# Multiple identity; Multiple Exclusions and Human Rights: The experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland

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**Disability Action** works to ensure that people with disabilities attain their full rights as citizens, by supporting inclusion, influencing Government policy and changing attitudes in partnership with disabled people.  Disability Action does this in two ways, through the delivery of services and projects that meets the needs of disabled people and by campaigning for the rights of people with disabilities.  Disability Action is unique in its work, as it is the only Northern Ireland wide pan disability organisation working with disabled people with various disabilities; physical, mental, sensory, learning and hidden. Our work is important as one in five people in Northern Ireland has a disability.

**The Rainbow Project** is Northern Ireland's largest lesbian, gay, bisexual and transgender (LGB&T) organisation; rights based, holistic and non-partisan.  It is the only organisation dedicated to promoting the health and well-being of men who have sex with men through the provision of a range of services. It also provide services for LGB&T individuals including information and support, education and training, counselling, personal development courses, health promotion, advocacy, training, policy development and lobby at a political and official level.

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# 1     EXECUTIVE SUMMARY

## 1.1     <u>Introduction</u>

This project was developed from exploratory discussions in 2011 between Disability Action and The Rainbow Project and the recognition by both organisations that very little was known about people with disabilities who identified as lesbian, gay or bisexual and/or transgender (LGB&T) in Northern Ireland.  The purpose of this research was to explore the everyday experiences of this group, to offer practical information and suggest best practice to groups and organisations engaging with them, to raise awareness of the issues involved, highlight areas for further work and to explore aspects of this complex multiple identity.  Equally important was the need to offer people with disabilities who identified as LGB and/or T a platform through which to have their voices heard by all of us.

## 1.2     <u>Methodology</u>

The central pillar of this research was the participation of people with disabilities who identified as LGB&T.  This research followed the accepted philosophy of collaboration and emancipation (Barnes and Mercer 1997)[1] that research should be with or for, rather than about research subjects[2].

This project used a social model approach to the definition as defined by the United Nation Convention on the Rights of Persons with Disabilities.

### 1.2.1     <u>The Structure of the Research</u>

The Study was undertaken in 4 phases

- **Phase one**: consisted of a literature search of the area.

- **Phase two**: consisted of a questionnaire and individual interviews.  In total 16 responses were obtained to the questionnaire.  A list of responses to the questionnaire open

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[1]     Barnes C., and Mercer G. (1997) 'Doing Disability Research.' The Disability Press, Leeds.
[2]     McDowell, L. (1992) Doing Gender: feminism, feminists and research methods in human geography. 'Transactions of the Institute of British Geographers' 17 (4) 399-416.

questions with identifiable details removed is attached at Appendix 1.

Seven semi structured interviews with individuals were carried out at the location and by the method chosen by the interviewees (telephone, internet discussion, and personal visit), 6 with individuals and one interview consisted of a group discussion with 3 members of a transgender support group.   Interviewees were facilitated with any adjustments they required to take part in the research

- **Phase 3**: consisted of semi structured interviews with 14 LGB&T organisations including 1 transgender support group.

- **Phase 4**: consisted of a second literature review, data analysis and project write up.

## 1.3   **Results**

### 1.3.1   Awareness Raising

The majority of disabled LGB&T people in the current study reported that changing negative attitudes and raising awareness is a critical element to reducing barriers.  There are a number of interrelated areas such as caring arrangements, education and access but the common element is how people think about LGB&T people who are disabled.  Does society see LGB&T people who are disabled as equals with the same rights as everyone else or do we see them as vulnerable, in need of protection, as noble asexual beings?  How do we persuade the bar owner to resolve the access issue; the teacher to understand what being LGB&T means for a young disabled person and their educational needs or the young gay party attendee to see a disabled person as a fellow gay person and not as an object of pity, fun or as a fetish?

Under Article 8 of the United Nations Convention of the Rights for Persons with Disabilities the state has clear responsibility to "foster respect for the rights and dignity of persons with disabilities"[3]  however all sectors must play a part in raising

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3    See Article 9 United Nations Convention of the Rights for Persons with Disabilities at http://www.un.org/disabilities/default.asp?id=150

awareness of the rights of disabled people, by targeting information and challenging negative attitudes.

1.3.2    The Attitudes of People with Disability

Little is known about the attitudes held towards other groups by people with disabilities as disaggregated information from attitudinal studies is rarely reported.  However in 2012 the ECNI published a report which found that people with a Limiting Long Term Illness (LLTI) were more likely to hold a number of negative attitudes compared to those without a LLTI.  The study also found that people with disabilities are also more likely to have fewer qualifications, be of lower socio economic status and to be older, all of which were also strong predictors of negative attitudes in the research and it is possible that these predictors are more relevant that the fact that a person is disabled.

Other factors related to disability; such as social isolation due to transport or social interaction barriers; and little contact with the target groups may also be relevant to forming negative attitudes than the person's impairment.  Some support for this view was reported in the Equality Commission for Northern Ireland (ECNI) study which notes Hansson et al (2007) comments that an "implicating factor of prejudice views towards transgender people may be a general lack of knowledge, awareness and understanding of transgender identities and issues in Northern Ireland".[4] However further research is required to fully examine this area and attitudinal researchers should be encouraged to include disabled people in research which may require a change in research strategies and to provide disaggregated data to allow the views of disabled people to be examined.

1.3.3    Relationship and Sexual Education (RSE)

The Young Life and Times 2011 survey[5] highlighted the importance of the school setting for young people to obtain reliable information on relationships and sexual matters and it is

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4    Hansson, U. and Hurley-Depret, M. (ICR) (2007). Equality Mainstreaming: Policy and Practice for Transgender People. OFMdFM, Belfast, reported in http://www.equalityni.org/archive/pdf/DYMMSurveyMainReport(webB).pdf., page 112 (website accessed in June)
5    See section 2.3.3 and 3.1.1

essential that these open discussions are available to young disabled people. This discussion must recognise the sexual rights of disabled people and include minority sexual orientations. Enquiries suggested that Relationship and Sexual Education (RSE) education for this group of disabled children was based on body changes, protection and appropriateness of conduct and little was taught in relation to minority sexual orientations. Official guidance also states that; "any person who has a learning difficulty cannot give informed consent to any form of sexual activity with any person"[6] would appear contrary to the principle of individual rights.

Open and frank discussion is required on the issue of RSE teaching in schools in which must included young people with disabilities to ensure that the right of disabled people to have relationships and engage in consenting sexual activity is acknowledged.

### 1.3.4    Non Commercial LGB&T Organisations

The LGB&T organisation interviewed believed that on average 10% of their membership had a disability. However few of the organisations had considered their requirements and the disabled people interviewed commented that the groups needed to raise awareness of their issues.

**"The challenge for organisations like** (a well known LGB&T organisation) **is to ask itself whether or not it is attractive to disabled people, and if not, why not?"**[7]

Respondents also commented that they felt excluded from the non commercial LGB&T sector by inaccessible services and information, poor physical access and few diverse images.

**"Where are the people in wheelchairs?"**[8]

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6    Knowing and Growing KS3 'My Body', page 3 see
http://www.nicurriculum.org.uk/inclusion_and_SEN/thematic_units/severe_learning_difficulties/knowing_growing/index.asp (Website last accessed in March 2012) see the discussion in section 3.1.1
7    Comment made by a Questionnaire respondent. Part quote for the full quote see section 5.7.4.2
8    Comment from Individual interview

However the difficulties of targeting people with disabilities were highlighted by one organisation which commented;

**"Hard to target people who are everywhere but invisible"**.[9]

It is essential that dialogue takes place at the LGB&T and Disability organisational level to ensure an understanding of each other's issues and ensure that the rights of disabled people who identify as LGB and/or T are upheld and that their needs are included in the services provided by these groups, often on behalf of the state.

Internal policy examination is required in relation to information, training, contact procedures, images, advertising, and service provision by both LGB&T and disability organisations to ensure that they are welcoming to everyone.

### 1.3.5    Disability organisations

Respondents were critical of disability organisations in that most were perceived as not engaging with the LGB&T sector and community.

While some good contact does happen, the disconnection between disability groups and LGB&T sector was explained by respondents by the continuing need for confidentiality for some LGB&T people, poor awareness and a lack of shared information and understanding between the sectors. The language and images used by the groups is important to encourage contact as one LGB&T support group stated;

**"Disability groups need to move from not discriminating to being more welcoming"**[10] (to LGB&T people).

Respondents suggested that disability organisations should be proactive in the establishment of links and accept input from LGB&T groups to ensure that establishments, programmes and policies were LGB&T friendly. Proactive outreach programmes were also suggested to change attitudes towards disability in some sections of the LGB&T community.

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9    Comment from an Organisational interview
10    Comment from an Organisational interview

**"Disability Action needs to be getting involved in things like Gay Pride to promote sexual orientation issues within its own organisation".**[11]

Respondents warned that it was essential that this involvement is genuine and not merely to tick an equality box. It must have relevance to the LGB&T community and would be best done in partnership based on mutual organisational understanding.

Respondents also commented that disability groups as well as LGB&T groups should have more diverse images on their website and literature to ensure that people understood that they were accepted and that services were open to them and to demonstrate mutual respect. These images should include images of same sex couples with families which are the reality for many people.

The mutual training of staff was seen as essential by respondents:

**"Disability awareness sessions organised for LGB&T so that people are better informed about disability".**[12]

### 1.3.6 Joint Working

**"I think this partnership is excellent to bring more awareness in both sectors".**[13]

Joint working, cross representation and engagements with other sectors should be embraced by all groups. Such practices offers opportunities for a cross fertilisation of ideas, the adoption of best practice and greater awareness. While discussion forums and some joint working do exist, the issues raised by respondents in this and other studies clearly indicate that more proactive closer engagement is required. This is essential to encourage awareness raising and to ensure that groups such as disabled LGB and/or T people are able to feel welcomed in both communities and to encourage the development of coordinated holistic services.

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11  Comment made by Questionnaire respondent
12  Comment from Individual interview
13  Comment made by Questionnaire respondent

**"Mutual web links and information in news letters".**[14]

It is clear that better accessible information and mutual web and other format links to support services and information exchange are required

There is a clear need for the state and support groups to consider the implications of Article 21 UNCRPD for the accessibility of information and readers are referred to Harper el al 2012[15] which examines the issues involved.

### 1.3.7    Commercial LGB&T Sector

It is clear that some disabled people who identify as LGB&T believe that they are excluded from the LGB&T commercial sector which is reported as being unwelcoming through negative attitudes, unresolved or unconsidered access issues and inaccessible information.  These beliefs and experiences are dependent on factors such as the nature of the person's disability and if the disability was acquired after the person came out and was established in the LGB&T community.  All of these factors affect the confidence of the disabled LGB and/or T person to deal with or challenge the barriers to participation.

These issues can be addressed by a process of awareness raising with the owners and staff of the premises through the forums and contacts already established, but most importantly with the young users of the premises.  Some ideas were suggested by the respondents to assist with this process include the direct challenging of the problems, the use of positive images, the sharing of personal experiences through stories and direct discussion and by managed integration.

While many LGB&T organisations commented that there are alternative scenes for many LGB&T people with disabilities, the lack of accessible information on these often results in the commercial LGB&T sector being the first point of contact with

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14    Comment from Individual interview
15    Harper C., McClenahan S., Russell H., and Byrne B. (2012) Monitoring implementation (public policy and programmes) of the UNCRPD in Northern Ireland.  ECNI  see http://www.equalityni.org/archive/pdf/UNCRPDFullReportFINAL260112.pdf#search="harper" (Website last accessed March 2012)

the LGB&T community for many people.  This is especially true of people exploring their sexual orientation from areas where there are no LGB meeting places, perhaps lacking confidence as a result of their disability and caring arrangements.  For some, the exciting commercial LGB&T sector is what they want to engage with.  It is important that the participation of LGB&T people with disabilities in society is not limited by other peoples' expectations and we must ensure that the structures and support are in place to allow them to make their own decisions.

The separation, real or attitudinal, of the LGB&T commercial sector should be examined to ensure that premises are open to all people while understanding the need for LGB&T people to have a safe environment to express their lifestyle.

### 1.3.8 State Service Providers

Respondents in this study, notably transgender people, reported continuing problems with awareness and attitudes of state service providers although some respondents reported an improvement in services.

Dialogue between representative groups and service providers is recommended in order to ensure equal access to and satisfaction with service provision.  Greater involvement of these groups with staff training programmes and institutions such as induction courses and medical schools is required.  Participation by service staff and trainees must be linked to the awarding of credit to ensure attendance and active involvement.

### 1.3.9 United Nation Convention on the Rights of Persons with Disabilities (UNCRPD)

Knowledge of the implications of the UNCRPD is relatively low amongst both the disabled individuals and the LGB&T organisations in this study.  In order to inform both individual and groups about the rights of disabled people, it is essential that a targeted information campaign is undertaken by both the State which is the responsible body, the equality bodies and the disability and LGB&T sectors.

1.3.10 <u>Accessibility</u>

Individual respondents reported that accessible transport options for disabled LGB&T people is vital to their engagement with the LGB&T community and event organisers should consider this in their planning and ensure that all transport and relevant information is accessible. Providers of transport including transport specifically for people with disabilities should ensure that all transport arrangements are LGB&T friendly including safe waiting arrangements.

During the research it was noted that a 2011 study[16] had reported that data from England was not available to examine the equality of access to Gender Identity Clinics for the Transgender process. This matter was outside the remit of the current study however an examination of the Northern Ireland data would be useful to ensure that there is an equality of access to all section 75 equality groups as undertaken by the Northern Ireland commissioning trusts.

1.3.11 <u>Statistics and Data Collection</u>

This study found that there was little data held by LGB&T groups as most did not record whether a client or member was disabled, or if this was recorded then nothing was done with the information; other groups fulfilled the disabled persons requirements to participate but did not record this for the information of staff or the promulgation of good practice. The literature review also revealed that in many instances data is not available for LGB&T or disabled people in relation to equality matters such as access to service or on their attitudes held towards other groups. This would appear to be for a number of reasons including confidentiality, fears about embarrassing the person, cost of collection or because it is difficult to obtain a sufficient sample.

Disability Action has also noted that it is a common feature of consultations, equality screenings and research to note that data on LGB&T and people with disabilities or multiple identity groups is not available for the area being examined or planned

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16   See http://www.equalityhumanrights.com/uploaded_files/trans/nhs_grs_2011v2.doc Page 4-5 (website last accessed in April 2012)

for. Consequently either consideration is not given to these groups or it is assumed that as there is no data, that the policy will not have a specific impact or that the impact will have an equitable affect on all groups.

In order to ensure the equality of access to services and to target discriminatory practice it is necessary that groups and the state collect and act on this information whether this is by anonymous questionnaires, confidential notes or other methods.

With regards to people with disabilities it is essential that collectors and suppliers of data consider the statistical and data requirements of Article 31 of the UNCRPD and integrate these into their statistical strategies.

1.3.12   Multiple Identity

Having specific multiple identities, in the current study being LGB and/or T and disabled, can result in different issues of discrimination occurring at the same time, resulting in specific multiple identity groupings having specific experiences and identities that need to be addressed within equality strategies and service provision.[17]  It is essential that service providers, be they public, private or voluntary, are aware that people often fit into more than one social category and that all their requirements, including accessibility are met.  To ensure that this happens, best practice would dictate that impact assessments are carried out on new and existing services, including the effects of multiple identities, and that service providers working in different areas engage, cooperate and communicate better with each other.

The identities expressed by the LGB&T people who are disabled appeared compartmentalised, more separate and inflexible as people made choices between these very separate groups who have little interaction (disabled people and LGB&T).  The fluidity of identity noted by some commentators[18] for disabled LGB was seen to a lesser extent in the current

17   Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds at http://www.leeds.ac.uk/disability-studies/archiveuk/butler/the_rainbow_ripples_report.pdf
18   Ibid page 41

study and appeared to be linked to the visibility of the disability and when it was acquired. It may also be related to the lesser acceptance of LGB&T people and culture in Northern Ireland compared to England as shown by the LGB&T areas and vibrant social scene in some areas of England as reported by a number of groups and individuals but more focused research is required.

Support organisations must consider the affects of these multiple identities and address policy areas which are outside their direct areas of interest. For example, LGB&T groups should comment on consultations such as the OFMdFM draft Disability Strategy 2012-2015[19] as areas such as the opportunity for sexual expression in care arrangements; education provision and advocacy may be areas of concern to LGB&T people. Disability groups should examine the forthcoming OFMdFM Sexual Orientation Strategy and Action Plan for areas of interest to disabled LGB&T people.

1.3.13   <u>Equality in Service Provision</u>

The majority of the LGB&T organisations interviewed reported that they had not carried out equality impact assessments of their services and the impact of people's disabilities was rarely considered on the accessibility and impact of their services they provide. This was supported by the evidence from the individual LGB&T disabled people who reported inaccessible services and buildings. However there were some examples of good practice for example, Belfast Pride considered the needs of people with disabilities in its planning and involved disabled people in the planning and provision of the Pride event.

While outside the focus of the current research remit, the evidence from the individual LGB&T people and enquiries by this study would also suggest that some disability groups have also not carried out equality assessments and considered LGB&T in the provision of their services but further study is needed.

Increasingly many of the services provided by the state are now provided by the voluntary, community sector and the private

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19   http://www.ofmdfmni.gov.uk/index/equality/disability.htm (website last accessed in May 2012)

sector to tap the expertise of these groups, to encourage the participation of the service users and to obtain value for money in "new and imaginative partnerships with people and organisations who espouse equality of opportunity and sustainable development".[20]

In Great Britain Section 149 of the Equality Act 2010[21] places an obligation on, 'a person who is not a public authority but who exercises public functions, must in the exercise of those functions have due regard to these same matters'[22] (of equality as the public bodies).  In Northern Ireland, equality duties do not transfer from the state to contractors in the voluntary, community sector and the private sector although public authorities still remain liable under Section 75 and their equality schemes for the performance of their public functions even if a particular function if contracted out.  To address the equality of opportunity and sustainable development in public sector procurement guidance on the introduction of equality contract clauses was issued in 2008 by the ECNI and CPD supported by the OFMdFM through the Commitments under the Programme for Government.

Problems remain with the current system including the awareness of the guidelines by departmental staff, external contractors' compliance with equality duties; the use of the guidelines in smaller contracts; the impact on the early stage setup of services and in the methods used to ensure compliance.[23]  The CPD report that work is ongoing to resolve these issues and an examination by this study of a sample of annual equality reports found that some departments' action plans are addressing the issue of non compliance by contractors.  However a coordinated approach is difficult without cross departmental central monitoring and it is suggested that government should examine this issue.

