreciative Inquiry based interview template and person centred explanations of the process in advance. The focus groups were split into two sections: one on disability and gender identity/gender reassignment and the other on disability and sexual orientation. Information was also collected via e-mail (three submitted) and individual interviews (one).

As well as the focus groups, thirteen LGBT and disability organisations² were interviewed. The interview questions mirrored those used in the focus groups, providing two main sets of perspectives to piece together into a fuller picture.

This report does not pretend to fully address all the needs and views of all D/LGBT people in Scotland, or even to be a representative sample thereof. As many readers will know, there is still a lack of reliable data about LGBT and disabled people in Scotland, so it is impossible to even know what a representative sample would be. Rather, this data provides a starting point, a flavour of some lived experiences and ideas based on these lived experiences.

Additional information about the methodology is available from the Equality Network on request.

¹ Focus groups held in Edinburgh, Glasgow, Dumfries and Inverness.

² DG Voice; Equality Network; Flip; Glasgow Association for Mental Health (GAMH); Glasgow Disability Alliance (GDA); Inclusion Scotland; Independent Living in Scotland (ILiS); LGBT Centre for Health and Wellbeing; LGBT Youth Scotland; Dumfries & Galloway LGBT Centre (D&G LGBT Centre); Scottish Transgender Alliance (STA); Stonewall Scotland; Voices of Experience (VOX)

Why did people participate in this research?

“I want to make a difference. It is better to get involved and say what you think than not”.

Focus Group Participant

“I came because people don’t realise that when you have a disability it is not always seen. Mine is hidden under my clothes.”

Focus Group Participant

“It can help make clear to the government that the overlap between equality strands is a real issue in people’s lives.”

Focus Group Participant

“Most of all, I would love if this was the first step on the road to a real change in culture and attitudes.”

E-mail Submission

“We can’t live up to our name unless we represent all disabled people, including D/LGBT people – if there are better ways of doing things, it’s good to know.”

Inclusion Scotland

“We are primarily a service delivery organisation so we are keen to take on recommendations that would have an impact.”

LGBT Centre for Health and Wellbeing

“Everyone has their own piece of the puzzle and everyone has their own perspectives. Everyone can bring something to the table, can put it together and use it strategically.”

Stonewall Scotland

“I hope that it will have simple examples of good practice that will show that inclusion does not need to be complicated and expensive. I hope this will help smaller organisations to take basic steps that are attitudinal and not just see inclusion as physical access only.”

STA

“I hope this will help services understand the importance of having people that identify as D/LGBT coming out to them and feeling safe to contact us and other organisations if they need assistance.”

GDA

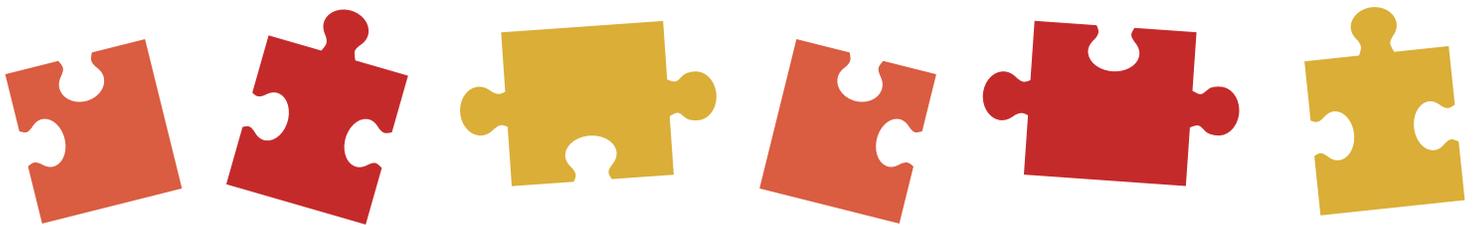
Chapter 2 – Inclusive Environments

What is working best?

One participant referred to the process of making their student union building fully accessible, noting that they did a lot of work to ensure the whole building was as accessible as possible to every student. In order to achieve this, the disabled student group and the LGBT student group worked closely together.

A number of organisations work with their designers to ensure that text sizes and booklet design layouts conform to the Royal National Institute for the Blind's visual accessibility guidance. Many also provide large print versions and screen-reader accessible electronic versions of their publications.

The Edinburgh Crisis Centre was highlighted as a good practice example because it has made adjustments to make its venue physically accessible and has individual toilets and bedrooms which are not gendered.



“They make an effort to put LGBT-related events on in accessible venues.”

Focus Group Participant

“We offer key publications in plain English and pictorial format and they have been popular. The plain English version was created in-house because we have champions.”

Stonewall Scotland

How can services work better?

By selecting easily accessible locations and timings

“Regional reach is very important. In Dumfries there are no accessible taxis and public transport is not great, so we really need to be able to support people closer to home.”

D&G LGBT Centre

Participants highlighted that careful consideration is needed as to the locations and opening times of services, especially for users who have to travel some distance.

One organisation noted that ideally their services would be discreetly located so that people could access them more easily without fear of being “outed” by entering a service for a minority group on a busy street in the town centre.

By using physically accessible venues

Participants made many references to the importance of improving the physical accessibility of services for all. They also highlighted the importance of checking the accessibility of train and underground stations when selecting the locations of events, and the importance of service surroundings being safe, pleasant and clean. They also called for service provision venues to have private meeting spaces so that people can speak confidentially.

Organisations said they had experienced difficulties finding or providing physically accessible venues. Methods suggested to address this situation included: providing an outreach service; holding meetings and events elsewhere from an organisation’s office if the office is not fully accessible; and moving office. It was highlighted as important to make sure that event publicity clearly states in detail how accessible a venue is so that service users can make fully informed decisions about attendance.

Organisations also made reference to the need to better support service users to feel able to make clear what their access requirements are. An issue was identified in regard to organisations usually just waiting for specific access requests to be received rather than designing events and workshops to be as accessible as possible from the start. Taking a more proactive approach to accessibility can help reduce the frequency of services being unable to include a disabled service user whose access needs were not known about in advance.

Specific transgender issues were raised in regard to how accessing services, especially single-sex services, can be very tricky or uncomfortable for a person who is considering or going through gender transition. Ideas raised specifically to improve accessibility for D/Transgender people were: gender neutral bathrooms and bedroom accommodation; gender neutral colour schemes; locally-based “discreet access”; outreach services; and sufficient time and privacy for people to change their clothes.

By highlighting accessibility provisions on publicity materials

Organisations highlighted that improvements are needed in the design of workshops and event programmes to ensure that adequate time is included to enable interpretation and scribing to take place. The importance of meaningful advance discussions with scribes, interpreters and personal assistants about the design of the event was stressed.

It may be helpful to use an event checklist to think through accessibility from a variety of angles. Not all points related to accessibility may stem from disability. For example, the venue used or timing of an event may exclude different people from minority ethnic backgrounds, and space to change may be required by some transgender people to access an event. How accessible an event is also depends on the accessibility of its marketing, especially for D/LGBT people who may have limited private access to the internet.

By providing accessible information

Participants said they would like to have more accessible relevant information from services. Specific mentions were made of information that is easy to understand and contains pictures; the possibility of reaching a service via e-mail; and wider publicity for campaigns.

Other steps that can be taken include working on accessible easy read resources specifically for people with learning difficulties; getting information out on paper and online; forwarding information from partner organisations; and creating an accessible list of all LGBT and disability support services available.