The ECNI and CPD guidance comments that, "projects work best where outcomes and objectives are clear and expertise is

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20    http://www.equalityni.org/archive/pdf/ECNIPublicSector0508.pdf (website accessed in August 2012) Paragraph 1.3 Page 7
21    http://www.legislation.gov.uk/ukpga/2010/15/section/149 (website accessed in September 2012)
22    Ibid Section 2
23    Information from a report to the Procurement Board June 2011, Procurement Policy Branch, Central Procurement Directorate, October 2012

appropriately harnessed. This includes involving people affected by the project through impact assessment."[24] It is also clear from the guidance that "the scope for including equality of opportunity or sustainable development considerations is greatest and they will have most impact in the early stages of the project. Opportunities should be considered before a procurement begins and then in planning, scoping, deciding the strategic objectives, the specification, when writing the project documentation and during the performance of the contract".[25]

It appears from the evidence from this study that a specific contractual requirement for an impact assessment to be carried out by the service provider to raise staff awareness, check internal procedures and processes and set internal targets is rarely used although the duty remains with commissioning department for an effective implementation of their equality schemes. Contracts examined by this study appear to rely on a statement from the commissioned groups that services will be open to all as stated in their equality statements and the collection of monitoring data. The Equality Coalition has raised this issue in the past and has lobbied for compliance with Section 75 equality criteria to be included in the awarding of contracts criteria. [26]

The ECNI and CPD guidance comments that the format and frequency of the monitoring process are matters for negotiation between the authority and contractor[27] compliant with the authority responsibilities. However the evidence from this study would suggest that the monitoring of service use is incomplete. For example, an examination of the monitoring data form of one major service from a disability group by this study revealed that while within contract, age and sexual orientation were not including in their monitoring scheme.

The guidance on the conduct of Equality Impact Assessments from the ECNI comments that, 'while there is a need for sensitivity and respect for human rights and data protection, particularly in the categories of political opinion, sexual

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24    Ibid paragraph 1.5, page 8
25    Ibid paragraph 1.9, page 9
26    Information from Statutory Duty and Policy Officer, Disability Action September 2012
27    http://www.equalityni.org/archive/pdf/ECNIPublicSector0508.pdf (website last accessed in August 2012) Paragraph 1.38 Page 17

orientation and disability. However, the need for sensitivity must be weighed against the need to measure impact and to support ongoing policy monitoring, which are mandatory requirements of the Procedure for Conduct of Equality Impact Assessments'.[28]

While the monitoring of service use and outcomes is crucial it is equally as important to ensure that services are accessible and welcoming as service users may not be willing to report their disability or sexual orientation when engaging with service providers. Making services accessible and welcoming requires discussion and joint working with other groups and for many this may prove challenging due to personal beliefs, other priorities or because it is seen as a drain on limited resources. As a study respondent stated in relation to LGB&T groups and disabled people, but it equally applies to all groups offering services to all different kinds of people.

**"The challenge for (an) organisation(s) ….is to ask itself whether or not it is attractive to disabled people, and if not, why not?"**[29]

Relevant public authorities must ensure compliance with Section 75 duties are maintained in tendered services through the application, promotion and evaluation of relevant contract clauses relating to equality in service provision.

As a matter of good practice, voluntary and community sector organisations should be encouraged to use equality assessment measures on proposed policy practice and services.

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28 http://www.equalityni.org/archive/pdf/PracticalGuidanceEQIA0205.pdf (website last accessed in August 2012), Page 2.
29  Comment made by a Questionnaire respondent

1.4    **Recommendations**

1.4.1    Awareness Raising

1.4.1.1    It is recommended that discussion be undertaken between disability and LGB&T groups with the commercial LGB&T sector to resolve access issues, consider staff training and other methods to make the commercial sector more inclusive.

1.4.1.2    It is recommended that disability and LGB&T groups together with the statutory equality agencies undertake a targeted campaign to inform and educate the users of the LGB&T commercial premises about disabled people and their rights.

1.4.1.3    It is recommended that LGB&T and disability groups work with the relevant regulators to promote the use of positive and inclusive images in all settings.

1.4.1.4    It is recommended that disability and LGB&T groups should undertake joint research to examine the attitudes of disabled people towards minority groups such as LGB&T people and encourage researchers to include disabled and LGB&T people in attitudinal research and provide disaggregated data.

1.4.1.5    It is recommended that a targeted information campaign towards the LGB&T community on the United Nation Convention on the Rights of Persons with Disabilities (UNCRPD) is undertaken by both the State which is the responsible body, equality bodies, and the disability and LGB&T sectors.

1.4.2    Relationship and Sexual Education (RSE)

1.4.2.1    It is recommended that Department of Education, LGB&T and disability groups should examine the teaching of Relationship and Sexuality Education to disabled children to ensure that it is fulfilling their needs, including minority sexual orientations and to challenge any discriminatory practices.  The State should consider a thematic review of the area and of the current guidelines to uphold the individual rights of these young people with disabilities.

1.4.3    Access

1.4.3.1  It is recommended that groups representing disabled people
         and LGB&T should work with the statutory agencies and local
         authorities to encourage and assist commercial premises
         serving the LGB&T community, to any barriers to access for
         people with disabilities.

1.4.3.2  It is recommended that groups representing disabled people
         and LGB&T should work together to ensure that all premises
         and information is accessible and welcoming including the use
         of inclusive images and language.

1.4.3.3  Disability and LGB&T groups should ensure the accessibility of
         all internal and customer facing working practices, procedures
         and services drawing on the expertise of a partner group if
         required.

1.4.3.4  It is recommended that the H&SC Board and RQIA examine the
         equality of access to Gender Identity Clinics in line with the
         stated aims of the Northern Ireland commissioning trusts.

1.5      Transport

1.5.1    It is recommend that organisers of LGB&T specific events
         consider the travel arrangements of disabled people in
         organising events and adopt best practice such as safe waiting
         areas, staff training and accessible information.

1.5.2    It is recommended that the providers of transport to disabled
         people consider whether their training, policies and procedures
         including their operating times are LGB&T friendly and that
         transport providers for LGB&T event similarly consider the
         needs of people with disabilities.

1.6      State Service Providers

1.6.1    Greater dialogue between the state service providers and
         LGB&T and groups representing disabled people is
         recommended in order to ensure equal access to and
         satisfaction with service provision.  The greater involvement of
         these groups with the staff training such as medical schools and
         staff induction courses is recommended to improve staff

awareness and encourage positive attitudes. Participation by service staff and trainees must be linked to the awarding of credit to ensure attendance and active involvement.

## 1.7    Statistics and Data Collection

1.7.1    It is recommended that research designers and commissioners consider the adoption of more inclusive and comprehensive research designs to include all of the equality groups in the collection of data. The information collected must be made available in disaggregated formats to allow the examination of the affects of policies on or the views of specific groups. The information must be also be made available in accessible formats in order to provide an equality of access to information and consequently the opportunity to participate fully in the decision making processes in society.

## 1.8    Multiple Identity

1.8.1    It is recommended that to ensure that the needs of multiple identity groups are better addressed in policy and service development that greater consultation takes place with the relevant service users and representative groups and that more focused statistics and information is obtained through research and data collection. These statistics and information must be made available in accessible formats when appropriate. It is essential that service providers working in different areas cooperate and communicate better with each other to share experiences, knowledge and resources.

## 1.9    Ensuring Equality of Service

1.9.1    It is recommended that public authorities ensure that compliance in service provision with all elements of Section 75 duties is maintained in tendered services through the application, promotion and evaluation of relevant contract clauses relating to equality

1.9.2    It is recommended that compliance with statutory equality group access requirements in service provision should be included in the awarding of contract criteria.

1.9.3    As a matter of good practice, voluntary and community sector organisations should be encouraged to use equality assessment measures on proposed policy practice and services.

2.      **<u>Introduction</u>**

This project was developed from exploratory discussions in 2011 between Disability Action and The Rainbow Project and the recognition by both organisations that very little was known about people with disabilities who identified as lesbian, gay or bisexual and/or transgender (LGB&T) in Northern Ireland.  The purpose of this research was to explore the everyday experiences of this group, to offer practical information and suggest best practice to groups and organisations engaging with them, to raise awareness of the issues involved, highlight areas for further work and to explore aspects of this complex multiple identity.  Equally important was the need to offer people with disabilities who identified as LGB and/or T a platform through which to have their voices heard by all of us.

**'Labels are for filing. Labels are for clothing. Labels are not for people'.** Martina Navratilova

Disability Action and The Rainbow Project fully recognise that a person's sexual orientation and disability are only two aspects of who the people in this research are.  People are as diverse and complex in groups as they are as individuals and as such the views and observations reported in this research reflect the full spectrum of the individuals and organisations involved.

The people and organisations participating in this research did however share common experiences and it is important that public services, the voluntary sector and individuals interacting with people with disabilities who identify as LGB and/or T, consider the observations and conclusions made and act to make services and facilities better for everyone.

An inclusive society is one where people are recognised and respected for who they are.  It is a society in which everyone's life chances are maximised and where people have equal access to the services and facilities which meet their needs.  It is a society where everyone has a sense of belonging to the community and can fully interact with others; where people are able to engage fully with other groups and society.

## 2.1 **Definitions**

Ultimately, clear definitions (that are understood and agreed upon by all parties) are essential to successful communication. [30] Definitions serve a number of purposes; to frame the areas, people and objects being discussed; they influence people's and organisational perceptions and they influence the questions that can be asked, and the way that organisational processes and codes of conduct are applied and ultimately the delivery of services.

The importance of definitions was illustrated in relation to disability by the Northern Officer Group (NOG), an organisation of disabled people who work in local government in Britain. They commented that "we have learnt that definitions of disability can influence the way in which non-disabled people respond to disabled people. That is, a definition can place limits not merely on what is possible, but what is 'thinkable' in an organisation. This is particularly so when the definition is built into organisational policy, procedure, and practice, and used in training sessions and guidance notes". [31]

Within research definitions while giving a clear vision of the areas being examined can also directly influence the research design and methodology and the results obtained. The issue is therefore one of how the definitions are handled in the research. An examination of the literature in the area of the current study has revealed there is a wide range of terms used in research on both sexual orientation and disability and a brief discussion of the terms will assist the reader in placing and assessing the conclusions of this report.

### 2.1.1 **Disability and Impairment**

Despite considerable debate since the 1970s, there is still little agreement in relation to the definition of disability and impairment.

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30  Comment by John Bagnall http://www.quora.com/Word-Definitions-Terminology-and-Jargon/How-important-are-word-definitions-to-the-process-of-communication
31  Northern Officers Group (1999) 'Defining Impairment and Disability' at http://www.leeds.ac.uk/disability-studies/archiveuk/Northern%20Officers%20Group/defining%20impairment%20and%20disability.pdf, page 2

This section will briefly explore the two predominant models of disability, the medical/individual and social model, before reviewing the emerging approaches to disability and impairment and the approach taken by the UNCRPD.

## 2.1.1.1  Medical / Individual Model

Under the medical model, disabled people are defined by their illness or medical condition, viewing the functional limitations of the individual as the determining factor as to whether the person is disabled or not.  The medical diagnoses are used to regulate and control access to social benefits, housing, education, leisure and employment. The medical model promotes the view of a disabled person as dependent and needing to be cured or cared for. Control resides firmly with professionals; choices for the individual are limited to the options provided and approved by the 'helping' expert. The medical model is sometimes as the 'individual model' because it promotes the notion that it is the individual disabled person who must adapt to the way in which society is constructed and organised.[32]

An example of the medical model is one of the most widely accepted definitional schemas is the World Health Organisation (WHO) Classification of Impairment, Disability and Handicap (ICIDH).  This defines; 'impairment' as, "any loss or abnormality of psychological, physiological or anatomical structure or function."

'Disability': as any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being and;

'Handicap': as a disadvantage for a given individual, resulting from impairment or a disability that limits or prevents the fulfilment of a role that is normal (depending on the age, sex, social and cultural factors) for that individual." [33]

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32  http://www.open.ac.uk/inclusiveteaching/pages/understanding-and awareness/medicalmodel.php

33  International Classification of Impairments, Disabilities, and Handicaps. Geneva, Switzerland: World Health Organization; 1980.

However the model has been criticised that the definition, "emphasised that, it was for the individual to fulfil their role as a 'normal' member of society and that the person with a disability is expected to change, rather than the environment".[34]

## 2.1.1.2 Social Model

The social model holds that disabled people are disempowered not by their impairments, but by barriers in society including the physical environment, people's attitudes and inflexible policies, practices and procedures. For example, wheelchair users could get about the built environment perfectly well if society had not designed so many of its buildings with stairs as the main way of going up and down. With adequate lifts and ramps in buildings, and improved design of buses and trains etc, wheelchair users need not be disabled. They may have "an impairment" in being unable to walk, but it is the stairs and general lack of consideration for their requirements that "disable" them and perhaps limit their playing a full role in society.[35]

The model purports that, "disabled people are an oppressed social group. It distinguishes between the impairments that people have and the oppression which they experience and most importantly, it defines 'disability' as the social oppression, not the form of impairment".[36] The social model has had a major influence on government policy and disability activists and has concentrated efforts on the removal of barriers to participation in society such as the introduction of the right to physical accessibility.

However the social model of disability has been criticised by some commentators[37] as being too narrow in that it only conceptualises issues of oppression related to disability and ignores the multiple influences of other marginalising factors

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34  Deal M (2006) *Attitudes of disabled people toward other disabled people and impairment groups*, Chapter 2 at http://www.enham.org.uk/pages/research_page.html (website last accessed August 2012)

35  http://stammeringlaw.org.uk/disability/disabled.htm#sm (website last accessed August 2012)

36  Shakespeare T. and Watson N., (2002) The social model of disability: an outdated ideology? Journal 'Research in Social Science and Disability' Volume 2, pp. 9-28 (2002).

37  See for example Gwernan-Jones R., (2008) Identity and Disability: a review of the current state and developing trends at http://www.beyondcurrenthorizons.org.uk/identity-and-disability-a-review-of-the-current-state-and-developing-trends/ (website last accessed March 2012)

such as class, race, sexual orientation and age and how they interact with disability, and the different experiences of  different people dependent on their impairment and the social responses to it, such as between physical and mental health disabilities. [38] Other criticisms have included that the model's proponents tend to be 'highly educated, white middle-class males with late onset physical disabilities and minimal needs'[39] who fall short of representing the wider issues of disability including groups or individuals who do not associate their impairment as disability.[40] Studies also further comment that the disassociation of disability from impairment does not give recognition to the pain and suffering which is the everyday experience of many disabled people.[41]

It has been argued that, because of the social model's attempt to avoid any form of medicalisation or link with impairment, that the model requires an individual to positively identify them-selves as a disabled person.  However as Marks (1999) notes many people with impairments do not regard themselves as disabled, to which some social model commentators responds by accusing them of having a 'false consciousness'.[42]

Other commentators whilst acknowledging the importance of the social model and the need to present a unified front in order to bring about social change have also suggested that some problems faced by disabled people cannot be solved by social manipulation alone.[43]

38    See for example, Marks, D. (1999) Disability: Controversial Debates and Psychosocial Perspectives.  London: Routledge and  Shakespeare T. and Watson N., (2002) The social model of disability: an outdated ideology? Journal 'Research in Social Science and Disability' Volume 2, pp. 9-28 (2002).

39    Bickenbach, J.E., Chatterji S. Et al (1999).  'Models of Disablement, Universalism and the International Classification of Impairments, Disabilities and Handicaps'.  Social Science and Medicine, 48 (9), pp1173-1187.  Page 1181.

40    Marks, D. (1999) Disability: Controversial Debates and Psychosocial Perspectives. London

41    Crow, L (1996). 'Including all our lives'. In J. Morris (Ed.), Encounters with strangers: feminism and disability. London: Women's Press.

42    Deal M (2006) Attitudes of disabled people toward other disabled people and impairment groups, Chapter 2 at http://www.enham.org.uk/pages/research_page.html

43    French, S. (1993) Disability, Impairment or Something In Between?  In: Swain, J., Finkelstein, V., French, S. and Oliver, M. (Eds.) Disabling Barriers – Enabling Environments.  London: Sage Publications

## 2.1.1.3  Emerging Models

The difficulties with both the models have lead to the development of a number of hybrid models such as the WHO ICIDH-2,[44]  The ICIDH-2 attempted to integrate both the social and medical models of disability.

"All levels of disability occur with a health condition and within the context defined by environmental factors and personal characteristics (age, sex, level of education, life history and so on).  The three dimensions of disability are not conceived as links in a causal chain, but as alternative, but conceptually distinct, perspectives on the disablement process.  One perspective is at the level of body or body part, and abnormalities of function or structure are called impairments.  If in association with a health condition, a person does not perform a range of activities that others perform, this person level difficulty is called an activity limitation.  Finally, from the perspective of complete context of a person's life, characterized for the most part by the physical and social environment in which the person lives, disability may be manifested as restrictions in major areas of human life – for example, parenting, employment, education, social interaction and citizenship.  In the ICIDH-2, these are termed participation restrictions."[45]

The WHO defines disability as an activity limitation that creates a difficulty in the performance, accomplishment, or completion of an activity in the manner or within the range considered normal for a human being. Difficulty encompasses all of the ways in which the performance of the activity may be affected.[46]

Several other models have been proposed to reform the social model by integrating impairment and some of the effects of the

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44    Later became known as the International Classification of Functioning (ICF) (World Health Organisation, 2001).

45    Ustun, T.B., Chatterji, S., Bickenbach, J.E., Trotter II, R.T. and Saxena, S. (2001) Disability and Cultural Variation: The ICIDH-2 Cross-Cultural Applicability Research Study.  In: Ustun, T.B., Chatterji, S., Bickenbach, J.E., Trotter II, R.T., Room, R., Rehm, J. and Saxena, S. (Eds.) Disability and Culture: Universalism and Diversity.  Seattle: Hogrefe and Huber: pp. 7-8

46    Ibid

individual experience of disability[47] however some writers while recognising the usefulness of the model as the basis of a political movement have questioned its adequacy as the basis of a model for disability[48] and have suggested other methods to conceptualise disability.

For example Bickenbach et al (1999) have proposed the model of 'universalism' in which disability is approached as a changing continuum which "respects diversity and widens normalisation to include human variation".[49] Disability is viewed as a feature of our human existence. The authors suggest that disability is not only about discrimination but that is about the 'failures to provide the resources and opportunities needed to make participation feasible' (p1181). This concept was expanded by Shakespeare and Watson (2002) who argued that "there is no qualitative difference between disabled people and non-disabled people, because we are all impaired. Impairment is not the core component of disability (as the medical model might suggest), it is the inherent nature of humanity".[50] The authors further comment however that only some people experience the disabling processes of society and that, "societies have evolved to minimise the problems of the majority of people with impairment, but have failed to deal effectively with the problems of a minority of people with impairment, in fact, societies have actively excluded, disempowered and oppressed ('disabled') this minority".[51] The authors suggest that the size and nature of this minority changes through time and differences in society.

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47    For an exploration of this area see Shakespeare T. and Watson N., (2002) The social model of disability: an outdated ideology? Journal 'Research in Social Science and Disability' Volume 2, pp. 9-28 (2002), Deal M (2006) Attitudes of disabled people toward other disabled people and impairment groups, Chapter 2 at http://www.enham.org.uk/pages/research_page.html and Gwernan-Jones R., (2008) Identity and Disability: a review of the current state and developing trends at http://www.beyondcurrenthorizons.org.uk/identity-and-disability-a-review-of-the-current-state-and-developing-trends/ (website last accessed March 2012).
48    Shakespeare T. and Watson N., (2002) The social model of disability: an outdated ideology? Journal 'Research in Social Science and Disability' Volume 2, pp. 9-28 (2002)
49    Gwernan-Jones R., (2008) Identity and Disability: a review of the current state and developing trends at http://www.beyondcurrenthorizons.org.uk/identity-and-disability-a-review-of-the-current-state-and-developing-trends/ (website last accessed March 2012) commenting on Bickenbach, J.E., Chatterji, S. et al (1999). Models of disablement, universalism and the international classification of impairments, disabilities and handicaps. Social Science & Medicine, 48 (9), pp1173-1187.
50    Ibid, Page 27
51    Ibid Page 26

Shakespeare and Watson (2002) further comment that this continuum of impairment and embodiment is translated to the "dichotomy between 'able-bodied people' and disabled people, and that understanding the processes of exclusion and discrimination is where the core focus of an empowering disability studies should lie.

2.1.1.4   Definition under the United Nation Convention on the Rights of Persons with Disabilities (UNCRPD)[52]

The United Nation Convention on the Rights of Persons with Disabilities (UNCRPD) does not define the term 'disability' or 'persons with disabilities', however the United Nations UNCRPD website[53] refers to elements of the Preamble and Article 1 to provide guidance to clarify the application of the Convention:

'Disability' - The Preamble recognises that "disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others".

'Persons with disabilities' - Article 1 States that "persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others".

Several elements of these provisions are relevant to highlight. First, there is recognition that 'disability' is an evolving concept resulting from attitudinal and environmental barriers hindering the participation of persons with disabilities in society. Consequently, the reality of 'disability' is not fixed and can alter, depending on the prevailing environment from society to society.

Secondly, disability is not considered as a medical condition, but rather as a result of the interaction between negative

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52   Section from Harper C., McClenahan S., Russell H., and Byrne B. (2012) Monitoring implementation (public policy and programmes) of the UNCRPD in Northern Ireland. ECNI  see http://www.equalityni.org/archive/pdf/UNCRPDFullReportFINAL260112.pdf#search="harper" (Website last accessed March 2012)
53   See http://www.un.org/disabilities/default.asp?navid=24&pid=151#sqc3

attitudes or an unwelcoming environment with the condition of particular persons. By dismantling attitudinal and environmental barriers - as opposed to treating persons with disabilities as problems to be fixed - those persons can participate as active members of society and enjoy the full range of their rights.

Thirdly, the Convention does not restrict coverage to particular persons; rather, the Convention identifies persons with long-term physical, mental, intellectual and sensory impairments as beneficiaries under the Convention. The reference to 'includes' assures that this does not restrict the application of the Convention and States Parties could also ensure protection to others, for example, persons with short-term disabilities or who are perceived to be part of such groups or are associated with such groups .

2.1.1.5  <u>Definitions Used by the State in Northern Ireland</u>

Within Northern Ireland, the legislation used by the State, public bodies and enforcement agencies when defining disability is contained in Section 1 and Schedule 1 of the Disability Discrimination Act 1995 (DDA) however the legislation does not define impairment although guidance has been issued by the OFMdFM (see below).

The definition has been the subject of several legal clarifications is, **"a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities"**.[54]

**Physical or mental impairment:**  These include, physical impairments affecting the senses such as sight and hearing, heart disease, diabetes, epilepsy; mental impairments including learning disabilities and mental ill health.

**Substantial:** For an effect to be substantial, it must be more than minor. The following are examples that are likely to be considered substantial:

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54    See the Equality Commission for Northern Ireland (ECNI) website for a fuller explanation. http://www.equalityni.org/archive/pdf/DefinitionofDisability07.pdf (website last accessed in March 2011)

- inability to see moving traffic clearly enough to cross a road safely;
- inability to turn taps or knobs;
- inability to remember and relay a simple message correctly.

**Long-term:** These are effects that:

- have lasted at least 12 months; or
- are likely to last at least 12 months; or
- are likely to last for the rest of the life of the person affected.

Long-term effects include those which are likely to recur.  For example, an effect will be considered to be long-term if it is likely both to recur, and to do so at least once beyond the 12-month period following the first occurrence.

**Normal Day-to-day Activities:**

Day-to-day activities are normal activities carried out by most people on a regular basis, and must involve one of the following broad categories:

- mobility - moving from place to place;
- manual dexterity - for example, use of the hands, wrists or fingers;
- physical co-ordination;
- continence;
- the ability to lift, carry or move ordinary objects;
- speech, hearing or eyesight;
- memory, or ability to concentrate, learn or understand;
- being able to recognise physical danger.

The OFMdFM issued, "Guidance on matters to be taken into account in determining questions relating to the definition of disability" states that; "the definition requires that the effects which a person may experience must arise from a physical or mental impairment.  The term mental or physical impairment should be given its ordinary meaning.  In many cases, there will be no dispute whether a person has an impairment.  Any disagreement is more likely to be about whether the effects of the impairment are sufficient to fall within the definition. Even so, it may sometimes be necessary to decide whether a person

has an impairment so as to be able to deal with the issues about its effects". [55]

This definition takes an individual or medical standpoint, viewing the functional limitations of the individual as the determining factor as to whether the person is disabled or not.  While this model remains the basis of service provision from the State to people with disabilities there is increasing acceptance of the social model which is reflected in policy documents as shown by the recent OFMdFM's consultation paper[56] in which the NI Executive commits to delivering on the requirements of the UNCRPD.  How this will affect the experiences of disabled people in their interactions with the state in Northern Ireland remains to be seen however as the situation stands the interpretation and implementation of the Convention and its compatibility with existing legislative provisions under the DDA framework will prove challenging to the State, courts and the monitoring systems under Article 33 UNCRPD.

### 2.1.1.6  Approach Taken by the Current Study

The definition used in the current study is the social model definition as defined by the UNCRPD above.  This study however recognises the weaknesses in the social model and seeks to examine individual and group responses to disability and the influences of multiple identity factors on the conclusions.  In practical terms, this means the self identification statement by the respondents that they are disabled was used to select individuals for this study.

### 2.1.2  **Sexual Orientation**

Breitenbach (2004)[57] drawing on McManus (2003)[58] explored the complexity of definitions in the area of sexual orientation / sexual preference and commented that many recent studies

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55    http://www.ofmdfmni.gov.uk/disabilitydiscriminationact1995.pdf Page 8-9
56    OFMdFM (2012) 'A strategy to improve the lives of disabled people– 2012 – 2015' at http://www.ofmdfmni.gov.uk/index/equality/disability/consultation-draft-disability-strategy.htm
57    Breitenbach E. (2004) Researching Lesbian, Gay, Bisexual and Transgender issues in Northern Ireland OFMdFM  http://www.ofmdfmni.gov.uk/research.pdf, pages 18-21)
58    McManus, S (2003) Sexual Orientation Phase 1: a Review of Methodological Approaches, Scottish Executive Social Research

have used self identification by respondents as a means of dealing with the difficulties of definition.

McManus (2003) commented that using self identity by respondents may mean that a range of definitions co-exist within a single study, e.g. definition in connection with attraction, lifestyle, partnership and community.  Breitenbach (2004) reported that depending on the area of study that this may not be problematic but that in specific areas such as sexual behaviour or on same sex cohabitation that definitions need to very much specifically focus on the research questions being examined.

Acknowledging the validity of the comments from McManus and Breitenbach observations, the author of this report would argue that in the current study, the issues examined are of such a wide ranging nature that self identification was the only possible method to select participants.  As Breitenbach (2004) comments, "a set core of standardised definitions that may be used in policy relevant research should not preclude a wider range of definitions being used in any particular research project where these are appropriate to the questions being investigated or where fuller data about the range and variety of peoples experiences and circumstances is desirable".

## 2.1.2.1  Lesbian, Gay and Bisexual

This research used the definitions from Zappone (2003)[59] which reflected the language used by LGB people to define them-selves and was again found throughout the present study.

Zappone defined a Lesbian as, "a woman who is sexually and emotionally attracted to women.  Many lesbians prefer to be called lesbian rather than gay, queer or homosexual because it reflects their separate experience."

A gay person is "a man or woman who is sexually and emotionally attracted to people of the same sex. Many gay men prefer to be called gay rather than homosexual."

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59    Zappone, K (2003), Rethinking Identity; The Challenge of Diversity.  The Joint Equality and Human Rights Forum.

A bisexual person is "a man or woman who is sexually and emotionally attracted to people of either sex."

The term "queer" was used by some respondents in this study by both men and woman and some organisational representatives. Zappone commented that "it was a term primarily for gay men that is being reclaimed and some lesbians feel comfortable using it."

### 2.1.3  **Transgender**

**"Transgender is not a sexual orientation, it is a gender identity".**[60]

Breitenbach defines transgender people as "people engaged in identity, physical or behavioural changes to what was their gender assignment at birth and transsexuals as people who have undergone sex change surgery and other forms of treatment"[61]. As Breitenbach further comments "though a distinction can be made between 'transsexual' and 'transgender', the definition 'transsexual' has tended to be associated with psychiatric research, and with the imposition of definitions. For this reason the alternative term 'transgender' has often been used as an umbrella term, and tends to be the preferred term for most gender identity research, both because it is more inclusive, and because it is not a psychiatric term". The more inclusive term, Transgender is used in this study.

The original remit of this study did not include transgender people, however through the initial contact with the LGB community it became clear that participants believed that contact between the researchers and the Transgender community was essential as many gay and lesbian organisations have transgender members and they are part of the umbrella community. Contact with transgender people confirmed that they played an active part in the LGB community due in part to an absence of specific transgender social spaces. However fundamental differences between the communities were also reported by the transgender group and therefore

60    Comment made by Transgender Support group August 2012
61    Breitenbach E. (2004) Researching Lesbian, Gay, Bisexual and Transgender issues in Northern Ireland OFMdFM  http://www.ofmdfmni.gov.uk/research.pdf, Page 20

results from the transgender groups will be separately noted were appropriate.

### 2.1.3.1  Are Transgender People Disabled?

Whittle et al (2007)[62] one of the most comprehensive study ever undertaken of transgender people and their lives[63] reported that transgender people do not want to be classed as disabled.

The authors report for some transgender people it would be beneficial to be accepted as a person with a disability, for example, in periods were gender reassignment surgery involves an extended period of incapacity and their ability to work is impaired.  However Whittle et al (2007) further comments that despite transgender people confirming to the WHO criteria of 'disability', 'handicap' and 'impairment'[64] they are not specifically brought under the protection of the disability legislation.

The study reports the case of A*shton v Chief Constable of West Mercia*,[65] in which despite the tribunal finding that the applicant's poor work performance was linked to side effects of GID treatment, notably depression, found that her condition did not fall within the definition of 'disability' for the purpose of the Disability Discrimination legislation

While the majority of transgender people do not meet the State benefit definition of disability, some transgender people do meet this legal definition such as severe gender dysphoria and various intersex conditions.[66]  Some transgender people have an unrelated disability; however the current study did not find any estimate of the number of this group.

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62    Whittle, S., Lewis Turner, L., and Al-Alami, M. et al (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. The Equalities Review, Manchester Metropolitan University.

63    The study examined and examined 102,000 e-mails requests for support to two Transgender support groups supplemented by an online survey of 873 self identified Transgender people.

64    World Health Organisation, 1992, ICD-10; Wood P, (1980) The Classification of Impairments, Disability and Handicaps, The WHO Chronicle 376-380

65    Ashton v Chief Constable of West Mercia [2000] All ER (D) 1091

66    http://www.equality-network.org/Equality/website.nsf/07e80e28f153083c80256fa000536139/084d83db0761a9bf8025732f00 (website last accessed in March 2012)

Some commentators have suggested that there are difficulties for the equality of access for disabled transgender people. The Equality Matters website for example, reports that, "the manner of assessment in operation at Gender Identity Clinics (GIC) often directly and indirectly discriminates against trans(gender) people who have separate disabilities. For example, the long distance people may have to travel to get to a GIC; being required by GIC to be in full-time work or studies before being allowed to transition medically; expectation by GIC that people must be free of any serious mental health issue before being allowed to transition; very difficult to move through medical assessment process unless you are articulate both verbally and in writing and able to research extensively yourself so very hard to get anywhere if you have a learning disability".[67]

Interestingly McBride (2011) also reported accessibility issues (journey length, transport issues and the Belfast based meeting location) were preventing some transgender service users from accessing a non-statutory peer support group.[68]

The issue of equality of access to Gender Identity Clinics was examined in England in November 2011. The review by the Equality and Human Rights Commission concluded that; "robust data on the national demand for, and usage of, gender reassignment services is unavailable. This creates problems for commissioners in understanding possible demands for the service and monitoring need. [69] The review reports that commissioning groups do collect data on the number of commissioning decisions made in relation to gender reassignment treatment. However, this data is not publicly available, is inconsistent in records of how decisions are made and the justification for these decisions and also does not include the number of people in the trans(gender) population who are refused treatment or who may require treatment but are not able to access it. The report concluded that there is geographically unequal access to gender reassignment services and that people accessing services face a range of

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67    http://www.equality-network.org/Equality/website.nsf/07e80e28f153083c80256fa000536139/084d83db0761a9bf8025732f00 (website last accessed in March 2012)

68    McBride R (2011) Healthcare issues for Transgender people living in Northern Ireland. Institute of Conflict Research

69    http://www.equalityhumanrights.com/uploaded_files/trans/nhs_grs_2011v2.doc  Page 4-5 (website last accessed in April 2012)

barriers to access training including conforming to medical stereotypes of transgender, although this last point is disputed by the medical services.

McBride in a 2011 report on Health Care Issues for Transgender individuals in Northern Ireland comments that the Equality and Human Rights Commission suggest that the needs of transgender service users may be better attended to if transgender equality issues are included in equality impact assessments, by improving health service accessibility to transgender patients and by acknowledging older and disabled transgender people's needs. McBride comments that "the points raised by the Equality and Human Rights Commission highlight the urgent need for the Department for Health, Social Services and Public Safety to think comprehensively about the manner, in which it respects, upholds and promotes the rights of trans(gender) people in policy in order to ensure equity in service provision".[70]

The Northern Ireland Health Trusts appear committed to an equality of access for disabled people and others to Gender Identity Clinics[71] however this current study did not find any published data in order to test the success or otherwise of this commitment.

2.1.4    LGB&T Umbrella

Lesbian, gay, bisexual and transgender (LGB&T) people are often grouped together because they are all targets of similar forms of discrimination. Within these communities, however, there is a large diversity of experience.

Breitenbach (2004)[72] commented on this diversity stating, "LGB&T communities are not necessarily a cohesive group, and may not all see themselves as having a common identity or being part of a community of interest, and there may even be tensions between different groups".  The experience of this

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70    McBride R (2011) Healthcare issues for Transgender people living in Northern Ireland. Institute of Conflict Research, Page 16.

71    See for example the Belfast trust equality statement 2007 at http://www.belfasttrust.hscni.net/pdf/Equal_Opportunities_Policy.pdf (website last accessed in March 2012) Paragraph 1.1

72    Breitenbach E. (2004) Researching Lesbian, Gay, Bisexual and Transgender issues in Northern Ireland OFMdFM  http://www.ofmdfmni.gov.uk/research.pdf, Page 1

research would support Brietenbach's comments on the diversity of these groups and of the individuals from which they are created, but it also noted that there was a common agreement and purpose in the LGB&T communities on the need to reduce discrimination and to increase their acceptance by society.

During the current research, an organisational representative made a point which is relevant to this discussion. They commented that it needs to be clear what people think of as the LGB&T community. A lot of people associate the gay community with the night life and the bars and it is important to point out that with any other group we would not do this. This idea does not cover all the groups who identify as LGB&T such as people attending the drop in centres, various social clubs, social spaces and societies. It is totally inappropriate to identify characteristics of the heterosexual community by attending a club in Belfast and assuming that all heterosexuals identify with the clientele of that establishment. This is part and parcel of identifying a group as a single identity.[73] This point was well made and it is important to acknowledge and consider the diversity within and between LGB&T people.

In this paper, we have used the term 'LGB&T' as the term to describe the range of groups and individuals with whom this research was engaged, however as previously indicated it will be highlighted if any evidence relates only to a specific group.

## 2.2    **Anti-discrimination Legislation in Northern Ireland**

The following section[74] is intended to give the reader an overview of Discrimination Law and the effects of international treaties in the area effecting people with disability who identify as LGB&T in order to place the results from this study in the context of the current relevant anti-discrimination law.

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73   Paraphrased from the comments of an Organisational representative 30/11/2011
74   This section draws heavily on information available from the Equality Commission for Northern Ireland Website at and from a Northern Ireland Assembly research paper, 'Equality and Human Rights http://www.equalityni.org/sections/default.asp?secid=2 (website last accessed in March 2012) and Legislation in Northern Ireland (2011) at tp://www.niassembly.gov.uk/researchandlibrary/2011/7511.pdf

### 2.2.1    Sexual Orientation Legislation in Northern Ireland

The website for the Equality Commission for Northern Ireland outlines the current anti-discrimination legislation in Northern Ireland.[75]

The Employment Equality (Sexual Orientation) Regulations (NI) 2003 make it unlawful for employers and others to discriminate on grounds of sexual orientation in the areas of employment, vocational training and further and higher education.[76]

The Equality Act (Sexual Orientation) Regulations (NI) 2006 extend the protection against discrimination to the provision of goods, facilities and services, the management and disposal of land or premises and the provision of education in schools.[77] [78] It should be noted that the harassment provisions in the Equality Act (Sexual Orientation) Regulations (NI) 2006 were struck out in the High Court by the case of Christian Institute & Ors (2007).[79]

Civil Partnership Act 2004, which formalises in legal terms same-sex unions.[80]

Employment (Northern Ireland) Order 2002, which gives same-sex, couples the same parental leave rights as other parents[81]

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75    http://www.equalityni.org/sections/default.asp?cms=Your%20Rights_ Sexual%20orientation&cmsid=2_422&id=422&secid=2  (website last accessed in March 2012)

76    Employment Equality (Sexual Orientation) Regulations (Northern Ireland) 2003: http://www.legislation.gov.uk/nisr/2003/497/contents/made. (website last accessed in March 2012)

77    Equality Act (Sexual Orientation) Regulations (Northern Ireland) 2006: http://www.legislation.gov.uk/nisr/2006/439/contents/made.  (website last accessed in March 2012)

78    The SO Regs apply to discrimination by those who provide goods, facilities and services to the public and does not apply where the transaction is of a purely private nature, for example, entertainment or refreshment provided to members of a genuinely private small club.