Individuals and organisations made points about what ideal access to information would be like. They referred to the use of plain English, translation and information being available in a wide range of formats, and websites being fully accessible and friendly to the fullest range of access methods, including mobile phone web browsers and screen readers. They also referred to more information being available so that more people would know that specific services existed, and the desire for everyone to have private access to a computer and the internet.

It is also important for services to identify and fill D/LGBT specific gaps so that information is inclusive of the needs of D/LGBT people. For example, a gap was identified in regard to provision of information about safer sex for D/LGBT people.

- **Having information in different formats**

“We need to look at other ways to include people, e.g. online, and we need to develop a whole range of options because no one way is accessible to everyone. The bigger the range, the harder to manage, but it does include more people.”

Flip

Individuals suggested having “information in suitable formats, including foreign languages, BSL and Braille” and highlighted that online information is sometimes more accessible for some people. It was also suggested that services should “provide private access to computers” to improve access to online information.

Both individuals and organisations called for “better information that is easier to understand and documents with more pictures” and “easy to read documents with no jargon”.

DG Voice and GDA offered a number of practical suggestions around using websites and social media to make information more accessible, including re-tweeting and re-posting information from disability and LGBT organisations. DG Voice is investigating if there is “a way of getting through to the D&G LGBT Centre website through the DG Voice website that won’t show up on the browsing history” for their service users who are worried about being outed as LGBT.

- **Making publicity information easily accessible**

“Young people at our conference were talking about a role for schools in making sure people have information about transitioning from school to adulthood. We need to have schools and teachers on board and looking at LGBT stuff.”

DG Voice

Individuals and organisations called for more inclusive and diverse publicity of services and events, especially those that are disability and LGBT specific. Two LGBT organisations suggested “having a symbol on events to say which are wheelchair accessible” and “always make it clear that we welcome disabled people on invitations and say exactly what we can do regarding access requirements; making it clear we will do everything. Don’t say ‘will try’; we need to explore the best possible phrasing.”

- **Having disability and LGBT specific information in public areas**

“Having LGBT posters around makes a big difference for me as a service user they are less likely to be prejudiced against me, it is safer to talk about things like that.”

Focus Group Participant

“There should be far more access to information about gender issues. The access to information should be easier to obtain.”

Focus Group Participant

Disability organisations suggested “getting LGBT information out in a drip, drip way; on paper, on websites” so that general awareness of LGBT issues within the disability sector would improve over time. This strategy could also be used in relation to disability information and awareness-raising in the LGBT sector.

Chapter 3 – Inclusive Attitudes

What is working best?

Individuals said they had positive experiences of a variety of services treating them with respect, acceptance and understanding. Specific references were made to such services being non-judgemental and listening to users; being “very helpful” and “not being derogatory”. One individual said that experiencing respect from a service provider “made a very profound impact on my mental health”. Another highlighted how much they appreciated that their local medical practice saw them as a skilled individual. Another noted that they were able to engage best with those services that “made me feel I was doing something proactive to help myself and others.”

Organisations made reference to the ways in which they demonstrate an open and inclusive attitude. Inclusion Scotland said that their “strategy is to have a range of different disabled people that are comfortable and confident to make their cases to decision makers, and if not, at least confident in Inclusion Scotland to do so based on knowledge of their life experiences”. They noted that it is important to explore the views of each service user so the user can identify their needs, and to take a person-centred approach which does not simply treat everyone the same. They also “tackle discriminatory comments strongly”.

“They kept me alive by seeing me as a real human being.”

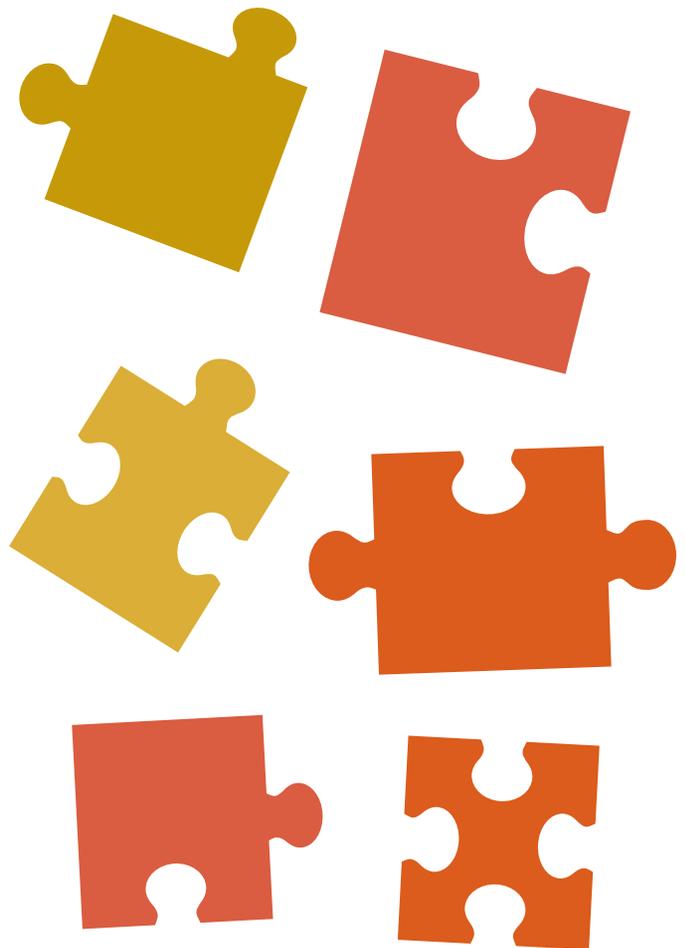
Focus Group Participant

“It made me feel a whole lot better inside myself than I had ever felt before. He didn’t treat me like I was different or a lesser person... He treated me better than my family. He treated me as if I was normal.”

Focus Group Participant

“They asked me very specifically what my needs were, ensured that they were met and never once made me feel like I was a token disabled person who they were helping. This meant a lot to me.”

E-mail Submission



How can services work better?

By being person-centred

“Ideally, they would talk to me rather than about me, and would not ask inappropriate questions about my marital status, my relationship to the person accompanying me or my reproductive intentions.”

Focus Group Participant

“Allow people with learning disabilities the space to explore their sexual orientation and gender identity in a way which is non-judgemental but safe from harm.”

D&G LGBT Centre

Individuals noted that an ideal service should pay close attention to what questions were asked and how they are asked. They said that services could be improved significantly by listening to, and understanding, D/LGBT people.

The need for medical services to engage better with D/LGBT people was particularly raised. Supportive communication about needs and less intrusive inappropriate questioning were highlighted as areas to improve.

Some organisations made specific mentions of cases where personal assistants or parents could impact on an individual’s shaping of their identities or their engagement with LGBT communities. Providing better information about the services and safety of LGBT organisations was identified as an important way of reducing the instances of carers preventing access to LGBT services.

By valuing people’s experiences and skills

“An ideal service would see us as whole people with skills, experiences and worth.”

Focus Group Participant

“People with disabilities are not believed or taken seriously about gender dysphoria. Young people are often told they are too young or that it is just a phase.”

LGBT Youth Scotland

The need for services to clearly accept and value the self-knowledge held by their service users was stressed as essential, whatever the age of the service user. Service users should not be passive recipients of services but instead should be actively involved in developing services using their experience and skills.