79    Christian Institute & Ors, Re Judicial Review [2007] NIQB 66 (11 September 2007) Ref: WEAC5888 See http://www.bailii.org/nie/cases/NIHC/QB/2007/66.html (website last accessed in October 2012)

80    Civil Partnership Act 2004: http://www.legislation.gov.uk/ukpga/2004/33/contents; Part 4 refers to Northern Ireland (website last accessed in March 2012)

81    Maternity and Parental Leave (Amendment) Regulations 2002: http://www.legislation.gov.uk/uksi/2002/2789/contents/made. (website last accessed in March 2012)

Transgender people are protected under the Sex Discrimination (Gender Reassignment) Regulations (Northern Ireland) 1999[82] which extends protections in the SDO in the fields of employment, education and the provision of goods and services to gender re-assignment.

The Equality Act 2010 in GB (which does not apply to Northern Ireland) has widened the legal definition of gender reassignment slightly to 'a person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.' The Equality Bill also requires public authorities to make attempts to improve the equality of opportunities between transsexuals and non-transsexuals; and to eliminate transphobic discrimination and harassment towards not only transsexuals, but those associated with them such as friends and family, those who might have a different type of transgender or intersex identity and those who are perceived to be transsexual.

In relation to a sexual orientation strategy in answer to an assembly question AQO/121/11 on 27 September 2010, Junior Minister Newton reaffirmed to the Assembly the commitment to publish a strategy and outlined how this work will be taken forward.[83] As of July 2012 the strategy has not been published.

2.2.2    Disability Legislation

The primary legislation in Northern Ireland is the Disability Discrimination Act 1995 (DDA), which prohibits discrimination in employment, access to goods and services and in property and land transactions.  The Disability Discrimination Act 1995 (Amendment) Regulations (NI) 2004, implementing the EU Employment Framework Directive, prohibited harassment and ended the exemption of small employers from the provisions

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82    Sex Discrimination (Gender Reassignment) Regulations (Northern Ireland) 1999: http://www.legislation.gov.uk/nisr/1999/311/contents/made. (website last accessed in March 2012)

83    http://www.ofmdfmni.gov.uk/index/equality/sexual-orientation.htm (website last accessed March 2012)

and of certain areas of employment. The Equality Act 2010[84] has superseded the DDA elsewhere in the UK.[85]

The disability legislation has been subject to a range of amendments, as follows:

The Disability Discrimination (Meaning of Disability) Regulations 1996[86], which exempts certain conditions from the definition of disability

The Equality (Disability, etc.) (Northern Ireland) Order 2000 which confers new powers in respect of discrimination by reason of disability on the Equality Commission for Northern Ireland.[87]

The Special Education Needs and Disability Act 2001[88], which provides for measures against discrimination in education

The Disability Discrimination (Providers of Services) (Adjustment of Premises) Regulations (Northern Ireland) 2003[89], which defines reasonable adjustments for access to premises

The Special Educational Needs and Disability (Northern Ireland) Order 2005[90], which makes further provisions against discrimination in education

84   Equality Act 2010: http://www.legislation.gov.uk/ukpga/2010/15/contents. (website last accessed March 2012)
85   This section reproduces information from http://www.niassembly.gov.uk/researchandlibrary/2011/7511.pdf pages 9 and 10 (website last accessed March 2012)
86   The Disability Discrimination (Meaning of Disability) Regulations 1996: http://www.legislation.gov.uk/nisr/1996/421/contents/made. (website last accessed March 2012)
87   http://www.legislation.gov.uk/nisi/2000/1110/contents/made
88   The Special Educational needs and Disability Act 2001: http://www.legislation.gov.uk/ukpga/2001/10/contents. (website last accessed March 2012)
89   The Disability Discrimination (Providers of Services) (Adjustment of Premises) Regulations (Northern Ireland) 2003: http://www.legislation.gov.uk/nisr/2003/109/contents/made (website last accessed March 2012)
90   The Special Educational needs and Disability Northern Ireland) Order 2005: http://www.legislation.gov.uk/nisi/2005/1117/contents/made. (website last accessed March 2012)

The Disability Discrimination (Northern Ireland) Order 2006[91], which introduced provisions against discrimination by local authorities and in public transport

The Special Educational Needs and Disability (Northern Ireland) Order 2005 (Amendment) (Further and Higher Education) Regulations (Northern Ireland) Order 2006[92], which extends disability discrimination protection in further and higher education.

The Disability Discrimination (Transport Vehicles) Regulations (Northern Ireland) 2009[93], which extends provisions against discrimination to transport

The Autism (Northern Ireland) Act 2011, which seeks to resolve ambiguity regarding the application of the DDA to Autism Spectrum Disorder (ASD)

Public authorities are required to produce disability action plans to the Equality Commission on progress on duties relating to disability under the DDA.[94]

In response to the requirements of the UNCRPD an independent monitoring mechanism for the Convention comprising of the Northern Ireland Human Rights Commission and the Equality Commission for Northern Ireland has been set up by OFMdFM.  A strategic action plan is also being prepared by OFMdFM based on the Promoting Social Inclusion report[95] and the work on the UK State report for the UNCRPD and a consultation document has been published.

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91  The Disability Discrimination (Northern Ireland) Order 2006: http://www.legislation.gov.uk/uksi/2006/312/pdfs/uksi_20060312_en.pdf.  (website last accessed March 2012)

92  The Special Educational needs and Disability Northern Ireland) Order 2005: http://www.legislation.gov.uk/nisi/2005/1117/contents/made.  (website last accessed March 2012)

93  The Disability Discrimination (Northern Ireland) Order 2006: http://www.legislation.gov.uk/uksi/2006/312/pdfs/uksi_20060312_en.pdf.  (website last accessed March 2012)

94  Disability action plans: http://www.ofmdfmni.gov.uk/index/equality/disability/draft-disability-action-plans.htm.  (website last accessed March 2012)

95  http://www.ofmdfmni.gov.uk/disability-promoting-social-inclusion  (website last accessed in March 2012)

### 2.2.3 Equality in State Service Provision

Section 75 and Schedule 9 to the Northern Ireland Act 1998 came into force on the 01 January 2000 and placed a statutory obligation on designated public authorities in carrying out all their functions, powers and duties relating to relating to Northern Ireland to have due regard to the need to promote equality of opportunity –

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

In addition, without prejudice to this obligation, Public Authorities are also required under Section 75(2) to promote good relations between different groups of people.  Currently LGB&T people are excluded from the duties under 75(2)

### 2.2.4 Gaps in Legislation between Great Britain and Northern Ireland

The Equality Commission has raised areas of concerns in relation to gaps in the provision of Equality Legislation in Northern Ireland.[96] And these are summarised in the Assembly briefing paper[97] and listed below in 2.2.4.1 – 2.2.4.2.

### 2.2.4.1 Disability

- From indirect discrimination and discrimination arising from disability[98];

- Disabled tenants to have a right to reasonable adjustments to accommodation;

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96   Equality Commission for Northern Ireland, The Gaps between GB and NI Equality Law – Briefing Note, January 2011:
     http://www.equalityni.org/archive/pdf/EqualityAct2010gapsinNI2011.pdf. (website last accessed in March 2012)

97   http://www.niassembly.gov.uk/researchandlibrary/2011/7511.pdf (website last accessed in March 2012)

98   The Disability Discrimination Act 1995 refers to disability-related discrimination

- from discrimination for carers of disabled people and people wrongly perceived to be disabled;

- from employers asking job applicants questions related to disability prior to making a job offer;

- Provision for employers and service providers to take positive action measures across equality grounds;

- Greater protection from harassment and victimisation, for example, harassment by third parties and victimisation of people who have brought a complaint;

- Prohibition of direct discrimination on up to two combined grounds;

- Prohibition of discrimination by private clubs on additional grounds of sex, religion or belief, pregnancy and maternity, and gender reassignment;

- Extended protection against discrimination by public bodies;

- Amendments to the Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability (Northern Ireland) Order 2005 (SENDO), including;

    o Extension of the definition of discrimination in the DDA to outside employment in the SENDO to schools

    o Removal of the justification defence for a failure to make a reasonable adjustment in the DDA to outside employment in the SENDO to schools

    o Alignment of the reasonable adjustment duty in the DDA for outside employment to have the same protection as for in employment

    o Requirement for landlords to make reasonable adjustments to common parts of premises where requested by a disabled tenant or occupier

    o Prohibition of discriminatory advertisements in the DDA outside employment in the SENDO to schools

- Prohibition of discrimination in respect of relationships that have ended in the DDA to outside employment in the SENDO to schools

- Amendment of the rules regarding the reversal of the burden of proof in discrimination cases in the DDA to outside employment in the SENDO to schools.

### 2.2.4.2  Sexual Orientation

- In relation to sexual orientation to ensure that the legislation complies with the anticipated requirements of the draft European Commission Directive on the provision of goods and services[99]

- An amendment to the Sex Discrimination (Northern Ireland) Order 1976 to prohibit discrimination and harassment by public authorities on the grounds of sex.

### 2.2.5  National and International Trends

There are several international human rights standards which apply to LGB&T people with disabilities such as the UNCRPD on disability, the Yogyakarta Principles, the 2011 UN resolution on the implementation of the Vienna Declaration and Programme of Action[100] and the subsequent report from the UN Office for the High Commissioner for Human Rights (OHCHR) demanding a response by States to the pattern of human rights violations and discrimination based on sexual orientation or gender identity.[101]

The Yogyakarta Principles address a broad range of international human rights standards and their application to issues of sexual orientation and gender identity.  These include the rights to the universal enjoyment of Human Rights; the right to non-discrimination and recognition before the law; the right to

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99   Draft Council Directive on implementing the principle of equal treatment outside the workplace between persons irrespective of religion or belief, disability, age or sexual orientation, July 2008, see COM(2008)0426. http://www.equalityni.org/archive/pdf/EqualityAct2010gapsinNI2011.pdf  (website last accessed March 2012)
100   http://ilga.org/ilga/static/uploads/files/2011/6/17/RESOLUTION%20L9rev1.pdf  (website last accessed March 2012)
101   http://www.un.org/apps/news/story.asp?NewsID=40743  (website last accessed March 2012)

human and personal security; economic, social and cultural rights; expression, opinion and association freedom of movement and asylum; rights of participation in cultural and family Life; rights of Human Rights defenders and rights of redress and accountability.[102]

The UK takes a dualist approach in which domestic and international law are separate, so that unless international standards are transposed into domestic legislation, they are not directly justiciable.  The Assembly briefing paper on Equality and Human Rights[103] comments that, "the justiciability of the UN treaties is questionable, relying on moral and political grounds to compel compliance with international standards, but they remain as reference points for human rights protections in international law and there are opportunities to test some of the additional compliance mechanisms with reference to Northern Ireland, although domestic and regional (i.e. European) remedies have to be exhausted first".[104]

The Assembly briefing paper however further comments that "while these standards are less directly judicable than EU legislation, the UK has obligations to uphold minimum standards that, if not met in Northern Ireland, can lead to international embarrassment, and international law is seen as a normative standard for policy development and can emerge in case law".[105]  This point was further reinforced by Thomas Hammerberg, the Council of Europe Commissioner for Human Rights commenting during a speech at Hillsborough Castle (2011) that there is an obligation on public authorities to respect international pledges given with respect to Conventions and that decisions in the European Court of Human Rights are directly applicable in Northern Ireland.[106]

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102   A full account of the Yogyakarta Principles can be found at
       http://www.yogyakartaprinciples.org/index.html (website last accessed March 2012

103   Northern Ireland Assembly research paper, 'Equality and Human Rights
       http://www.equalityni.org/sections/default.asp?secid=2  (website last accessed in March 2012

104   http://www.niassembly.gov.uk/researchandlibrary/2011/7511.pdf, Page 3  (website last accessed March 2012)

105   http://www.niassembly.gov.uk/researchandlibrary/2011/7511.pdf, Page 1 (website last accessed March 2012)

106   Summary of comments made by Thomas Hammerberg, the Council of Europe Commissioner of Human Rights at Hillsborough Castle on the 10 December 2011.

The Assembly briefing paper further comments that, "competence in relation to anti-discrimination law has been devolved to the Northern Ireland Assembly. However, much anti-discrimination legislation is of EU origin and under the devolution agreement of 1998, the Assembly is obliged to implement UK, international and European Union obligations where they relate to transferred matters. The manner, in which this is done, however, is a matter for local legislators. That said, if the EU standards as set out in the Directives are not complied with, the UK government retains the right to impose legislation to fulfil its obligations".[107]

The recent legislative trend in the EU is to streamline equality legislation into fewer pieces of legislation. In the rest of the UK, the Equality Act 2010 harmonised much of the equality legislation and brought the terminology and protection levels up to EU standards, but this does not extend to Northern Ireland, which retains different pieces of legislation, such as the Sex Discrimination Order 1976 and the Disability Discrimination Act 1995 which remain "unconsolidated, diverse and uneven in implementation"[108]. The Equality Commission for Northern Ireland has long argued for the harmonisation of equality legislation and the introduction of a single Equality Act in Northern Ireland.[109] A Single Equality Bill was considered by the Northern Ireland Executive but has not progressed since a consultation in 2004 and a ministerial statement in 2005. As a result there remains a difference in legislation between the rest of the UK and Northern Ireland.

The devolved government in Wales independently decided in 2011 to introduce a legal measure[110] in relation to the United Nation Convention on the Rights of the Child (UNCRC) to impose a duty upon the Welsh Ministers and the First Minister to have due regard to the rights and obligations in the United Nations Convention on the Rights of the Child (UNCRC) and its Optional Protocols, when making policy decisions of a strategic

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107 ://www.niassembly.gov.uk/researchandlibrary/2011/7511.pdf, Page 1 (website last accessed March 2012)

108 http://www.niassembly.gov.uk/researchandlibrary/2011/7511.pdf, Page 1 (website last accessed March 2012)

109 http://www.equalityni.org/archive/pdf/Priorities_for_legislative_reform0602091.pdf (website last accessed March 2012)

110 Rights of Children and Young Persons (Wales) Measure 2011, http://wales.gov.uk/legislation/programme/previouslegislation/assemblymeasures/rightsof children/?lang=en (website last accessed March 2012)

nature.[111]  The measure will require the Welsh Ministers to prepare a children's scheme and to produce reports about compliance with the duty to have due regard to the UNCRC and its Optional Protocols, along with promoting  understanding of the UNCRC and amending legislation to give better effect to the UNCRC and its Optional Protocols.  Contact with the Welsh Assembly has confirmed that there are currently no plans to have similar legislation for the UNCRPD or for sexual orientation but they are launching a Strategic Equality Plan (SEP) in April 2012.

The Scottish Parliament has also included a Rights of Children and Young People Bill in its 2012 programme for government which will enshrine in law Scottish Ministers' duty to have due regard to the UN Convention of the Rights of the Child (UNCRC) when exercising their responsibilities[112] and a Social Care (Self-Directed Support) (Scotland) Bill which will make Scotland the first UK country to enshrine personalisation of service for disabled people in law at the heart of the care system.[113]

As reported above, the NI Executive relies on strategic plans rather than legislation to fulfil its international and national obligations; whether the Welsh decision to introduce legislation to drive change is more effective remains to be seen, although there is widespread agreement that progress on the establishment of the rights of children in Northern Ireland has been slow despite a Northern Ireland strategy being in place since 2006.

The NI assembly briefing paper reports that, "Plans are under way for an EU Horizontal Directive to harmonise equality protections across a range of grounds.  The diversity of equality legislation in Northern Ireland means that when the EU introduces new cross-cutting equality standards, several pieces of legislation have to be amended to meet them".[114]  This

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111    http://wales.gov.uk/legislation/programme/previouslegislation/assemblymeasures/ rightsofchildren/?lang=en  (website last accessed March 2012)

112    http://www.scotland.gov.uk/About/Performance/programme-for-government/2011-2012 (website last accessed March 2012)

113    http://www.communitycare.co.uk/Articles/01/03/2012/118031/scotland-legislates-to-give-users-right-to-personal-budget.htm   The Bill is due to be enacted in early 2013 dependent on the legislative processes.  (website last accessed March 2012)

114    http://www.niassembly.gov.uk/researchandlibrary/2011/7511.pdf, Page 3 (website last accessed March 2012).

European movement is gaining momentum as demonstrated by the recent European Commission consultation on a proposed European Accessibility Act.[115] Clifford (2011), in an examination of the impact of the UNCRPD on European Equality law comments that "the Convention has already begun to shape EU policy and the ECHR (European Court of Human Rights) jurisprudence and in many areas it is proving to be a key instrument for promoting law reform and requiring states to re-examine how persons with disabilities are perceived".[116]

Whilst awaiting legislative and strategic plan developments it is clear that the current status of the UNCRPD is unique in that it has been ratified by the EU which means that it will be used as a standard in the development of all EU legislation relating to disabled people.

### 2.2.6    Sexual Offences (Northern Ireland) Order 2008

The Sexual Offences legislation is relevant to disabled people, their sexual partners and carers. The central question is one of consent, which is, if the disabled person agrees by choice, and has the freedom and capacity to make that choice. A person may not have the capacity to consent to sexual activity because, for instance, if they have a condition that might affect their ability to make a choice such as a mental disorder.

"Mental disorder" is defined in Article 2(9) as having "the meaning given by Article 3 of the Mental Health (Northern Ireland) Order 1986 ". In that Order, mental disorder means "mental illness, mental handicap and any other disorder or disability of mind ". This definition includes "learning disability".[117]

A person may not have the freedom to consent because they are forced by, for example, violence or threat of violence, to engage in sexual activity. Other people may not be able to consent because they do not understand that they have a choice through institutionalization or a lack of accessible

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115    http://ec.europa.eu/justice/newsroom/discrimination/opinion/111207_en.htm  (website last accessed March 2012)

116    Clifford J. (2011) The UN Disability Convention and its Impact on European Law.  The Equal Rights Review Vol. Six pages 11-25

117    http://www.nio.gov.uk/explanatory_guidance_to_the_sexual_offences_%28ni%29_order_ 2008.pdf Page 25 (website last accessed in May 2012)

information or the choice is removed due to negative societal expectations about people with disabilities.

A person is "unable to refuse", if they lack the capacity to choose whether to agree to the touching or other activity (whether because they lack sufficient understanding of the nature of or the reasonably foreseeable consequences of what is being done, or for any other reason or is unable to communicate such a choice). Sufficient understanding of the nature and reasonably foreseeable consequences might include knowing that sexual activity is different from personal care and that some sexual activities can lead to pregnancy or the transmission of disease.[118]

The NIO explanatory guidance for the Sexual offences Act makes it clear that; "it is important to appreciate that where a person with a mental disorder is able to consent freely to sexual activity, they have the same rights to engage in consensual sexual activity as anyone else".[119]

## 2.3   **Numbers**

### 2.3.1   Difficulties in Measurement

As Breitenbach (2003)[120] comments that a major difficulty encountered by research on sexual orientation is that of quantifying and describing the relevant population.  This is also true in relation to research into numbers of people with disability in which similar difficulties are evident.

An examination of the literature would suggest that a number of factors are relevant to this.

### 2.3.1.1   Definitions

It is difficult in any research to measure quantitative data if there is little agreement on the definition of the group to be examined.

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118   Ibid (website last accessed in May 2012)
119   ww.nio.gov.uk/explanatory_guidance_to_the_sexual_offences_(ni)_order_2008.pdf (website last accessed in May 2012), page 25.
120   Breitenbach E. (2004) Researching Lesbian, Gay, Bisexual and Transgender issues in Northern Ireland OFMdFM  http://www.ofmdfmni.gov.uk/research.pdf (website last accessed in May 2012)

As briefly discussed in section 2.1.1.1 above, self identification in relation to sexual orientation can be problematic depending on the question asked and this has resulted in several definitions being used in research. In disability research the conflict between the medical and social models definitions has resulted in greatly different estimates of the numbers of people with disability and indeed questions as to whether the person is disabled or not.

2.3.1.2  The Research Methodology Used

The research strategy used both in the field of sexual orientation and disability research may greatly influence the estimation of numbers, for example in disability research, whether or not the research design included disabled people in nursing homes and long stay hospitals and not just private housing has a significant effect.

The method of data collection used also affects the sample size. For example the accessibility of information, the data collection methods used, the social barriers about expressing sexuality and disability in face to face interviews, concerns about the confidentially of data and the greater research costs involved in collecting data from some groups of disabled people all will affect measurement.

2.3.1.3  Other Research Factors

These include the non publication of collected data (e.g. sections of the NI Survey of Activity Limitation and Disability 2006-2007) and inaction on previous findings which may increase what Breitenbach (2002) terms 'research fatigue' and the non engagement with research. The exclusion of Northern Ireland from major ONS studies such as the General Lifestyle survey (GB only) reduces the availability of robust and comparative data. The non disaggregation of the data which is currently available in Northern Ireland reduces the potential for the discovery of data relationships, the testing of causality and for evidence based policy making.

### 2.3.1.4 The Dynamic Nature of Sexual Orientation

Aspinall (2009) [121] comments that 'among the broad identities now used in equalities monitoring and human rights contexts, some are fixed, such as age, others relatively fixed such as gender, while others may change through time like religion and whether the person has a disability or not. Aspinall suggests that sexual identity and perhaps other dimensions of sexual orientation are more likely to be fluid, change over time, and to be sensitive to situation and context.

Ellison and Gunstone (2009) in a online longitudinal survey of 5,190 people examined the dynamic nature of sexual orientation and reported that 98% of heterosexual respondents, 76% of gays/lesbians, 50% of bisexual people and around 60 per cent of 'other' reported that their sexual orientation had remained the same. Aspinall comments that while the LGB respondents to Ellison and Gunstone survey had previously identified as LGB in order to be sampled by the researchers, that the study's results show that over a relatively short period of adolescence/early adulthood, a pattern of more than one allegiance over the period was common.

Diamond (2008)[122] and others[123] comment that the sexual orientation in both women and men is fluid across the life span. Diamond also reported differences in the sexuality fluidity of the genders commenting that women have a greater variability in the development of sexual orientation than men. However there remains little evidence of the processes involved in these changes. [124]

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121    Aspinall, P J (2009) 'Estimating the size and composition of the lesbian, gay, and bisexual population in Britain' , at http://www.equalityhumanrights.com/uploaded_files/research/research __37__estimatinglgbpop.pdf page 30 (website accessed in October 2012)

122    Nicholson, P. (2008) reviewing Diamond L., 'Sexual Fluidity: Understanding Women's Love and Desire', Harvard University Press (2008) in the Times Literary Review 2008 see http://www.timeshighereducation.co.uk/story.asp?storycode=401478

123    http://www.guardian.co.uk/lifeandstyle/2010/jul/22/late-blooming-lesbians-women-sexuality (website accessed in August 2012)

124    Aspinall, P. J. (2009) 'Estimating the size and composition of the lesbian, gay, and bisexual population in Britain', at http://www.equalityhumanrights.com/uploaded_files/research/research__37__estimatinglgbpop.pdf page 30 (website accessed in October 2012)

2.3.2    Estimate of the Number of People with a Disability in Northern Ireland

The most accepted figures in Northern Ireland to date (pending data from the 2011 census) are those contained in the NI Survey of Activity Limitation and Disability in 2006-2007,[125] which found that 18% of people living in private households had some degree of disability (21% of adults and 6% of children).  A higher proportion of adult females (23%) than adult males (19%) reported a disability, while 19% of adults and 4% of children self reported some degree of disability.  This figures refer to private households only (not for example care homes) however they are the best estimates available.  The current accepted figure is that approximately 21% of the population are people with a disability.  This figure is considerable higher than the number of people who claim disability benefits which is approximately 13.45%[126] of the population (approximate population in Northern Ireland 1.811 million in 2011[127]).

The number of people with disability recognised by the state is also dependent on the current definition of disability.  For example the Disability Discrimination (NI) Order 2006 amended the definition of disability.  It ensured that people with HIV, cancer and multiple sclerosis are deemed to be covered by the DDA effectively from the point of diagnosis, rather than from the point when the condition has some adverse effect on their ability to carry out normal day-to-day activities.  In addition from October 2007, there was no longer a requirement that a mental health condition is ´clinically well recognised´ before it can count as impairment under disability discrimination law.[128]

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125    http://www.csu.nisra.gov.uk/survey.asp86.htm (website accessed in May 2012)
126    Figure derived from a combination of the claimant figures for Disability Living Allowance (3 months to 65 years) and for Attendance allowance (after 65) from the NIRSA, Assessment of compliance with the code of practice for official statistics, Northern Ireland Multiple Deprivation Measure.  Assessment Report 69.  December 2010
127    http://www.nisra.gov.uk/publications/default.asp10.htm  (website last accessed March 2012 )
128    http://www.nidirect.gov.uk/definition-of-disability (website last accessed August 2012 )

2.3.3    <u>Estimate of the Number of People Identifying as LGB&T in Northern Ireland</u>

While researchers acknowledge the difficulty of negotiating survey intentions and sexual identities there is substantial work in this area.

The sexual orientation figures reported by the majority of studies are for people identifying as LGB only[129].  The National Survey of Sexual Attitudes and Lifestyles 2001 in Britain (not Northern Ireland) reported that approximately 11.7% of women and 8.1% of men have felt a sexual attraction towards the same sex at least once in their lives.[130] [131]  The ECNI's website comments that research conducted by the HM Treasury reports that between 5% - 7% of the UK population identify themselves as gay, lesbian, bisexual or ´trans´ (transsexual, transgendered and transvestites).[132]  A 2003 briefing produced by Diversity Matters[133] has suggested that the Kinsey statistic of 1 in 10 people within any population being lesbians and gay men is widely accepted.

Recent large scale studies would however suggest that the figures for people identifying as LGB are considerably lower. The 2010 Northern Ireland Life and Times survey[134] (1205 adults) reported the figure as identifying as LGB was 1% and the Office for National Statistics (ONS) 2010 report (450,000 respondents)[135] found that 92.5% reported that they were heterosexual and 0.9% of respondents identified as LGB in Northern Ireland although .4% reported as other and 6.2 reported that they didn't know or declined or refused to

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129    For example, data on Transgender is not collected on ONS social surveys. http://www.ons.gov.uk/about-statistics/measuring-equality/equality/equality-data-review/trans-data-position-paper.pdf (website last accessed March 2012)
130    http://www.avert.org/gay-people.htm (website last accessed March 2012)
131    Erens B., McManus S., Prescott A., et al, National Centre for Social Research, (2003) National Survey of Sexual Attitudes and Lifestyles II: Reference Tables and Summary Report', , 1904599028
132    http://www.equalityni.org/sections/default.asp?secid=1&cms=News_Campaigns+Archive_Sexual+Orientation_summary+of+legislation&cmsid=1_109_38_39&id=39 (website last accessed March 2012)
133    Quoted in 'Who Lives in a Place like This?', Diversity Matters, Disability Action, Belfast. April, 2003
134    http://www.ark.ac.uk/nilt/2010/Background/ORIENT.html (website last accessed March 2012)
135    ONS Joloza T. et al (2010) Measuring Sexual Identity:  An Evaluation Report

respond..  The ONS report commented that the LGB figure for Northern Ireland at 0.9% was the lowest in the UK (London was the highest at 2.2%).[136]  This may reflect the negative societal attitudes in Northern Ireland in relation to reporting non heterosexual orientation although these attitudes appear to be softening.  A question in relation to sexual orientation was not included in the 2011 Census.

Interestingly in the 2011 the Young Life and Times Survey[137] of 1435, 16 year olds in Northern Ireland.  Of the 26% of respondents who reported that they had had sex by age 16, 12% of males and 2% of females reported having sex with a same sex partner at least once.[138]  Of the 26% of the total sample who have had sex, 5% of males and 1% of the females reported having sex with both genders perhaps suggesting a level of sexual experimentation at this age, an observation supported by the finding that when the 26% of the total sample who have had sex, was asked for the reason why they had sex, the largest proportion (54%) responded that they were curious about what it would be like.[139]

The ONS (2010) study commented that the Integrated Household Survey (IHS) 2010[140] (450,000 respondents) estimate of 1.4 per cent in the UK for LGB is broadly consistent with other household surveys in the UK that asked questions about sexual identity. This is also consistent with previous research which found survey estimates range between 0.3 per cent and 3.0 per cent (Betts, 2008).[141]  The ONS study further comments that the IHS estimate is lower than the most commonly used estimates of 5 to 7 per cent.   The ONS report citing Betts (2008) comments that this higher estimate should be treated with caution primarily because it is based on the findings of a number of studies utilising different methods of administration and conducted among differing sampling

136   Jarman, N. (2010) Attitudes towards Lesbian, Gay and Bisexual People in Northern Ireland.  Research Update 66, March 2010

137   http://www.ark.ac.uk/ylt/2011/Sexual_Health/  (website last accessed May 2012)

138   http://www.ark.ac.uk/ylt/2011/Sexual_Health/SEXEXP.html (website last accessed in May 2012)

139   http://www.ark.ac.uk/ylt/2011/Sexual_Health/CSEX1.html (website last accessed in May 2012)

140   ONS  Integrated Household Survey (IHS) 2010

141   Betts, P (2008) Developing survey questions on sexual identity: UK experiences of administering survey questions on sexual identity /orientation. London: Office for National Statistics

populations combining responses from a set of questions about sexual behaviour, sexual attraction and sexual identity both in the past and present measuring different dimensions of sexual orientation.  However surveys into sexual identity have been criticised for their methods of data collection in which respondents are identified or respond to face to face interviews which may greatly underestimate the actual population figures for LGB&T.[142]

Evidence (see table 1 below; GB only) from the National Survey of Sexual Attitudes and Lifestyles (NATSAL 1 & 2) [143] [144] would also suggest that the level of reporting of same sex attraction in the population changes over time (studies in 1990 (18876 respondents) and 2000 (12110 respondents)) perhaps reflecting changing societal attitudes and behaviours, however whether this is reflected in Northern Ireland is unknown.  It is also notable that figures for a range of sexual experience are higher than for those from studies which use a single self identification measure to identify as LGB perhaps reflecting a wider range of people's sexual experience.

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142  Observation from Stonewall see  http://www.bbc.co.uk/news/uk-11398629  (website last accessed March 2012)
143  http://www.avert.org/gay-people.htm (website last accessed in March 2012)
144  http://www.esds.ac.uk/findingData/snDescription.asp?sn=5223

**Table 1    Comparison of Reported Same Sex Attraction in the GB population**

| Men | NATSAL I (%) 1990 | NATSAL II (%) 2000 |
|---|---|---|
| Ever had a sexual experience, not necessarily including genital contact, with a partner of the same sex? | 5.3 | 8.4 |
| Ever had sex with a same sex partner, including genital contact? | 3.7 | 6.3 |
| Have you had a same sex partner in the last five years? | 1.4 | 2.6 |
| **Woman** | **NATSAL I (%) 1990** | **NATSAL II (%) 2000** |
| Ever had a sexual experience, not necessarily including genital contact, with a partner of the same sex? | 2.8 | 9.7 |
| Ever had sex with a same sex partner, including genital contact? | 1.9 | 5.7 |
| Have you had a same sex partner in the last five years? | 0.6 | 2.6 |

The general view in Northern Ireland among LGB&T organisations, service providers and policy makers is that an estimated 6% to 10% of the population identifies as lesbian, gay, bisexual and transgender.

### 2.3.3.1 Estimate of the number of transgender people

There has been considerable work on estimating the number of transgender people within the UK population however Whittle et al (2007) in a review of the area[145] concluded that there is simply no publicly available statistical data on which to make a firm conclusion. Whittle et al reported that enquiries in 2002 with the Passport Section of the Home Office, estimated there were around 5,000 transsexual people in the UK, based upon numbers of those who had changed their passports and that as of November 2006, 1,660 people had already been awarded a Gender Recognition Certificate (GRC).

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145 Whittle, S., Lewis Turner, L., and Al-Alami, M. et al (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. The equalities review, Manchester Metropolitan University.

The BBC reported that approximately 1/4000[146] in the British population is receiving medical help for gender dysphoria and that boys with gender dysphoria outnumber girls by about 5 to 1.  However McBride (2011) reported that similar to other European countries (see Whittle et al. 2008) that there are "more trans(gender) women, that is individuals assigned to be male at birth who transition to female, in Northern Ireland than trans(gender) men, individuals assigned female at birth but who transition male".

McBride and Hansson (2010) reported that there are between 140 and 160 individuals affiliated to the three main transgender support groups in Northern Ireland: The Butterfly Club, The Purple Group and the Oyster Group.  A Northern Ireland Transgender group reported to this research that about 30 people per year would seek support in Northern Ireland.

The most comprehensive estimate to date is from Reed et al (2009) in a UK wide study for the Gender Identity Research and Education Society (GIRES) which suggests that the prevalence rate for in Northern Ireland is 8/100,000 (16 and over) population[147] or approximately .0008% of the population (16 and over, 1,432,501 people in 2011)[148], approximately 115 people. McBride (2011) comments that Reed's research refers to "trans(gender) individuals who are out as trans(gender), to some degree and (it is) therefore … likely to be an underestimate of the number of individuals who experience gender variance in Northern Ireland".[149]

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146  http://www.bbc.co.uk/radio1/advice/factfile_az/gender_dysphoria_transgender (website accessed in March 2012)
147  http://www.gires.org.uk/assets/Medpro-Assets/GenderVarianceUK-report.pdf.  Page 35 (website accessed March 2012)
148  NISRA (2011) The population of Northern Ireland at http://www.nisra.gov.uk/publications/default.asp10.htm (website accessed September 2012)
149  McBride R (2011) Healthcare issues for Transgender people living in Northern Ireland. Institute of conflict Research

2.3.4   Estimate of the Number of People with Disabilities who Identify as LGB&T in Northern Ireland

Rainbow Ripples report[150] estimated that there are 500,000 LGB disabled people in Britain although there is no indication of the source of this figure.

The continuing uncertainty about the figures for both people who identify as LGB&T or as being disabled makes estimating the number of persons with disabilities who identify as LGB&T problematic.

Aspinall (2009)[151] reporting on the 2007 Citizenship Survey of (13,566 valid cases) commented that it was not possible to draw conclusions about the prevalence of morbidity (as measured by limiting long-term illness/disability) across sexual identity, because of the strong relationship between increasing limiting long-term illness and age without a standardisation of the data by age.  NISRA figures for Northern Ireland also found a relationship between age and the prevalence of disability amongst adults, ranging from a low of 5% amongst young adults aged 16-25; to 60% amongst those aged 75 and above. Indeed, amongst the very elderly, aged 85 and above, the prevalence of disability increases to almost 67%.[152]

This is further complicated by the finding from the Office of National Statistics (ONS)[153] that people who identified as LGB have a younger age distribution than heterosexuals – 65.7% were aged under 45 compared with 48.5% of people who identify as heterosexual.  However the ONS study[154] does offer some assistance, when it reports perceived good health cross referenced against sexual identity, this indicates very similar

150  Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds.
151  Aspinall, P J (2009) 'Estimating the size and composition of the lesbian, gay, and bisexual population in Britain' , at http://www.equalityhumanrights.com/uploaded_files/research/research__37__estimatinglgbpop.pdf page 30 (website accessed in October 2012)
152  NISRA (2007) The Prevalence of Disability and Activity Limitations amongst adults and children living in private households in Northern Ireland
153  Office of National Statistics (ONS) Joloza T., Evans J., O'Brien R., Potter-Collins, A. (2010) Measuring Sexual Identity:  An Evaluation Report.  Office of National Statistics. Page 18
154  Ibid Page 8

levels of perceived ill health with 21.6% of the LGB group[155] who reported not being in good health compared to 21.5% of the heterosexual group. Ellison and Gunstone (2009) from an online survey of 5,190 people also reported no statistically significant differences in the prevalence of disability between gay, lesbian and heterosexual respondents. 18% of gay and lesbian respondents had some form of limiting disability, compared with 21 per cent of heterosexual men and women. Ellison and Gunstone commented that this 'may' be surprising given the younger age profile of gay men and lesbians.[156]

However further evidence from the Ellison and Gunstone study may begin to explain the apparently conflicting relationships between age and disability and between sexual orientation and disability. Ellison and Gunstone examined of the types of disability reported by their sample and concluded that, "although gay and bisexual men were less likely than heterosexual men to suffer from a physically limiting disability (six per cent and nine per cent compared with 11 per cent), they were significantly more likely to have a mental health condition such as depression. Nine per cent of gay men and 14 per cent of bisexual men reported having a mental health condition, compared with just three per cent of heterosexual men. Even larger differences were found between lesbian and bisexual women and heterosexual women: 16 per cent of lesbians and 26 per cent of bisexual women stated that they had a mental health condition, which contrasts sharply with just eight per cent of heterosexual women".[157]

Ellison and Gunstone findings in relation to mental health are supported by evidence from several studies. King et al (2008)[158] following a meta analysis of 214,344 heterosexual and 11,971 non heterosexual people from 25 studies, concluded that the risk for depression and anxiety disorders (over a period

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155    Ibid Page 18, Footnote 12. Note the link given within the reference is now broken (website accessed in October 2012) Data on Transgender is not collected on ONS social surveys. The figures are based on a medical model of disability as figures using the social model are not available.