Organisations and individuals highlighted that the first steps to being more inclusive of D/LGBT people are to “talk to D/LGBT people” and to encourage “more involvement opportunities with people to identify the key issues and needs”.

By thinking outside of the boxes

“Don’t make assumptions that everyone is straight. It would be nice not to have to correct people.”

Focus Group Participant

“Disabled people need to be accepted as sexual beings just as much as anyone else and have a right, like all people, to implement the way they want to live their lives. It is important that people who support them enable them to do so and not just do what carers want.”

Equality Network

“Impairments not declared are a tricky aspect. Even when we ask and plan, some people see their needs as mild or not important, but they can still have an impact, for example: dyslexia, fear of public speaking, depression, anxiety, which many people don’t put down as access needs, but we have noticed significant impacts on participant interactions as a result. Now we have more facilitators present.”

STA

“A lot of people talk about getting rid of labels but they miss the fact that labels are important to people too. I don’t know if it is about abandoning labels, but at the same time when we are labelled as “disabled” or “LGBT” then we are seen as something else in people’s minds. If you define yourself in a way other than in the way the project or activity is using them you don’t feel part of it.”

Flip

Organisations said they addressed some of their issues by thinking outside the box. For example; DG Voice and the D&G LGBT Centre give training together and carry each other’s cards to give out to service users.

Flip suggested that services “enable debates on identity to happen” by “engaging” and “encouraging the debate to happen, but recognising your role within that”.

By providing an equal level of service without discrimination

“I would like to feel that my treatment is not going to be prejudiced by homophobia.”

Focus Group Participant

“They would make an effort to provide equal service and understand that people are always expecting to experience homophobia.”

Focus Group Participant

Participants particularly highlighted the need to eliminate discrimination which occurs when “your disability is not obvious”, such as being prevented from using an accessible toilet when not using visible aids such as a wheelchair or crutches. Service providers need to improve staff awareness that impairments and disabilities are not always visible and that it is not appropriate to insist that service users publicly justify their use of facilities such as accessible toilets.

Organisations highlighted the importance of regularly reviewing the levels of service being offered to D/LGBT people. Otherwise, organisations may not realise that they are only providing a reduced service to some users. It was also stressed that services must not expect carers to bridge gaps in equality of service provision.

By being respectful, friendly and caring

“Perceptions and stereotypes (e.g. disabled people are to be pitied; being LGBT is a choice) might have a knock-on effect on how people choose to come out as D/LGBT.”

LGBT Youth Scotland

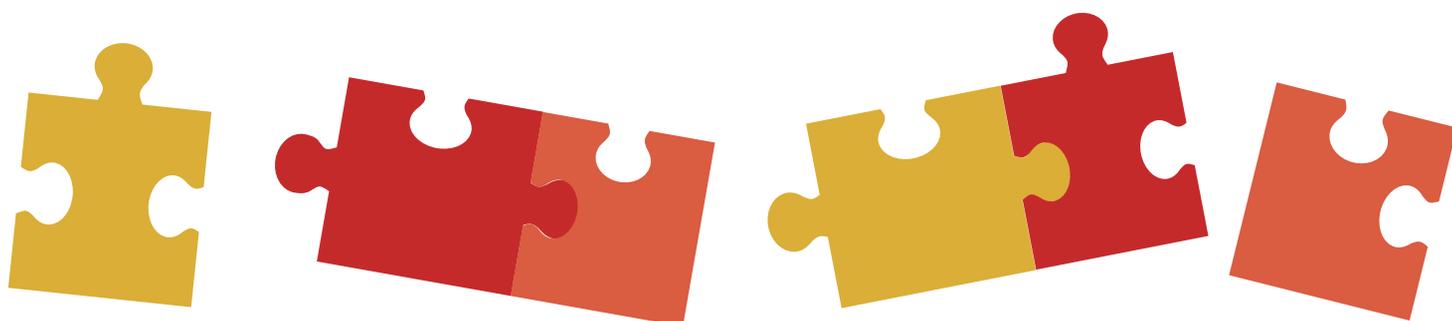
“They would understand that disabled people are human beings. I would be able to tell them about my needs and they would understand and take reasonable steps to meet them.”

Focus Group Participant

Reference was made by individuals and organisations to stereotypes about LGBT and disabled people negatively impacting on the treatment of D/LGBT people by service providers.

Individuals repeatedly stressed that being respectful towards D/LGBT people was at the core of good service provision. They made specific reference to an ideal service being respectful rather than patronising and being supportive rather than “controlling” or “belittling”.

Organisations highlighted the compounding effects of multiple discrimination and the extra vulnerability of LGBT people with learning disabilities.



By demonstrating an open and inclusive attitude

“A basic acceptance that blind people are people too. That we aren’t all the same and that we have feelings. And awareness that we are so used to getting this all the time that we don’t even think it is worth challenging it anymore.”

E-mail Submission

“Everyone should be able to discuss openly with organisations and participants about access needs without fear of labelling.”

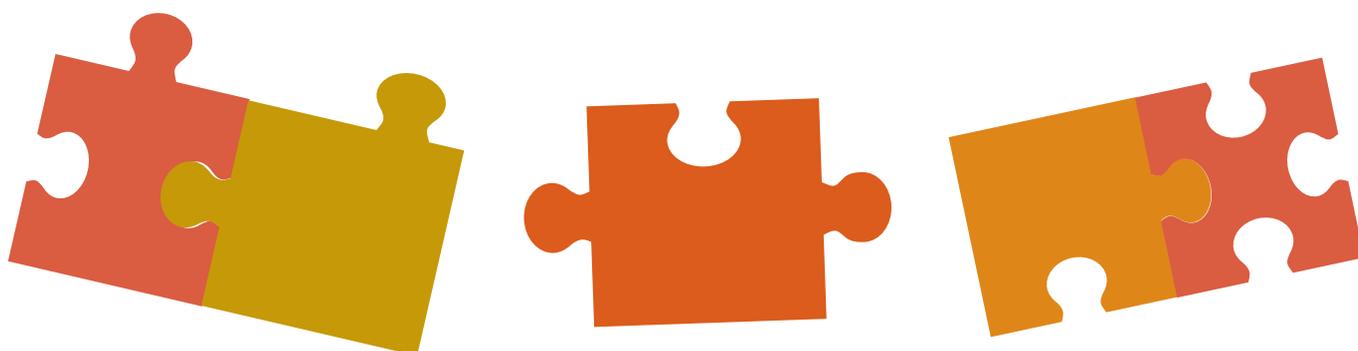
STA

Difficulty in finding positive D/LGBT role models willing to be visible was identified by organisations as a challenge needing to be overcome. It was also highlighted that group facilitators need to become more skilled in ensuring that group activities and interaction dynamics fully include participants with mental health issues and other disabilities. Reference was also made to a lack of female representation in the disability movement.

Steps proposed by participants as ways to address such issues included “enabling the debate on identities to happen” and “raising consciousness, peer support and seeing disabled people succeeding”.

Individuals said that services would be improved if providers “look beyond their prejudices” and have “unconditional acceptance” so that people can feel more confident that treatment is not going to be prejudiced by homophobia, transphobia, or disablism.

Organisations suggested services could demonstrate an inclusive attitude by the way they deal with access requirements and having an inclusive rather than competitive culture. They also suggested clearly advertising that they have an inclusive attitude. For example, this could be done for disability by displaying a “positive about disabled people” badge.