156    Ellison, G. and Gunstone, B. (2009) Sexual orientation explored: A study of identity, attraction, behaviour and attitudes in 2009. Manchester: Equality and Human Rights Commission, Page 24.

157    Ibid

158    King M., Semlyen J., Tai S.S., Killaspy H., Osborn D., Popelyuk D and Nazareth I. (2008) ' A systematic review of mental disorder, suicide and deliberate self harm in lesbian, gay and bisexual people'. BMC Psychiatry 2008, 8:70

of 12 months or a lifetime) were at least 1.5 times higher in lesbian, gay and bisexual people than in heterosexual people.

In relation to physical health, Cochran and Mays (2007)[159] reported that in addition to the higher risk for sexually active gay men of contracting HIV and syphilis compared to other groups;[160] compared with exclusively heterosexual individuals, lesbians, gay men, and bisexual people experience disparities in physical health including a higher risk for cardiovascular disease, lung cancer as a possible consequence of higher rates of smoking, and a higher risk for diabetes among lesbians and bisexual women.  These health issues have been recognised in by the Health and Social Care Trusts[161] in Northern Ireland and are now the subject of action planning.

Assuming therefore that ill health levels and therefore potentially disability are at a similar rate (although consisting of different impairments) amongst both heterosexual and LGB groups, some very tentative figures can be extrapolated.  The generally accepted figure for persons in Northern Ireland with disability is 21% and if the mid range figure of 4% is used (between the survey estimates of 0.3 per cent and 3.0 per cent, (Betts, 2008, and the most commonly used estimate of 5 to 7 per cent[162]), for LGB people would suggest that approximately 0.84% of the population[163] is both disabled and identifies with the LGB community (approximately 15,212 people, 16 years and over in Northern Ireland).

Caution must be used with these figures due to the research issues previously highlighted.  This figure is also based on the self identification by respondents used by the majority of studies

159    Cochran, S.D. and Mays V M., (2007) Physical Health Complaints among Lesbian, Gay Men, Bisexual and Homosexuality Experienced Heterosexual Individuals:  Results from the California Quality of Life Survey'.  Am J Public Health.  2007 November, 97(11): 2048-2055

160    For Northern Ireland see DHSSPS (2011) Draft Equality Action Plan for the Department of Health, Social Services and Public Safety V1 January 2011  See www.dhsspsni.gov.uk/draft_equality_action_plan.doc (website last visited in March 2012)

161    See Appendix 1, http://www.belfasttrust.hscni.net/pdf/Equality_Action_Plans_Audit_of_Inequalities.pdf (website last accessed in September 2012)

162    Final Regulatory Impact Assessment: Civil Partnership Act 2004

163    Using the NISRA Northern Ireland population estimate in March 2011 of 143,2501 people over 16 years and over see http://www.nisra.gov.uk/publications/default.asp10.htm (website accessed in September 2012)

and it is likely that due to societal factors, e.g. older people who are the highest percentage of disabled people may not identify as being LGB due to the legal system and societal attitudes prevalent during the majority of their lifetime; an absence of the opportunity for sexual expression for many disabled people and the under reporting of disability that the actual figures will be higher.

3.    **LITERATURE REVIEW**

While much has been written about the experiences of the LGB&T community and people with disabilities in the UK and Ireland, little has been written about people with disabilities who identify as LGB&T. The research which is available, has often concentrated on specific types of disability, for example, Abbott and Howarth (2005)[164] on people with learning disabilities, and studies covering a wide range of disabilities are less common.

Northern Ireland specific research on LGB people is also relatively uncommon perhaps due in part to persistent negative societal attitudes and the legal history in which homosexuality was not decriminalised in Northern Ireland until 1982, 15 years after the rest of the UK and that experiences of Transgender people are unknown for the majority of people. Some research is now being published on LGB&T people in Northern Ireland,[165] perhaps reflecting the softening of negative attitudes[166] and the development of the LGB&T and Disability and Equality / Human Rights movements since the ending of the Troubles / conflict and this development is welcomed.

However the specific needs of LGB&T people with disabilities is still rarely considered within disability and LGB&T research.[167] Quiery (2002) reporting on the needs of 160 lesbian and bisexual women and a number of gay men in Northern Ireland commented on this when only one lesbian with a disability was interviewed. The researcher commented that this was, "unsurprising as Lesbians with disabilities tend to be even more invisible than other lesbians as the sexuality of disabled people is still regarded as a taboo subject".[168]

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164   Abbott, D and Howarth, J. (2005) Secret loves, hidden lives? Exploring issues for people with learning difficulties who are gay, lesbian or bisexual. The Policy Press, Bristol.

165   See for example; McBride R (2011) Healthcare issues for Transgender people living in Northern Ireland. Institute of Conflict Research; and Hansson, U., Depret, M and Fitzpatrick B (2007) Equality Mainstreaming: Policy and Practice for LGB People, Institute of Conflict Research

166   NILT surveys in 1998, 2004 and 2008 have found a reduction in negative attitudes to same gender sex from 65% in 1998 to 52% in 2008 quoted in Jarman N (2010) Attitudes towards Lesbian, Gay and Bisexual People in Northern Ireland. Research Update 66, Page 2, March 2010

167   McManus, S; (2003) Sexual Orientation Research Phase 1: A Review of Methodological Approaches; National Centre for Social Research, Scottish Executive

168   Quiery, M. (2002) A Mighty Silence; A report on the needs of Lesbians and Bisexual woman in the Northern of Ireland. LASI, Paragraph 3.9

Perhaps the most wide ranging and informative study in the area of sexual orientation and disability is the National Disability Authority (NDA) 2005 discussion paper 'Disability and Sexual Orientation'[169] which examined Disability and Sexual Orientation in Southern Ireland. The study based on a literature review and 21 consultations with individuals and representatives, reported on five key issues, the opportunity to express sexual identity, multiple identity and multiple exclusion; environmental issues; support organisations, service providers and the effects on mental health and it is perhaps useful to use this framework to examine the findings from this literature review.

## 3.1 **Opportunity to Express Sexual Identity**

Sexuality is an essential part of all of us no matter what our age, gender, sexual orientation, health and physical ability may be.[170] Sexuality is important to who we are, not just because of the physical pleasure but because of the relationships, the emotional bonds, companionship, partnership and marriage, and family life which is the foundation of society, The importance of family and private life has been recognised and protected in legal frameworks and is expressed in Article 8 of the European Convention of Human Rights, The Right to Respect for Private and Family life. [171]

However for many people, sexuality and disability remain a taboo subject and the view remains that a significant percentage of disabled people have never experienced sex,[172] or don't engage in sex very much at all, or if they do, it is restricted to experiences with other disabled people.[173]

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169   NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA

170   http://www.scisexualhealth.com/sandd.html (website last accessed in March 2012)

171   http://www.yourrights.org.uk/yourrights/the-human-rights-act/the-convention-rights/article-8-right-to-respect-for-private-and-family-life.html (website accessed in June 2012)

172   Deepak S. (2002) Male, Female or Disabled: Barriers to Expression of Sexuality. The Department of Sociology and Social Policy. The University of Leeds. Paper submitted for the Degree of Master of Arts in Disability Studies August 2002. Page 2.

173   http://www.guardian.co.uk/lifeandstyle/2008/oct/26/observer-sex-poll-2008 (Website last accessed in March 2012) . Observer Sex uncovered poll found that 70% of Britons would not consider having sex with someone who had a physical disability only four per cent have actually had sex with someone with a physical disability. Just over one in four would not rule out the possibility and men are slightly more likely than women to rule out the possibility.

Naudé (2001)[174] commenting on the different myths commonly held by society; noted that disabled people were regarded as being, "asexual, i.e., incapable of having sexual relationships; disabled people are obsessed with sex and have uncontrollable urges; disabled people are childlike and need to be protected from being hurt or let down; there must be something wrong with a non-disabled person who has a relationship with a disabled person; ...... and that it is better to be in a relationship with a non-disabled person than with another disabled person".

Bonnie (2003)[175] reported on the desexualisation of people with disabilities commenting on the infantalisation and sterilisation of disabled people, evidenced through dressing disabled children and teenagers in "androgynous, bland or babyish clothes", segregation in 'special' institutions and schools, and denial of education in sex and sexuality". Bonnie further commented that, "society at best finds the thoughts of a disabled person being sexual repulsive, and at worse presumes they are asexual". Brothers (2003) [176] commented that "the idea of lesbian, gay or bisexual relations among disabled people is a concept which goes unconsidered or if considered (is) rejected by the majority of non disabled people".[177]

Deepak (2002)[178] commented that professionals, families and mass media continue to ignore the sexual needs of disabled persons and that they participate in creating disabling barriers and stereotypes, reinforced by the mass media, which have a negative impact on all aspects of disabled peoples' lives and that these barriers are internalised by disabled people. The NDA (2005) study, quoting Regard, further commented that, "If they [people with disabilities] are being sexual, it is so wrapped

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174  Naudé, J. (2001), Sexuality & Disability – integrating the two?, Echoes, World Council of Churches, Geneva, 19/2001, p. 23-26 quoted in Deepak S. (2002) Male, Female or Disabled: Barriers to Expression of Sexuality. The Department of Sociology and Social Policy. The University of Leeds. Paper submitted for the Degree of Master of Arts in Disability Studies August 2002. Page 14.

175  Bonnie, S; Disability and Sexuality: An Irish Perspective; Keynote Speech from Sexuality, Disability and Relationships Conference; 2003 reported in NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA, page 12

176  NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA. Page 13 quoting Brothers M., (2003) 'It's Not Just About Ramps and Braille: Disability and Sexual Orientation in Rethinking Identity, The Challenge of Diversity', Ed. Zappone K., Joint Equality and Human Rights Commission.

177  NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA. Page 13

178  Deepak S. (2002) Male, Female or Disabled: Barriers to Expression of Sexuality. The Department of Sociology and Social Policy. The University of Leeds. Paper submitted for the Degree of Master of Arts in Disability Studies August 2002. Page 2.

up in fear and distress about the disability that it is hardly mentionable", [179] a point echoed by Quiery in Northern Ireland (2002)[180].

The NDA (2005) study commented that a culture of protection exists in the care of disabled individuals which creates barriers for sexual expression which their consultees believed was especially strong in residential care.[181]

Research by The Rainbow Project and Age NI on nursing and residential care for older LGB&T in Northern Ireland while not specifically dealing with the issues of disabled people, did comment that "where the older person is perceived as vulnerable, specifically in a residential or nursing care setting where issues of capacity and consent may make the nurturing of an individual's sexuality more complex".[182] The study reported that while policies in the homes included sexual orientation in their scope, no staff training had been undertaken to improve staffing procedures for older LGB&T people. There were no systems in place to identify and provide for older LGB&T people and that the provision of care largely predicated on the assumption that all residents are heterosexual. The study further reports that the managers they spoke to were concerned about how residents and care workers might react to a resident identifying as LGB&T.

Rainbow Ripples (2006)[183] suggest that Care Inspection teams should specifically look at the practice of care homes in relation to freedom of expression and support for LGB service users; that all social care staff training should include training on LGB equality and disability equality issues, alongside other equality issues and that services such as Direct Payments which give more control to the LGB disabled person in how they meet their needs (to perhaps be able to choose LGB&T friendly services) should be supported.

179 NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA. Page 13
180 Quiery, M. (2002) A Mighty Silence; A report on the needs of Lesbians and Bisexual woman in the Northern of Ireland. LASI, Paragraph 3.9. See section 3 above.
181 NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA.
182 http://www.rainbow-project.org/assets/publications/making%20this%20home%20my%20home.pdf, Page 6 (Website last accessed in March 2012)
183 Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds, page 9

The concept of choice in independent living structures was recently examined by the Westminster Joint Committee on Human Rights (JCHR) in a 2012 report, "Implementation of the Right of Disabled People to Independent Living"[184] an investigation linked to the rights of disabled people under Article 19 of the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD) which states;

**Article 19 - Living independently and being included in the community**

States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that:

(a)     Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

(b)     Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

(c)     Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs."[185]

The right to the availability of choice in relation to living arrangements is clear in Article 19, as is the requirement for the personal assistance necessary needed to support living and inclusion in the community, and to prevent isolation or segregation from the community;

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184  Implementation of the Right of Disabled People to Independent Living report from the 23rd Session 2010-2012 Joint Committee on Human Rights see http://www.publications.parliament.uk/pa/jt201012/jtselect/jtrights/257/257.pdf (website last accessed March 2012)
185  http://www.un.org/disabilities/default.asp?id=150  (website last accessed in March 2012)

The United Nations (1994) also commented that "persons with disabilities must not be denied the opportunity to experience their sexuality, have sexual relationships and experience parenthood.  Taking into account that persons with disabilities may experience difficulties in getting married and setting up a family, States should encourage the availability of appropriate counselling. Persons with disabilities must have the same access as others to family-planning methods, as well as to information in accessible form on the sexual functioning of their bodies".[186]

The Human Rights Act (HRA) 1998 is also relevant as the Act requires public bodies carrying out public functions to take account of the human rights dimensions of services for which they are responsible.  Article 8 of the Convention, the right to a private and family life, covers the importance of personal dignity and autonomy and the interaction a person has with others, both in private or in public.  Respect for one's private life includes respect for individual sexuality, the right to personal autonomy and physical and psychological integrity.

Surprisingly, the sexual choices of disabled people and their impact on independent living arrangements were not specifically reported or commented on in the JCHR report and there was little reference to this area in the evidence submitted by contributors perhaps indicating a disconnection between sexual rights and disability campaigners.

The need for care for some disabled people can raise additional barriers in the expression of sexuality as noted by the Rainbow Project and Age NI study above.  Deepak (2002) comments that for some people the question of body ownership can restrict their views of themselves as sexual beings.  "With continuous help in dressing, undressing, washing and the management of continence, disabled people can begin to switch off from their bodies". [187]  Mascall (2001) commented on the limit of care which already exists, some attendants will help with showering and toileting and some will not, the question is how to give

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186  United Nations (1994) Standard Rules on the Equalization of Opportunities for Persons with Disabilities see http://www.un.org/esa/socdev/enable/dissre04.htm Rule 9
187  Deepak S. (2002) Male, Female or Disabled: Barriers to Expression of Sexuality.  The Department of Sociology and Social Policy.  The University of Leeds.  Paper submitted for the Degree of Master of Arts in Disability Studies August 2002.  Page 17

disabled people the sexual freedom they want without comprising the dignity and professionalism of those who work with them[188] or their relationship with parents who care for them.

Rainbow Ripples (2006) suggests that to provide a "culturally competent" service to LGB disabled people that there should be more interaction between those providing the care and LGB&T communities and that personal assistants, key workers, social workers and carers should be aware of the LGB(&T) community and social life in order to assist disabled LGB&T to reduce social isolation. [189]  For this to happen, forthright accessible information must be available to all parties in order to facilitate an open discussion.  This information must include the legal environment and guidelines in which the disabled LGB&T person and the carer exist.

The Rainbow Ripples (2006)[190] study also suggested that a peer or support network for disabled LGB(&T) people would be useful to enable people to share information and develop their capacity to increase their social circles.  The NDA study (2005) found that disabled lesbians, gay men and bisexuals identified that one of the main barriers to integration was the perception of disabled people as asexual, unable to think for themselves, or both.

In the absence of opportunity for sexual expression and acceptance of their sexuality by the community, some disabled people have chosen to use the sex industry for sexual expression and have engaged in sex tourism to countries which offer specialist sex services. [191]  The mysticism surrounding the sexual practices of disabled people has also resulted in the potential for the sexual exploitation of disabled people by people whose motivation ranges from mild curiosity to fully blown fetishism (Fay 2001).[192]

188   Mascall, S. (2001), Drawing a fine line on a taboo, Age Newspaper –Body section, 11 June 2001, Melbourne, Australia
189   Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds, page 9
190   Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds, page 9
191   BBC (2007) 'Is it ok to go to a brothel?'  See http://news.bbc.co.uk/1/hi/7057929.stm (website last accessed March 2012)
192   Fay, B. K. (2001), Who'd Fuck an Ableist?, ACCSEX Forum,2001 Melbourne, Australia

The advances in the internet has also opened up new ways for some disabled people to express their sexuality, however Deepak (2002)[193] comments, that for some people, the growth of the internet and virtual reality is an excuse for running away from real life. Some positive benefits can be identified from the growth of internet in the increasing availability of specialist sexual aids to aid sexual expression and experimentation[194] and forthright advice[195] however there is little advice or sign posting on mainstream LGB&T or disability sites although some good examples do exist.[196]

### 3.1.1    Education

The importance of education to young people was again highlighted by the Young Life and Times Survey 2011 which in a study of 1435, 16 year olds, reported that lessons at school as the most helpful source of information about sexual matters (42% of respondents) followed by friends (18%) and the respondent's mother (12%).[197] It was also the preferred method through which to obtain sexual information (35%) compared to the next highest, their mother 7%.[198] Fathers were reported as a helpful source of information by only 1% of the sample.

Several studies[199] have suggested that a lack of awareness and discussion in the education system of disability, sexual orientation and sexuality has helped to perpetuate societal ignorance about the human rights of disabled people and that segregated education for disabled people fails to tackle relationships and sexuality within the disabled community and

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193    Deepak S. (2002) Male, Female or Disabled: Barriers to Expression of Sexuality. The Department of Sociology and Social Policy. The University of Leeds. Paper submitted for the Degree of Master of Arts in Disability Studies August 2002.

194    Community Care Blog (2010) Sex aids for disabled people hit the market  see http://www.communitycare.co.uk/blogs/adult-care-blog/2010/06/sex-aids-for-disabled-people-hit-the-market.html (website last accessed March 2012)

195    For example see http://ms.about.com/od/livingwellwithms/a/sex_tips_women.htm (website last accessed March 2012)

196    See for example; http://www.mssociety.org.uk/ms-resources/sex-intimacy-and-relationships-ms-essentials-12

197    http://www.ark.ac.uk/ylt/2011/Sexual_Health/MOSTSEXI.html (website last accessed May 2012)

198    http://www.ark.ac.uk/ylt/2011/Sexual_Health/PREFER.html (website last accessed May 2012)

199    See for example the NDA (2005) Disability and Sexual Orientation a Discussion Paper NDA.

has inhibited the development of a positive sexual self identity and integration into society.

A report by The Rainbow Project and Cara-Friend (2011)[200] examined homophobic bullying in schools and the teaching of relationship and sexuality education with LGB people (RSE)[201]. RSE forms part of Personal Development in schools in Northern Ireland and the study concluded that "the fact that the diversity of sexual orientation is not included in the statutory curriculum highlights again how LGB young people are, effectively, excluded from education. The curriculum is taught to address the needs of heterosexual young people; anyone who does not fit this prescribed sexual orientation is rendered invisible".[202] The study did not however examine the teaching of RSE in Special Schools or report on LGB and/or T disabled children in mainstream Education.