By addressing transgender needs sensitively

“Personal gender expression can be complicated by an impairment. For example, a visual impairment can complicate putting make-up on or being able to tell how feminine or masculine a hairstyle looks to others.”

STA

“Not so over-focused on transgender status; no longer blaming my health issues on me being transgender.”

Focus Group Participant

“It is important to give a person space, support and multiple options to explain themselves and allow that to happen without judgement and remember that they may not conform to your assumptions about transgender people.”

STA

Individuals and organisations made reference to D/Transgender specific attitudinal aspects to ideal services. One of these individuals referred to a general need for services to deal with transgender issues “in a more human way”. Others highlighted the need for services not to obsess about someone being transgender in a manner that reduces their identity and experiences to that single factor.

Individuals spoke about how an ideal service should “realise that when they are dealing with someone with an issue, there may be other issues there”.

One individual said that an ideal service would always “use my right name”.

Organisations referred to issues around attitudes to transgender and intersex people. Specific mentions were made of situations where disabled transgender people who depend on assistance from carers have been prevented by carers from deciding for themselves what they want to do or look like; and their disability affecting the way they can express their gender identity. The STA said that “service providers should not put their own assumptions onto how transgender people may feel about their bodies or medical intervention”.

The STA said that an ideal service would have the confidence to ask about, rather than assume, how people describe their gender and their relationships. Four individuals and one organisation noted that ideal services (including medical staff) would have a comprehensive understanding of transgender experiences and issues.

Chapter 4 – Inclusive Organisations

What is working best?

“We were partnering with a number of organisations. It forced them to develop their thinking.”

Flip

“We have tried to be thoughtful and creative around using different methodologies to engage with people, recognising that there are going to be a range of different needs so there has to be a range of different accessible ways for people to engage.”

STA

“Now we have a regular section in all quarterly newsletters to members and a diversity network bulletin which goes to members and partner organisations. This diversity bulletin looks at mental health through the various equality strands and gets input from many other organisations. It sends out a message of inclusion for all and develops partnerships with other organisations.”

VOX

Individuals made positive references to experiencing services that had been well-planned, “worked over a period of time” and “had a lot of knowledge and experience”. Services that “talk me through things” and “don’t focus on individual issue”, but “take them as a whole and break them down” were also praised.

Organisations made reference to practices that increase their own knowledge and understanding of experiences and needs of their users. GAMH highlighted their D/ LGBT specific action plan, which “looked at what the priorities were and broke them down into specific tasks such as change language on leaflets as each new leaflet needs printing”.

The LGBT Centre for Health and Wellbeing highlighted the importance of improving according to feedback and annual evaluation by users. They also said “we make a massive effort to respond very well to not only formal complaints but any whiff of dissatisfaction and we take that really seriously”.

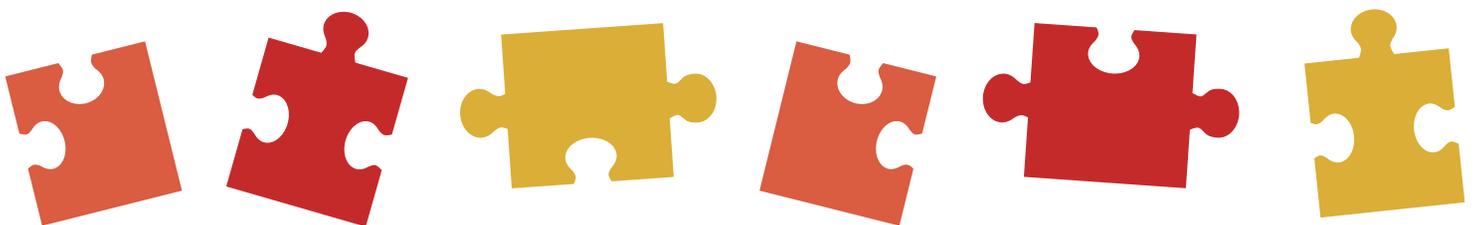
Almost all of the organisations referred to their experience of working in partnership. Nine gave specific examples of projects where they had successfully partnered with organisations from other equality strands in order to improve their services. Specific ways in which partnerships were developed include: advertising each other’s services; joint lobby on legislation; exchanging and delivering awareness training; and being part of another organisation’s steering group or board.

Sometimes to encourage and support inclusion, it is necessary to have D/LGBT specific initiatives. This is often a first step to building confidence, trust and capacity (of the service users and of the organisation) before more pan-equality inclusion work can successfully be achieved. VOX referred to their LGBT group as an example of a D/ LGBT specific initiative. The group started because several years ago the VOX membership felt underrepresented in different equality areas such as age, race and LGBT. Members of the group identified links between being LGBT and mental health issues and also identified that sometimes there is no link. VOX commented that “the LGBT group has helped inform our practice and approaches to the accessibility of our project”.

Organisations commented on working to becoming more diverse. VOX said they are “becoming more diverse” after improving their diversity monitoring and developing training from board members down. ILiS referred to their aim of having ambassadors from “different backgrounds and perspectives” in their project. DG Voice said that because other organisations know they have an out LGBT person in their board “they view us as open”.

Organisations made references to creating a safe space and supporting confidentiality. GDA said that their Facebook page is a “good way to send a message to current GDA users that we are LGBT friendly and they can talk to us”.

Their Facebook page “allows people to remain discreet” and is “a good way of getting to disabled people accessing LGBT organisations but not GDA”. “For GDA users who don’t want to be out as LGBT, they can get information anonymously because their friends list won’t have LGBT organisations on, just GDA. They can also get information from LGBT organisations without joining them themselves and therefore outing themselves.” GDA also noted that while a Facebook group can be a way of being efficient, proactive, and reliable it requires close monitoring to keep the space safe and on topic.



How can services work better?

By taking a person-centred approach

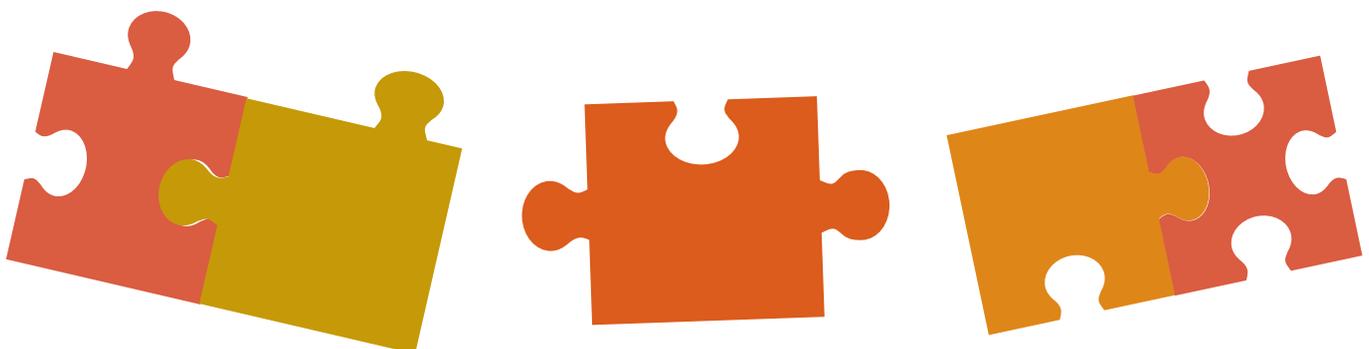
“The ideal service would give me choices about everything in my life so that I would have freedom to make my own decisions. I would then have control of my own support and say when I need it, rather than them coming at set times which suit them.”

Focus Group Participant

Participants made reference to ways in which services can offer more choice and be more person-centred. Specific mentions were made of more carefully planned discharge of patients; offering internet forums for discussion; and having regular meetings at set times and places so that people can plan ahead in regard to personal assistance and travel. Participants said that services are improved by having systems that support “many options to communicate” and “build relationships” between staff and users. For individuals, having different ways to communicate is important because “if I deteriorate I will need outreach services: phone, internet support, etc.” Organisations focused on the “need to make it safe for people to talk to us”.

The need for organisational flexibility regarding times and days which are available for meetings was highlighted. Participants also suggested that organisations should not always aim for maximum numbers at events but instead also offer smaller sized events as these can often be more accessible.

Organisations also mentioned taking a person-centred approach and offering choices as a way to become more inclusive. The STA suggested that organisations “be able to give participants a range of options and ask for feedback about what different people found most useful”.



By increasing knowledge of experiences and needs

“Facilitators and participants should be equipped with a basic knowledge so that myths and stigma become a thing of the past. Take responsibility to train staff and volunteers and then, in quick succession, participants, to raise core level of knowledge.”

STA

Participants called for training of staff, volunteers, carers and service users; questions to be phrased more appropriately; better use of feedback and evaluation; and organisations to be more aware of how complex needs can affect access to services.

Individuals referred to the importance of services understanding specific impairments to be able to adjust to and meet specific needs, for example: “people need to understand that when I use a stick I need as much or more help than when I am in the wheelchair”. Others called for “longer term support with less pressure”.

Individuals and organisations highlighted the importance of services having specific knowledge and understanding of D/LGBT people’s experiences and issues. Examples listed by individuals included understanding about: diversity issues; the intersections of sexual orientation and gender identity with learning difficulties; specific medical conditions; and the need to understand how to “recognise the signs of hidden impairments”.

Organisations referred to the importance of staff being aware of and confident in dealing with D/LGBT issues. One LGBT organisation noted that an ideal service “is expert in what it does: it knows more than the individuals involved”.

Equality Network and the D&G LGBT Centre suggested LGBT organisations “work with a disability organisation to build a sustainable relationship and training package”. Such an approach would “not only educate” but also “help target a different range of participants” and “break down barriers to signposting”.



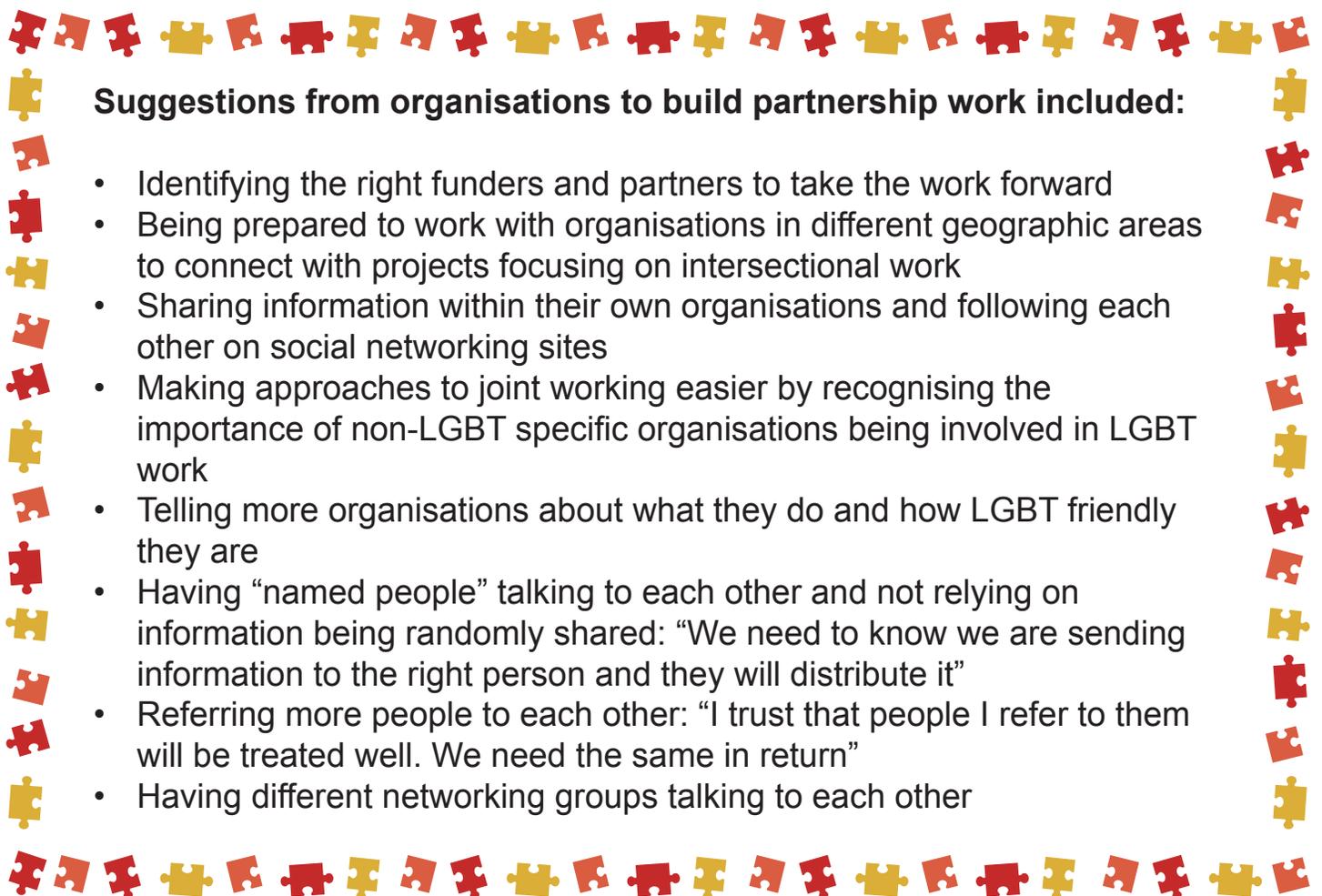
By working in partnership

“LGBT specific organisations could make approaches to joint working easier by recognising the importance of non-LGBT specific organisations being involved in LGBT work. Support and nurture them or organisations may give up and focus on another area of work that they see as offering faster results.”

VOX

Participants said that working in partnership improves inclusion for D/LGBT people.

Eight organisations made reference to working in partnership as an important step to becoming more inclusive and called for “even more partnership work”, particularly between disability and LGBT organisations. They spoke about using partnership work to reduce social distancing between equality organisations, focusing on different strands and between these and other services/organisations, and raising awareness so that “people have support when they are first coming out and are directed to LGBT services if they would like to be”. Partnership work was seen as particularly important to reach “people who rely on others to get information”.