It should be noted that the judgement in the judicial review in the case of Christian Institute & Ors (2007)[203] which set aside the harassment provisions in relation to Equality Act (Sexual Orientation) Regulations (NI) 2006 is significant to teaching and the school curriculum. The judicial review concluded that articulating the orthodox religious view on homosexuality in the classroom does not relate to access, a benefit or a detriment under regulation 9(1). The discrimination provisions under regulation 9(1) concern access by a pupil to an establishment and secondly, for those who are pupils, access the benefits (which includes facilities and services) of the establishment and the absence of detriment. Secondly the judgement recognised that the harassment provisions in regulation 9(2) apply to the specified responsible bodies and extend to an applicant for

200 Cara-Friend and Rainbow (2011) 'Left out of the Equation', available at http://www.rainbow-project.org/assets/publications/left%20out%20of%20the%20equation.pdf (Website last accessed in March 2012)
201 Since 2007 RSE in Northern Ireland, is part of the Personal Development and Mutual Understanding (PDMU) in primary schools or Learning for Life and Work (LLW) in post primary schools see http://www.healthpromotionagency.org.uk/Resources/sexual/pdfs/sexedinschools.pdf (Website last accessed in March 2012)
202 Cara-Friend and Rainbow (2011) 'Left out of the Equation', Page 11, available at http://www.rainbow-project.org/assets/publications/left%20out%20of%20the%20equation.pdf (Website last accessed in March 2012)
203 Christian Institute & Ors, Re Judicial Review [2007] NIQB 66 (11 September 2007) Ref: WEAC5888 See http://www.bailii.org/nie/cases/NIHC/QB/2007/66.html (website last accessed in October 2012)

admission and to a pupil at the establishment. The review further commented that regulation 9(2) is expressed in the wide terms of harassment of "a pupil at the establishment" and may therefore extend to teaching and the curriculum at the establishment. However the general ruling of the judicial review was that that the harassment provisions in relation to Equality Act (Sexual Orientation) Regulations (NI) 2006 were set aside.

The current guidance from the Northern Ireland Curriculum comments that "the issue of sexual orientation should be handled by schools in a sensitive, non-confrontational and reassuring way"[204] and refers to a Department of Education Circular 2010/01[205] whose purpose is to make schools aware of guidance produced by the Equality Commission for Northern Ireland on Eliminating Sexual Orientation Discrimination in Northern Ireland. The ECNI guidance states "that schools make every effort to ensure that gay, lesbian, or bisexual pupils or children of gay, lesbian, or bisexual parents or same sex couples are not treated less favourably than other pupils or singled out for different treatment. To do this all policies and practices should be checked to ensure they do not treat pupils less favourably on grounds of sexual orientation contrary to the Regulations".[206] This guidance applies to funded and independent schools, including special schools, universities and colleges.

The current research did not reveal any systematic thematic review of teaching of RSE in schools; however guidance is available in relation to the teaching of Personal Development on the CCEA website.[207] This research is advised that the guidance on the teaching of RSE in relation to severe learning

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204   Personal Development, Key Stage, Non Statutory Guidance for personal development, guidance for teachers and co-ordinators at http://www.nicurriculum.org.uk/docs/key_stage_3/areas_of_learning/non_statutory/ks3_PD_ns_guidance_Aug2011.pdf, page 15. (Website last accessed in March 2012)

205   http://www.deni.gov.uk/22-circular_2010_01-rse-english_version-2.pdf (website last accessed in March 2012)

206   http://www.equalityni.org/archive/pdf/SOEducationguide1%281%29.pdf (website last accessed in March 2012) page 4

207   See for example the guidance contained at Personal Development, Key Stage, Non Statutory Guidance for personal development, a guidance for teachers and co-ordinators at http://www.nicurriculum.org.uk/docs/key_stage_3/areas_of_learning/non_statutory/ks3_PD_ns_guidance_Aug2011.pdf (Website last accessed in March 2012)

difficulties[208] was written following a review and applies especially to special schools.  The guidance recognises that special schools and mainstream schools (inclusion) have a duty to ensure that children with special educational needs and learning difficulties are properly included in sex and relationship education.  However while the guidance contains information in relation to appropriateness, safety and protection but has little in relation to choices, Human Rights and very little on same sex relationships.  The images in the guidance are in the main heterosexual and all same sex images appear negative.  There is no reference to Transgender identity.

The general RSE guidance states that "there is no statutory parental right in grant aided schools to withdraw a child from classes in Relationships and Sexuality Education.  However, schools should try to take account of any parental concerns expressed to them. They should, as far as possible, make alternative arrangements for any pupil whose parent wishes him/her to be excused from particular, or all, Relationships and Sexuality Education classes".[209]

The guidance in the RSE for young people with severe learning difficulty states that they should be given accurate information and be supported in understanding respect for themselves and others.  The guidance recognises that some parents and carers of children with special educational needs may find it difficult to accept their children's developing sexuality, but comments that it is important not to marginalise relationship and sex and to recognise its role in helping children to make positive decisions in their lives.  The guidance advises that, "learners and parents should be consulted about the relationship and sexuality programmes to ensure that they are culturally and religiously appropriate and acceptable".[210]

208  Knowing and Growing KS3 series see http://www.nicurriculum.org.uk/inclusion_and_SEN/thematic_units/severe_learning_difficulties/knowing_growing/index.asp (Website last accessed in March 2012)

209  See for example the guidance contained at Personal Development, Key Stage, Non Statutory Guidance for personal development, a guidance for teachers and co-ordinators at http://www.nicurriculum.org.uk/docs/key_stage_3/areas_of_learning/non_statutory/ks3_PD_ns_guidance_Aug2011.pdf  (Website last accessed in March 2012), page 14

210  Knowing and Growing KS3 'My Body', page 3 see http://www.nicurriculum.org.uk/inclusion_and_SEN/thematic_units/severe_learning_difficulties/knowing_growing/index.asp (Website last accessed in March 2012)

The guidance further comments that staff, "should follow the school's sex and relationship education policy.....However any person who has a learning difficulty cannot give informed consent to any form of sexual activity with any person. Some learners may be more vulnerable to abuse and exploitation than their peers, and others may be confused about what is acceptable public behaviour. They may need explicit teaching and help in developing skills to reduce the risks of being abused and exploited, and to learn what types of behaviour are (and are not) acceptable".[211]

The guidance, notably the general assumption that; "any person who has a learning difficulty cannot give informed consent to any form of sexual activity with any person", would appear to institutionalise the discrimination against people with learning disabilities, reduce their human rights and life choices and to reinforce those who would choose not to give accessible information. All disabled people have the right to be informed about their life choices through accessible information and it cannot be assumed that they are not able to make their own choices unless proven otherwise.

The Rainbow Project and Cara-Friend study reported that a survey of young LGB people, conducted by the Education Equality Project, shows that 94% of young LGB people were not taught anything in sexual health education that they felt was relevant to them, as an LGB person. 24% of respondents reported that they had been taught something about being LGB in school that they now know to be false, e.g. that all gay men have AIDS and that people choose to be LGB. 79% of respondents reported that they had been taught nothing about their rights as an LGB person including; civil partnership rights, anti-discrimination legislation and the correct age of consent.

A good indicator of the success of inclusiveness in personal development teaching is the absence of bullying in schools. The Education Equality Project (2011)[212] found that of the 133 respondents that 84% of LGB people had been the subject of

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211  Ibid, page 3.
212  Cara-Friend and Rainbow (2011) 'Left out of the Equation', available at http://www.rainbow-project.org/assets/publications/left%20out%20of%20the%20equation.pdf, page 22 Information from chart entitled 'Did you experience any of the following while at school?' (Website last accessed in March 2012)

some form of homophobic bullying whilst at school in Northern Ireland.  This level is considerably higher than the 44% (of 362 respondents under the age of 25) of LGB&T people bullied at school found by the Shout report (2003)[213] The Rainbow Ripples[214] report which examined the experiences of disabled LGB people in over 12 service areas in Leeds reported on the experiences in school.  While the study did report some instances of homophobic bullying, the report commented that the majority of respondents were not 'out' or had acquired their disability after leaving school.  Rainbow Ripples further reported the mixed experiences of respondents which were influenced by peer and school attitudes and support.  Whittle et al (2007) reporting on the school experiences of Transgender people found that that, "64% of young transgender men and 44% of young transgender women will experience harassment or bullying at school, not just from their fellow pupils but also from school staff including teachers". [215]  The research also found that females who become transgender men later in life faced the most harassment and bullying at school".

A 2010 a Northern Ireland study on the experiences of pupils with special educational needs (which can be related to disability but does not necessarily indicate a disability) reported that in a study of 936 pupils in key stage (KS) 2, 3 and 4 that 58% of KS 2, 55% of KS3 and 45% of KS4 reported experiencing bullying behaviour.  48 pupils responded to the question seeking their views on why they felt these things had happened to them.  Two reasons were common to all three groups – a perception that they were not liked or were "different" (N = 8), and a perception that the bullying was related to their disability (N = 8).  The study does not however report on whether homophobic bullying had occurred.

The different levels of bulling, potential causes of the bullying and the finding by Rainbow Ripples that the majority of disabled LGB in their survey were not 'out' may indicate the a different experience at school perhaps reflecting the lack of the

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213  Shout (2003) The Needs of Young People in Northern Ireland who identify as Lesbian, Gay, Bisexual or Transgender.  Department of Education and Youthnet

214  Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds, page 86

215  Whittle, S., Lewis Turner, L., and Al-Alami, M. et al (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. The equalities review, Manchester Metropolitan University. Page 17

opportunity for sexual expression as indicated by the NDA (2005) study.[216]

The Rainbow Project and Cara-Friend study concluded that LGB young people often feel that they are outsiders in their own homes, schools and communities as a result of these feelings of isolation and exclusion. The study concluded that LGB young people rarely have support structures on which they can rely which can exacerbate the isolation experienced by LGB young people, a finding also suggested by the Shout (2003) [217] study. Shout also found that the effects of homophobic bullying may result in young people leaving school earlier than would have preferred and 65% of those believed that that they had achieved lower results than was predicted for them.

In relation to Transgender people, Whittle et al (2007) reported that many trans people leave school after completing Level 2, but that 34% obtain a degree or higher degree (later in life), compared to the UK national average of only 27%.[218]

## 3.2  **Multiple Identity and Exclusions**

"Identity is important in people's positive sense of self, as a basis for people to organise and seek change and as having practical implications for institutional policy and practice".[219]

The majority of commentators recognised that this identity is complex and fluid, "one person can be disabled, a woman, a lesbian, white, a Christian, working class and many other things all these things can be seen as part of that person's identity"[220] all of which impact on their relationships with society, their experiences and on the effectiveness of service delivery.

216  NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA.
217  Shout (2003) The Needs of Young People in Northern Ireland who identify as Lesbian, Gay, Bisexual or Transgender.  Department of Education and Youthnet, page 3
218  Whittle, S., Lewis Turner, L., and Al-Alami, M. et al (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. The equalities review, Manchester Metropolitan University. Page 17
219  Zappone, K. (2003), Rethinking Identity: The Challenge of Diversity. The Joint Equality and Human Rights Forum.
220  Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds, page 41

Research in the area of LGB&T issues and disability research, while recognising the importance of multiple identity and exclusions, do not often include this in their research design, comment on its effects or provide the disaggregated date for others to do so.  These exclusions are particular relevant to hidden groups such as people with disabilities who identify as LGB&T.

The Rainbow Ripples study comments that this identity is not only dependent on our physical makeup, but on our physical and social environment; it is dependent on our choices and how people react to us.  The study also comments that people's perceptions are entwined in British Culture, for example, disabled people are commonly considered weak, ill, infirm, asexual and dependent (Morris 1991[221]).  In Northern Ireland, "public attitudes towards disabled people tend to be dominated by feelings of pity and sympathy and are coloured by a concern to maintain a degree of social distance" (Acheson 2004[222]).

LGB people are sometimes considered deviant, promiscuous, or perverted and often expected to act and dress in particular ways. Gay men may be expected to be camp and lesbians to have a short hair cut, wear trousers and no makeup.[223].

The Rainbow Ripples study examined what was the most important identity to a LGB disabled person (their sexual orientation or disability) and commented that; "it may not be useful to think in terms of a hierarchy of identity as not every aspect of a person's identity will affect them at any given time.... One particular part may well be dominant in a particular situation. For example, when attempting to gain access to a building with steps at its entrance a wheelchair user's status as a disabled person may be their main, if not only concern. Equally, when entering an area of a city known for homophobic attacks, a person's sexual orientation may be their primary

221   Thomas, C. (1999) 'Female forms: experiencing and understanding disability.' Open University Press, Buckingham. Page 109
222   Acheson, N. (2005) Public Attitudes towards Disability in Northern Ireland Ark research updates, number 35, March 2005.  See http://www.ark.ac.uk/publications/updates/update35.pdf (site last accessed in March 2012.
223   Richardson, D. and Seidman, S. (2002) 'Handbook of Lesbian and Gay Studies.' Sage, London.

concern".[224]  In addition, some LGB disabled people may have other identities such as ethnicity or religion which are equally important to them.

At different times and in different environments parts of our identities may impact on service use in different ways.  The Rainbow Ripples report comments that, "being both LGB and a disabled person, for example, can mean issues of homophobia and disablism occurring at the same time".[225]  This may result in specific multiple identity groupings having specific experiences, situations and identities that need to be addressed within equality strategies and service provision.[226]  The study recommends that when introducing policies there "must be awareness that people often fit into more than one social category and that all their needs must be met. To this end there is a need for service providers working in different areas to communicate better with one another".[227]

The NDA report comments that people with disabilities who identify as LGB are subject to a "complex array of prejudges based on normalising principles of the non disabled largely heterosexual mainstream population"[228] reflecting the findings of Goffman (1963) who suggested that society stigmatises individuals who differ from the norm in any way.[229]

Disabled people who identified as LGB have a "double coming out" to contend with but that being an accepted member of a sub-culture is vital to this process of valuing one's own identity and social role.  The NDA report comments that coming out is particularly difficult for disabled LGB people, as their disabilities prevent them from being accepted into the gay subculture, while openly expressing their minority sexual orientation creates a distance from their disabled peers.  Consultees in the NDA study reported a need for information and support around identity issues".

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224   Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds, page 42

225   Ibid, page 43

226   Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds

227   Ibid Page 8

228   NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA.  Page 13

229   Goffman, E., (1963) Stigma. Harmondsworth: Penguin

The acceptance by society of their true identity is particularly essential for transgender people however when faced with a society and service providers with stereotypical views of gender identity, any expression of a changing gender identity is frequently viewed negatively and is often met with derision, confusion, harassment and in some cases violence.

3.2.1    Discrimination within the LGB&T Community and Community of People with Disabilities

The existence of discrimination within the LGB community has also been reported by several studies.[230]  Quiery (2002) in a Northern Ireland study when discussing racism, reported that while it is rarely discussed, the "lesbian community is a microcosm of the wider community of the wider society and reflects many of the attitudes and values of that society including racism".  Unfortunately no comments were reported on attitudes towards lesbians with disabilities in the lesbian community.

The Beyond Barriers study, 'First Out' reported that over a quarter of LGB&T respondents (28%, 227 respondents) stated that they had experienced discrimination or harassment within the LGB community because of their age, gender identity, ethnic or cultural identity or because they had a disability.  However only 9% (n=75) of the total respondents (871) in the survey reported that they were disabled and of these 7% (5) reported that they had experienced discrimination and harassment within the lesbian, gay and bisexual community because of their disability.  The top three were: age (28%, 60 respondents), sexual identity (21%, 44 respondents) and not fitting the stereotypes (11%, 24 respondents). [231]

The Rainbow Ripples study (2006) in Leeds found attitudes such as disablism and racism in the commercial LGB social scene.  The study found that these attitudes combined with informational and access barriers, had the effect of making many respondents not feel part of the wider LGB community.

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230    For example, LGB&T Research Information Desk.  Count me in too:  Deaf LGB&T Lives (2009) University of Brighton and Spectrum: Brighton and Ellis, B. (1995) The experiences of Disabled Woman (august 1995) Social Policy Research 81, Joseph Rowntree Foundation: York
231    http://www.stonewall.org.uk/documents/First_Out_PDF_Report.pdf Pages 18-19

The study recommended "community education around equality issues needs to take place and that LGB commercial scene needs to take some of this agenda on".[232]

Little has been written about the discriminatory attitudes held by disabled people towards other groups.  This is due in part, to the lack of the disaggregated data in attitudinal surveys, the non inclusion of disabled people in research and the image of disabled people as vulnerable and as solely the victims of discriminatory attitudes.[233]  However the available research suggests that the disability movement mirrors the attitudes held by mainstream society, having the same prejudices about sexual orientation and gender roles, Brothers (2003)[234].  As one of Brothers's research participants put it: "There are a lot of people I know in the disability movement who daren't come out in their organisation".  Quiery (2002) in a Northern Ireland Study reported that the single disabled LGB respondent reported repeated and hurtful verbal abuse in the deaf community because of her sexual orientation.

The Equality Awareness survey 2011 carried out by the on behalf of the ECNI is the first comprehensive study that the author is aware of to report the attitudes held by people in Northern Ireland.  The study of 1,101 adults[235] (aged 16 and over) reported that people with a Limiting Long Term Illness (LLTI) were more likely to hold a number of negative attitudes in most measures, for example against LGB&T, black and minority ethnic groups, people under 25 years of age and travellers compared to those without a LLTI.  Of relevance to this study were the attitudes of those with a LLTI towards LGB&T people.

Those with a LLTI: were significantly more likely to mind having a transgender person as a work colleague (45%), neighbour

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232   Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds, page 232

233   Harper C., McClenahan S., Russell H., and Byrne B. (2012) Monitoring implementation (public policy and programmes) of the UNCRPD in Northern Ireland.  ECNI  see http://www.equalityni.org/archive/pdf/UNCRPDFullReportFINAL260112.pdf#search="harper" (Website last accessed March 2012)

234   Brothers M., (2003) 'It's Not Just About Ramps and Braille:  Disability and Sexual Orientation in Rethinking Identity', The Challenge of Diversity, Ed. Zappone K., Joint Equality and Human Rights Commission, page 56.