- 
- Suggestions from organisations to build partnership work included:**
- Identifying the right funders and partners to take the work forward
 - Being prepared to work with organisations in different geographic areas to connect with projects focusing on intersectional work
 - Sharing information within their own organisations and following each other on social networking sites
 - Making approaches to joint working easier by recognising the importance of non-LGBT specific organisations being involved in LGBT work
 - Telling more organisations about what they do and how LGBT friendly they are
 - Having “named people” talking to each other and not relying on information being randomly shared: “We need to know we are sending information to the right person and they will distribute it”
 - Referring more people to each other: “I trust that people I refer to them will be treated well. We need the same in return”
 - Having different networking groups talking to each other

By making inclusion core to all work

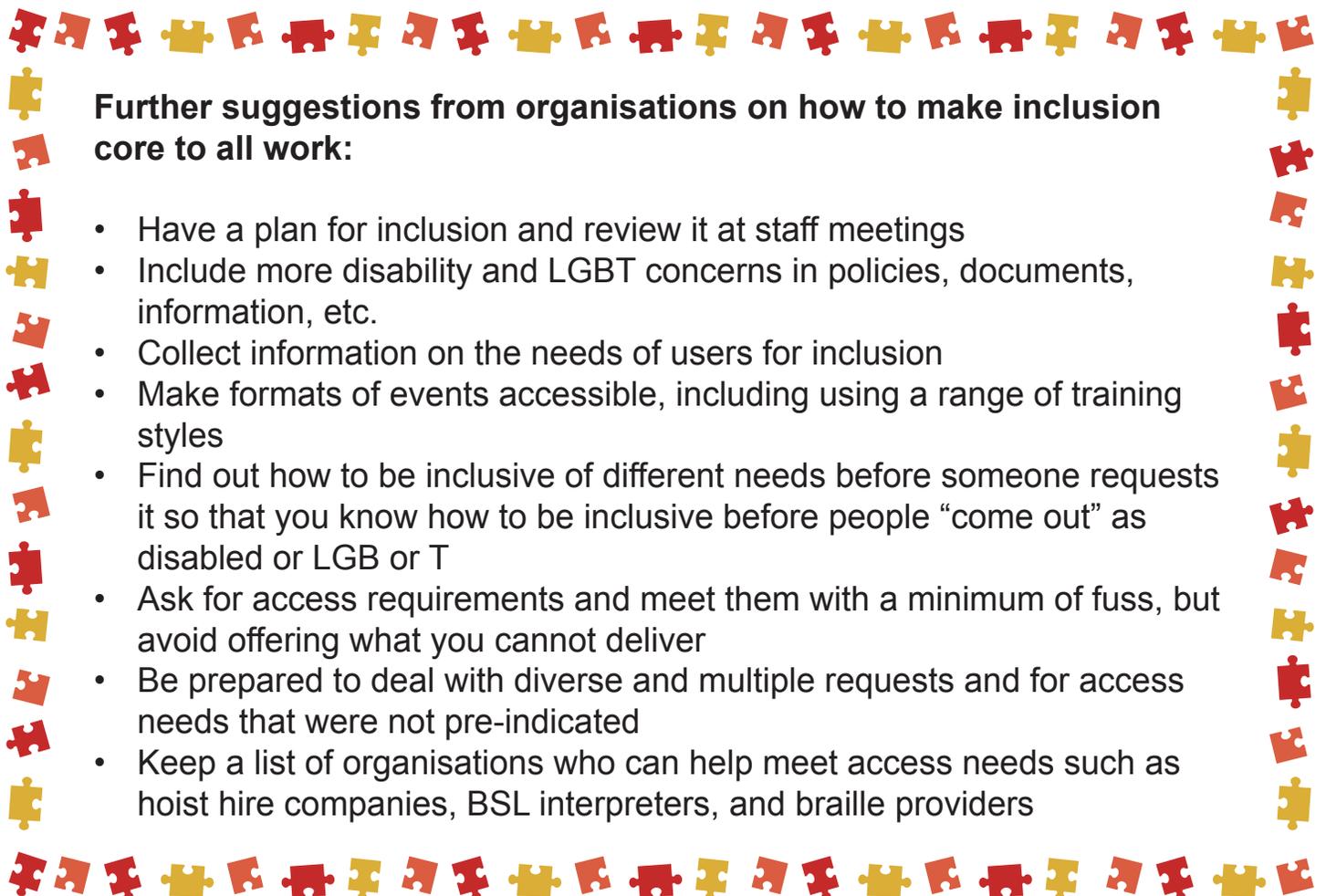
“It is important to make all events D/LGBT friendly regardless of context. Don’t just make disability specific events or information accessible.”

Focus Group Participant

“Inclusion and accessibility is core, consistent and central to the ethos of the organisation. Inclusion can’t be an option ‘for this event’ or for later. There is a specific person who champions the agenda. Needs are championed and supported across the board. It takes years and it builds gradually by word of mouth, but then you get to a tipping point, a critical mass of people.”

LGBT Centre for Health and Wellbeing

Seven organisations referred to making inclusion and access core to all work. As part of this they called for increasing knowledge and awareness of the diversity of their service users, for example through the use of diversity monitoring. It was highlighted that organisations are often suspicious of diversity monitoring because they worry that monitoring “makes it unsafe” for their users. Therefore care must be taken to ensure data protection and confidentiality as well as to explain clearly the benefits of the data collection. They also made reference to ideal services being services where “a lot of thought and work is put into inclusion”. An ideal service would be recognised by its services users as inclusive of D/LGBT people and a place where people “feel safe to say what changes they need and staff would be open to that”. “There would be a culture of working that is open and inclusive”.



Further suggestions from organisations on how to make inclusion core to all work:

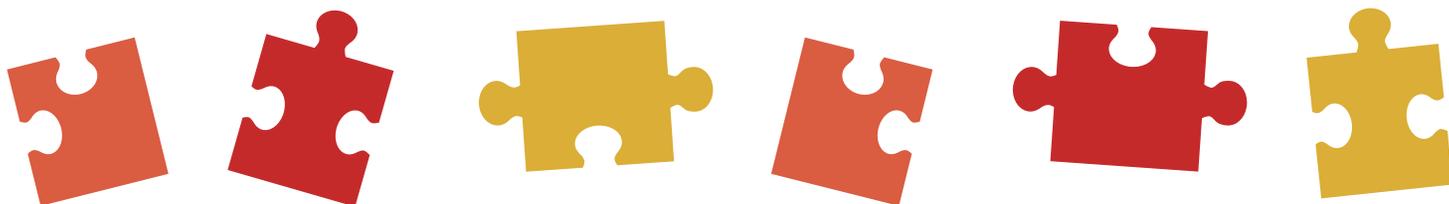
- Have a plan for inclusion and review it at staff meetings
- Include more disability and LGBT concerns in policies, documents, information, etc.
- Collect information on the needs of users for inclusion
- Make formats of events accessible, including using a range of training styles
- Find out how to be inclusive of different needs before someone requests it so that you know how to be inclusive before people “come out” as disabled or LGB or T
- Ask for access requirements and meet them with a minimum of fuss, but avoid offering what you cannot deliver
- Be prepared to deal with diverse and multiple requests and for access needs that were not pre-indicated
- Keep a list of organisations who can help meet access needs such as hoist hire companies, BSL interpreters, and braille providers

By having D/LGBT specific initiatives

Many said that an ideal service would do D/LGBT specific work with D/LGBT people to provide more help, support and counselling for people; reduce isolation through social groups; provide training; research; information (especially accessible information on safe sex); and make policies D/LGBT inclusive. Some organisations said that ideally there should be at least one member of staff dedicated to championing this agenda. One highlighted that in national D/LGBT work it would be useful to include small numbers of D/LGBT people who are dispersed over large areas.

Organisations were keen to support D/LGBT specific work. They suggested that considering intersectional and multiple discrimination issues and “having D/LGBT discussions sooner rather than later” are important. It was suggested that this can partly be done through “reducing social distance through meetings; online; events between equality strands and between equality stands and the ‘majority’”. It was also suggested that this could be done on a national level in areas where there are low numbers of D/LGBT people. It was felt to be specifically important to have D/LGBT initiatives to reach out to disabled LGBT people who are young and/or those being cared for by their parents because they may not be able to be reached through LGBT single strand work.

Organisations were also keen that funders supported intersectional work. “Ideally funders would see the benefits of such work and where we could be in the future and would keep diversity as part of their funding strategies”.



By having systems to deal with discrimination

“You need people to become involved but how do you get them involved? You need to sort prejudice and stigma within the organisation and society.”

Inclusion Scotland

Individuals suggested working with D/LGBT people in dealing with discrimination.

Individuals and one organisation said that an ideal service is one that promotes inclusion and combats discrimination both within the service and in wider society.

Organisations made reference to issues around lack of systems to deal with discrimination and spoke about the “need to sort prejudice and stigma within the organisation and society” by “having the uncomfortable conversations and challenging discrimination”. One organisation highlighted that “prejudices of board members (even if they are not expressed) will stop people coming forward, so we need to acknowledge that prejudices exist and look at changing attitudes”.

By developing diverse organisations and users

“An ideal service would be run by people who self-identify; D/LGBT inclusion would be built-in; more than one ‘token’ person or event.”

LGBT Centre for Health and Wellbeing

Organisations said that an ideal service would have D/LGBT people on the board and staff as this “would show that D/LGBT people feel included and comfortable”. They also said that an ideal service would have more D/LGBT users and more diverse D/LGBT users actively participating in and accessing all initiatives.

Suggestions of how this could be done included “addressing membership to feed more recognition, self-identified people and expertise into the project” and “offering guaranteed interviews to disabled people who meet minimum criteria”.



Suggestions to engaging with D/LGBT people about service development:

- Involve people in developing a D/LGBT action plan
- Have an ambassadors programme with ambassadors having specific roles, (e.g. in the LGBT committee) rather than generic opportunities
- Evaluate services to see if disabled and LGBT people are more or less satisfied than non-disabled and non-LGBT people
- Have people share their lived experiences in a way that is empowering, not exploitative. (e.g. lots of people in small ways with a range of views)
- Encourage more involvement opportunities with people
- Use social networking to share good quality information and opportunities for people to get involved in consultations and events

By understanding organisational issues for D/Transgender people

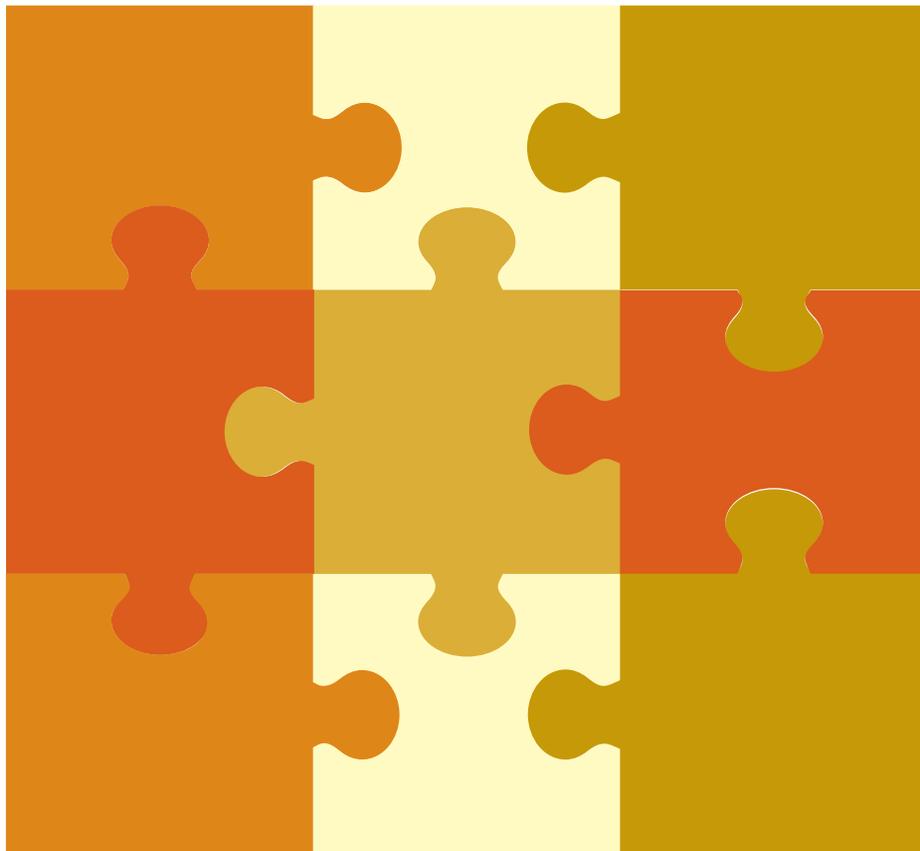
“Service providers need to understand more about the process of transitioning and the impact of additional health issues when designing services. And they should also understand that disabled transgender people have the right to respect of their gender identities and to access transition.”

STA

Individuals said that in order to make services inclusive, organisations (especially those involved in health) need to recognise that transgender specific training is required to “recognise that there are people who are transgender living in their catchment area” and understand transgender and intersex specific needs to “avoid embarrassing situations”.

Individuals and organisations said that an ideal service would take transgender specific needs into account. For example, it is important to have transgender and intersex inclusive administrative systems that can change names and genders easily and allow for non-binary gender identities.

Involving transgender people in service development was seen as key to improving services by organisations. It is important to remember that some LGBT groups might not necessarily have any current transgender members. So services need to be clear about who is involved and make specific efforts to include a variety of transgender people in service development.



How to: “get” labels

by Robert Softley Gale, Flip

Disability equality can be a minefield of terminology, as can any work around LGBT issues, so it isn't at all surprising that by combining the two, the complexity of language increases exponentially. In my professional life as an equalities consultant and trainer within the arts I've had many conversations about what is or isn't the 'right word' to use – I've come to a number of conclusions over the years:

- Language **is** important – it's one of the first clues as to how well you understand a subject. If you feel unsure about the right terminology to use, do some research or go on a short training course.
- Having said that, don't let your fear about labels stop you from engaging with the area of equalities – a willingness to learn and develop your thinking can go a long way.
- The vast majority of people who ascribe to the idea that “we should get rid of all labels – we're all people after all” don't have many labels of their own. Labels are important in allowing us to understand ourselves and to join together with others who are – or aren't – 'like' us.
- If an individual chooses not to identify with a given label it tells me that we've still got a lot to do in terms of defining that label in a positive way.
- We all have the right to use or not use whichever labels we want in relation to ourselves and our own identities – as a service provider the best and easiest course of action is to ask people how they choose to be described.

As I hope the above points demonstrate, this is a live topic where contradiction can be seen at every turn. The more people who engage with the issue of labels – while recognising their role within this debate – the better informed we can all become.

How to: use social networking to better include D/LGBT people

by Marianne Scobie, GDA

Status Update

What's on your mind?

Update



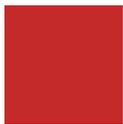
Some D/LGBT people will not “like” or follow LGBT organisations on social media if they need support to access the internet or if their computer may be accessed by others. Therefore it is important for non-LGBT organisations to share LGBT content. Similarly, some D/LGBT people will be engaged with LGBT organisations more than disability organisations. Therefore it is important for LGBT organisations to share content from disability organisations.

[Like](#) :: [Comment](#) :: [Share](#)



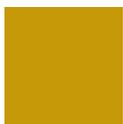
When advertising events or groups on social media make it clear how accessible (or not) venues are and say what access requirements you are able to provide and if this is free. Also note if the event is LGBT friendly and/or will address LGBT specific concerns.

[Like](#) :: [Comment](#) :: [Share](#)



Make it easier for people who wish to remain discreet about an aspect of their identity to join events by adjusting your privacy setting so that people cannot see who has registered to attend.

[Like](#) :: [Comment](#) :: [Share](#)



Use online surveys and consultations as a quick and easy way to gather D/LGBT specific information and ideas. Give an option to join a mailing list. This lets people engage anonymously and link with organisations if appropriate.

- Also share consultations from other organisations.

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Moderate your pages regularly for content and language that may be hurtful or offensive to D/LGBT people. Delete posts that are clearly offensive or discriminatory. Challenge comments that use words like “retard”; “lame”; “gay” or “trannie” as negative or derogatory. Ensure that when the usual moderator is on leave plans are made for moderation to continue or that the ability to comment is suspended.

- In some cases it may be safer to have an account that only moderators can tweet, post or comment on.
- Remind people regularly that your page does not welcome abusive, offensive or discriminatory content or language.

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Regularly post information about Hate Crime and how to report this via Third Party Reporting Centres.

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When using pictures check that a range of diverse people are included and that at least some of them may be easily read as D/LGBT people.

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Never rely on social media as the only way to reach people. Many D/LGBT people cannot afford broadband or do not have access to the equipment, support or privacy they need to access the internet.

- Keep in touch with organisations that support D/LGBT people and encourage them to cascade information to their service users.

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If in doubt ask for advice on how to best reach D/LGBT people from disability and LGBT organisations.

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How to: make services inclusive for disabled transgender people

by James Morton, Scottish Transgender Alliance

Inclusion of people who are disabled and also transgender begins with understanding the issues faced by disabled people and the issues faced by transgender people. However, there are additional inclusion issues specific to disabled transgender people that need to be understood. Some of these are listed below:

- Some disabled transgender people depend on carers to help them buy clothes, get dressed or access services. This means their carers can be a barrier to them expressing their gender identity, undergoing gender reassignment and/or accessing transgender information and support. Therefore, it is important to accept how someone self-describes their gender regardless of their clothes and physical appearance. Encourage carers to respect and support the gender identities of disabled transgender people.
- To stay safer on public transport, some people will need to change their gender appearance once they arrive at a venue. Make sure that the changing facilities you offer are accessible for people who have impaired mobility.
- It is never appropriate to question the authenticity of someone's gender identity, even if they are experiencing a serious mental health issue. NHS Gender Identity Clinics only assess people's readiness for hormones and surgeries; they do not provide general mental health support services. Therefore, transgender people seeking general mental health support should be provided with this through the same services as other people rather than just being directed to a NHS Gender Identity Clinic.
- Being disabled, including having a learning impairment, does not mean that a person is not capable of determining their own gender identity. Their right to define their own gender needs to be taken seriously. Give them the time and support they need to empower them to communicate their gender in their own way.

How to: make events inclusive for D/LGBT people

by Sam Rankin, Equality Network

Event check list for D/LGBT inclusion:

Venue

- Has an access audit been carried out of the venue and the surrounding area?
- Is a changing area available at the venue?
- Are the venue staff members respectful and aware of the needs of disabled and LGBT people?

Programme

- Does the programme include looking at the concerns of disabled and LGBT people?
- Are the speakers/ facilitators diverse and including disability, sexual orientation and gender identity in their sessions?
- If there are breakout sessions on disability and LGBT are they scheduled so that they do not clash?
- Are sufficient breaks scheduled?

Logistics

- Does the event budget provide for sign language interpretation, braille for documents, transport and other requirements?
- Has a sign language interpreter been booked as early as possible?
- Have personal assistants been arranged?
- Is it possible to have a gender neutral toilet?

Publicity

- Is the language of the publicity materials inclusive of disability and LGBT?
- Are any pictures in the publicity inclusive of disabled and LGBT people?
- Is the event being publicised in various formats?
- Is the event being publicised to disability and LGBT groups?

Registration

- Can people register without providing a title (eg: Mr, Miss)?
- Does the booking form ask about access requirements?
- Are delegates asked to be respectful of diverse identities and understanding of diverse needs?

How to: put together a mental health LGBT intersectional service user group

by Mahmud Al-Gailani; Voices of Experience

Here is one successfully tested recipe to try:

Ingredients

1. Respect, honesty and openness.
2. A clear plan as to what you want to achieve by forming a group.
3. Partners who are specialists in mental health and LGBT areas.
4. A little money with some in kind support can go a long way.
5. Welcoming publicity and policies.

Method

Use ingredient 1 to consult with your members/service users to learn about the issues that are affecting their lives and what suggestions would they have to improve things. Now you know what the issues are and why you might want to form a group add ingredient 2. Identify any other stakeholders and try to work with them to support you to bring a group together by folding in ingredients 3 and 4. With support from the established group and stakeholders develop ingredient no 5.

Timings/temperature

Prepare to be flexible with time but make sure that there is some kind of timeframe for any aims and objectives. Keep it fun, creative and interesting.

Suggestions

- Don't under any circumstances include assumptions or prejudices. Everyone is unique and will have their own personal experiences and identities.
- Don't fear the unknown, embrace the fact that you might not know all the terminologies or language to use but be open to learn as it is very important.
- Serve with tea, coffee and cake for best results.

D/LGBT Specific Resources

Breaking Out of the Boxes

www.equality-network.org/intersectional

A guide for services on supporting intersectional LGBT people.

Change

www.changepeople.org

Easy-to-read information on a variety of topics relating to sex and relationships for people with learning disabilities. Not a free resource.

Health Scotland: A Review of Resources

www.healthscotland.com/uploads/documents/11496-AReviewOfResourcesforPeopleWithLearningDisabilities.pdf

Resource list for information on sexual health for people with learning disabilities. Not all resources are free.

LGBT: Disability Online

www.disabilityonline.org.uk/disabled-lgbt

Services to LGBT people who are disabled and also need advice and guidance.

LGBT Centre for Health and Wellbeing's Learning Disability Project

www.lgbthealth.org.uk

A project providing a range of group activities for building confidence and friendship among LGBT people who also identify as having a learning disability/difficulty.

LGBT VOX Guide

www.voxscotland.org.uk/webfm_send/179

A guide for service users about D/LGBT people with lived experiences of mental health issues.

Regard

www.regard.org.uk

Aims to raise awareness of disability within LGBT communities, and to raise awareness of sexuality issues within disability communities.

Social Care TV

www.scie.org.uk/topic/people/seldomheardgroups/lesbian,gay,bisexualtransgenderpeople

Includes stories of D/LGBT people in care.

The Trans Mental Health Study

www.equality-network.org/wp-content/uploads/2013/05/Trans-Mental-Health-Study.pdf

Europe's largest survey on trans people's mental health needs and experiences.

Whispers4u Gay & Lesbian Disabled Dating

www.whispers4u.com/gay

Aims to bring together gay & lesbian disabled singles in one community without prejudice, to share thoughts and make new friends.

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