235   Of the sample 226 people identified as having a disability and 74 identified as LGB.  4% of those with an Limiting Long Term Illness (LLTI) identified as LGB

(48%) or in a relationship with a close relative (61%) compared with those without a LLTI (31%, 37% and 51% respectively). [236]

Those with a LLTI: were significantly more likely to mind having a LGB person as a work colleague (36%), as a neighbour (43%) or in a relationship with a close relative (53%), compared with those without a LLTI (18%, 23% and 39%, respectively).[237]

Those with a LLTI were less likely to indicate that sexual orientation (13%) was an important equality issues than those without a LLTI (20%).[238]

However the people with disabilities are also more likely to have fewer qualifications, be of lower socio economic status and to be older, all of which are also are predictors of negative attitudes in the research and it is possible that these predictors are more relevant that the fact that a person is disabled. At the launch event for the ECNI report the panel confirmed that for statistical reasons a factor analysis on the data which would have allowed for these other factors; had not been carried out and commented that they believed that disability per se is not a predictor of negative attitudes.[239]

It is also possible that other factors related to disability; such as social isolation due to transport or social interaction barriers; and little contact with the target groups may be better predictors of negative attitudes than having an LLTI. Some support for this view is reported in the ECNI study which notes Hannson et al (2007) comments that an " implicating factor of prejudice views towards transgender people may be a general lack of knowledge, awareness and understanding of transgender identities and issues in Northern Ireland".[240] However further research is required to fully examine this area

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236  http://www.equalityni.org/archive/pdf/DYMMSurveyMainReport(webB).pdf, page 24 (website accessed in June)
237  Ibid, appendix 2
238  Ibid page 74
239  Information obtained by the author at the ECNI launch event at the Titanic building 13 June 2012
240  Hansson, U. and Hurley Depret, M. (ICR) (2007). Equality Mainstreaming: Policy and Practice for Transgender People. OFMdFM, Belfast, reported in http://www.equalityni.org/archive/pdf/DYMMSurveyMainReport(webB).pdf, page 112 (website accessed in June)

## 3.2.2 Images

Related to negative attitudes, is the issue of the image of disabled LGB&T people. As Scope (a GB group for disabled people) has commented "Changing attitudes is about visibility and increased familiarity in everyday life.[241]

The NDA study reported that there was a lack of media representation of individuals who were disabled and open about their sexual orientation. "Images in lesbian and gay publications perpetuate images of fashion and glamour, and continue to treat disability as a special interest rather than an integral part of the lesbian, gay and bisexual community".[242]

The Rainbow Ripples study quoting Butler (2001) commented that the LGB clubs were "noted for their obsession with the body beautiful, a culture of glamour and glitz"[243]. Rainbow Ripples commented that it is a culture which does not always sit comfortably with disabled people's life styles, experiences and needs.

## 3.2.3 Families

While the role of family and friends can be very positive and supportive at a national scale 'most disabled people live with another family member, often causing considerable pressure and burden to all involved,' (Imrie) 2003.[244]

Families were noted by the NDA as a source of conflict for those whose sexual orientation is rejected or misunderstood and the study quoting Pringle (2003)[245] comments that family disruption and rejection from the family home is a common

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241   Comments reported at http://www.scope.org.uk/news/matthew-parris-and-times (2011) (Website last accessed March 2012)
242   NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA. Page 13
243   Butler, R. (2001) A break from the norm: exploring the experiences of queer crip's, in Beckett-Milburn, K. and McKie, L. (Eds.) 'Constructing Gendered Bodies' Palgrave, Basingstoke. 224-242 referenced in Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds, page 191.
244   Imrie, R. (2003) Housing Quality and the Provision of Accessible Homes. Housing Studies. 18 (3) 387-408.
245   Pringle (2003) quoted in NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA, page 15 (no reference given)

experience amongst LGB people.  Shout (2003) in a Northern Ireland study of 365 LGB&T people under 25 (4% disabled, 15 people) reported that 63% of their respondents indicated that they could not tell parents and only a quarter were 'out' to all family members,

Hansson et al (2007) in a study of 193 LGB people (4% of the sample reported that they claimed disability allowance, 7 people) in Northern Ireland reported that (53%) said they were 'completely out' with family and 37% said they were 'partly out' perhaps reflecting an improvement over time since Shout.

Shout reported that 45% of their LGB&T respondents felt compelled to leave the family home and 16% of young people stated that they had experienced homelessness.[246]  The experience of disabled LGB&T people appears from the literature to be different from non disabled LGB&T in these negative environments due perhaps to fewer housing options and less opportunity to be open about their sexual orientation.

Evidence is available from disabilities studies which suggests that due in part to limited care facilities; personal choice and limited access to housing that many disabled children are cared for by parents until the parents are too old to do so.  For example, the information given at the Bamford Learning Disability Workshop 'Joined Up Working, What matters to me,' indicated that people with learning disabilities live with parents / carers to a greater extent in Northern Ireland (79%) than in England and Wales (53%); that 25% of Parents / Carers are over 65 years of age and that 33.3% are single Parents or Carers.[247]

The Beyond Barriers (2003) study, 'First Out'[248] reported that some respondents commented that they were "kept under parental control until parents died, only realised [they were] gay mid fifties".[249]  One interviewee from the Rainbow Ripples

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246   Shout (2003) The Needs of Young People in Northern Ireland who identify as Lesbian, Gay, Bisexual or Transgender.  Department of Education and Youthnet, page 11.
247   Information from a keynote speaker at the Patient and Clients Council Bamford Learning Disability Workshop Group on the 21 March 2012, Wellington Park Hotel, Belfast
248   Morgan L and Bell N (2003),  First Out: Report of the findings of the Beyond Barriers (UK) national survey of LGB&T people. Beyond Barriers (UK)
249   http://www.stonewall.org.uk/documents/First_Out_PDF_Report.pdf, Page 8  (website last accessed in March 2012)

(2006) project who lived with her parents, explained how 'she could not be herself at home, as her parents would not accept her sexual orientation'.[250]

Studies have also reported that in addition to such difficulties with peers and families that services designed for young people "do not adequately meet or understand the issues affecting lesbian, gay or bisexual people".[251]

Whittle et al (2007) found that transgender people experience many problems at home with some losing their family support network, their home and friendship circles.  The authors reported that, "some 45% of respondents reported family breakdown which was due to their cross gender identity. 37% are excluded from family events and have family members who no longer speak to them because they have transitioned to their acquired gender".[252]

## 3.3    **Environmental Issues**

### 3.3.1    Physical Access

The NDA study reports comments by members of a Sexuality and Difference (sexual disability and relationships) Conference in 2003 that many of the places gay and lesbians meet socially are inaccessible to disabled people.[253]  Commenting on the situation in Northern Ireland, Quiery (2002) reported that that Lesbian woman face a double oppression in terms of discrimination as "few if any venues have disability access".[254]

The NDA study also reported a lack of understanding amongst their consultees why listed buildings should be exempt from access considerations (Southern Ireland 2005).  The position in

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250    Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds. Page 110
251    NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA, Page 17 referencing Dillin, B. and Collins E., (2004) Mental Health:  Lesbians and Gay Men (Strategies to Promote the Mental Health of Lesbian and Gay Men).  Gay HIV strategies in conjunction with the Northern Area Health Board
252    Whittle, S., Lewis Turner, L., and Al-Alami, M. et al (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. The equalities review, Manchester Metropolitan University. Page 17
253    NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA
254    Quiery, M. (2002) A Mighty Silence; A report on the needs of Lesbians and Bisexual woman in the Northern of Ireland.  LASI,  Paragraph 3.9

Northern Ireland is that for service providers in listed buildings there is no absolute exemption from the access requirements. The key issue is to examine how services are delivered and then to examine the buildings from where they are delivered. The relevant approvals will still be required.[255] Difficulties were also reported by the NDA participants in relation to access into the buildings of LGB organisations and an absence of governmental funding to assist access adaptions in buildings or at events such as Pride.

The Rainbow Ripples project in Leeds concluded 'that the commercial Lesbian and gay scene should be encouraged to improve its access to disabled people, this includes less obvious barriers such as lighting and noise levels, and social barriers created by the body beautiful image'.[256]

### 3.3.2    Internet Access

The NDA study reported that consultees believed that disabled people who identified as LGB would be more likely to use the internet than non disabled people to access information and this would allow peer support groups to be developed.

Beyond Barriers (2002) commented that in a sample of 810 LGB&T respondents in Scotland; 89% had access to the Internet. However only 9% of the respondents reported that they were disabled and disaggregated figures for their access to the internet are not reported. The Rainbow Ripples report (2006) based on a study in Leeds[257] concluded that the value of the internet as an informal sources of learning for many disabled LGB people should be acknowledged. The study's authors further concluded that the internet is a vital link to the LGB community for many disabled LGB people.

Whittle (1998) suggested that the empowerment of the Transgender rights movement, greater awareness and, "the development of a new, geographically spread but no longer

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255    http://www.equalityni.org/sections/default.asp?secid=4&cms=Service+Providers_ What+the+law+says_Disability_Frequently+asked+questions&cmsid=130_242_260_427 &id=427#cha  (Website last accessed March 2012)
256    Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds, page 11.
257    Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds.

isolated, trans(gender) community was facilitated by the development of the internet".[258]

A 2011 UK survey by the Office for National Statistics (ONS)[259] reported that people with a DDA defined disability in Northern Ireland were less likely (46.3%) to have ever used the internet than non disabled people (77.4%).  The figures also reveal that internet usage amongst disabled people in Northern Ireland at 46.3% (UK average 63.8%) for people with a DDA defined disability and 73.3% (UK average 88.3%) for people reporting a work-limiting disability is less than the average in the UK. Harper et al (2012)[260] suggested that there were several reasons for this including the absence of a coordinated strategy in Northern Ireland involving disabled people.

The report by the Office for National Statistics also found that younger people were more likely than older people to use the internet and social media sites.  As discussed in section 2.3.4 above; as the profile of people who report as LGB is likely to be younger, it is possible that they are more likely to use the internet and that contact could be targeted through this media for this group.  Shout (2003) reported that over half of their respondents (out of 362 LGB&T respondents under the age of 25) had obtained support / information from the internet.[261]  A web-based version directory of LGB&T groups / services was preferred by 80% of the Beyond Barriers respondents with 20% preferring a printed version of the 82% of respondents who wanted such information.

However as Harper et al indicated, there is strong evidence that disabled people's access to the internet is restricted especially in Northern Ireland and a different strategy will be required to meet the needs of older LGB&T people with disabilities.  Harper

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258  Whittle S (1998) quoted in Whittle, S., Lewis Turner, L., and Al-Alami, M. et al (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination.  The equalities review, Manchester Metropolitan University. Page 8

259  Office for National Statistics (2011) (ONS) 'Internet Access Quarterly Update 2011, Q1, May 2011, http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=5672 Note; The disaggregated figures for disabled people in Northern Ireland contained in the raw data for this survey were unpublished and were obtained by Disability Action from the ONS.

260  Harper C., McClenahan S., Russell H., and Byrne B. (2012) Monitoring implementation (public policy and programmes) of the UNCRPD in Northern Ireland.  ECNI  see http://www.equalityni.org/archive/pdf/UNCRPDFullReportFINAL260112.pdf#search="harper" (Website last accessed March 2012)

261  Shout (2003) The Needs of Young People in Northern Ireland who identify as Lesbian, Gay, Bisexual or Transgender.  Department of Education and Youthnet, Page 12

et al, further reported that many disabled people found websites had poor accessibility, a finding supported by the Nomensa UN Global Audit of Web Accessibility which found that only 3 out of 100 websites tested passed at the lowest WCAG conformance level A.[262]  Some LGB&T websites are also not available on some servers due to content settings.

### 3.3.3    Transport

Transport availability for disabled people is a crucial enabler in their engagement in society. The Joseph Rowntree Foundation (1995)[263] in a study on disabled woman found that the lack of reliable, accessible transport meant they were isolated in their homes, unable to pursue employment, education or leisure activities.  Barnes (1991) found that transport was identified as contributing 'significantly to the barriers which confront disabled people in mainstream education, employment, and social and leisure activities'. [264]

Several studies have commented on the importance of transport to disabled LGB&T people.  The Rainbow Ripples report (2006)[265] related many of the issues involved with transport such as a sense of independence, poor physical access, attitudinal barriers, fear of abuse and discrimination, the lack of reliability of public transport and financial constraints with the isolation of disabled LGB people.  The 'Count Me In' report (2009)[266] also highlighted the financial effects for some disabled people of living on benefits which restricts access to LGB&T events and places.  The NDA (2005) study commented that the practical, social and attitudinal barriers faced by disabled people such as the effects of problematic transport arrangements and lack of access to education greatly reduce

262  See Easton, C. (2012) Revisiting the law on Website accessibility in the Light of the Equality Act 2010 and the United Nations Convention on the Rights of Persons with Disabilities.  International Journal of Law and Information Technology, Vol. 20 (1) 19, Section 2.

263  Joseph Rowntree Foundation (1995) The Experiences of Disabled Women - Findings; Joseph Rowntree Trust Social Policy Research 81; August 1995

264  Barnes, C. (1991) 'Disabled People in Britain and Discrimination,'      Hurst and Company, London. Page 162

265  Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds.  Pages 120-121

266  LGB&T Research Information Desk:  Count me in too:  Deaf LGB&T Lives (2009) University of Brighton and Spectrum:  Brighton

social activity and increase the isolation of disabled LGB people.[267]

While the majority of problems reported by the consultees in the Rainbow Ripples report refer to issues common to all disabled people such as poor staff training and attitudes, a lack of accessible information, a lack of the availability of spontaneity in travel, the unsuitability of some forms of transport and a lack of reliability which are discussed in greater depth in relation to Northern Ireland in Harper et al (2012),[268] the research has suggested additional factors are relevant to transport arrangements for LGB&T people and disabled LGB&T in particular.

The location of LGB&T venues and support groups is an issue highlighted by commentators for many LGB&T people.  The City Lights project, a study of 150 Scottish LGB&T people's migration patterns, reported that the majority of LGB&T people do not 'come out' in their hometown and that many leave rural locations to move to major cities.  The respondents reported the several reasons for their move including negative attitudes towards LGB&T people, the lack of LGB&T services, a wish to protect families and a lack of amenities in their hometown and a wish to feel connected.  The study reported that 80% of LGB&T people were either "not out at all" or were only out to family and friends with no one reporting being out to work colleagues in their hometown, 73% reported that they were completely out only when they moved, 75% said they felt they had to leave their hometown in order to come out and 87% thought it was either "very difficult" or "quite difficult" to be out in a rural area.[269]

Whilst in Northern Ireland the availability of support groups has improved; the LGB&T sector remains Belfast centric and there is often still a requirement to travel to Belfast or another city with a LGB&T sector or support group.  McBride (2011) reporting on Transgender people in Northern Ireland commented that accessibility issues (journey length, transport

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267   NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA

268   Harper C., McClenahan S., Russell H., and Byrne B. (2012) Monitoring implementation (public policy and programmes) of the UNCRPD in Northern Ireland.  ECNI  see http://www.equalityni.org/archive/pdf/UNCRPDFullReportFINAL260112.pdf#search="harper"  (website last accessed March 2012)

269   Stonewall Scotland (2009) City Lights?  Stonewall Scotland

issues and the Belfast based meeting location) were preventing some Transgender service users from accessing a non-statutory peer support group.[270]

The Rainbow Ripples report also suggests that a fear of abuse and discrimination is a predominant feature for disabled LGB people and suggests that transport services on which LGB disabled people rely should indicate if they are LGB friendly, if the destination is an LGB venue or event.

The fear of crime was also commented on by The Rainbow Project (2009)[271] in Northern Ireland which found in a survey of the 1143 responses to a questionnaire survey, 39% of LGB people are worried about being a victim of crime and that 21% of gay and bisexual males and 18% of LGB females have been the victim of one or more homophobic incidents in the last year. Whittle et al (2007)[272] reported that in their study on Transgender people that 73% of respondents had experienced harassment, with 10% being victims of threatening behaviour when out in public spaces.

Police statistics for hate crime for Northern Ireland for 2010 reveal that there were 175 Homophobic, 14 Transphobic and 58 Disability related reports.[273]

The Human Rights Commission (2011) commented that there is little research into levels of harassment and threatening behaviour experience by disabled people.  The paper refers to the problem as being 'Hidden in Plain Sight' and commented that "disabled people often do not report harassment for a number of reasons: it may be unclear who to report it to; they may fear the consequences of reporting; or they may fear that the police or other authorities will not believe them".[274]  Vincent

270   McBride R (2011) Healthcare issues for Transgender people living in Northern Ireland. Institute of Conflict Research
271   O'Doherty J. (2009) Perceptions and Experiences of Lesbian, Gay and Bisexual people towards Homophobic Hate Crime and Policing in Northern Ireland
272   Whittle S (1998) quoted in Whittle, S., Lewis Turner, L., and Al-Alami, M. et al (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination.  The equalities review, Manchester Metropolitan University.
273   http://www.psni.police.uk/3._08_09_hate_incidents_and_crimes.pdf (website last accessed in March 2012)
274   http://www.equalityhumanrights.com/legal-and-policy/inquiries-and-assessments/inquiry-into-disability-related-harassment/hidden-in-plain-sight-the-inquiry-final-report/ (website last accessed in March 2012)

et al (2009) reporting on Northern Ireland commented that what limited research there is suggests that hate crime against people with a disability is a significant problem, but also that there is a considerable lack of awareness of the subject among the criminal justice agencies.[275]

The most recent figure from the NI Crime survey of 4081 adults in Northern Ireland 2010 / 2011 reports that persons with long standing illness or disability were more likely to experience violent crime (2.9%) and this was greater for disabled people whose long standing illness or disability did not limit activities (3.3%) when compared to people with no illness or disability (2.2%)[276]. Respondents with a long-standing illness or disability (9%), and in particular a limiting illness or disability (10%), were more than twice as likely as those with no illness or disability (4%) to state their lives are greatly affected by a 'fear of crime'.[277]

### 3.3.4    Housing

Rainbow Ripples (2006) comment on housing arrangement for LGB people and from their research with disabled LGB people concluded that more accessible housing needs to be available in LGB friendly areas and that housing providers need to accept LGB people's wishes in relation to safety and location as a valid factor in priority for re-housing and in making appropriate offers of housing including co-housing.

In Northern Ireland, while some areas are recognised as friendlier than others (due to hate crime trends and other factors) there is no recognised LGB residential area unlike some other UK cities. The Northern Ireland Housing Executive (NIHE) comments that, "being lesbian, gay or bisexual does not itself represent a housing need, other people's reaction to the

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275   Vincent, F., Radford, K., Jarman, N. Martynowicz, A. and Rallings, M. (2009) Hate Crime against people with disabilities: A baseline study of experiences in Northern Ireland. Institute for Conflict Research

276   Toner, S. and Freel, R. (2011) Experiences of Crime Research and Statistical bulletin 3/2011, http://www.dojni.gov.uk/index/statistics-research/stats-research-publications/northern-ireland-crime-survey-s-r/nics-2010-11-experience-of-crime-uversion.pdf  Table A14, page 34 (website last accessed in April 2012)

277   Freel, R. and Campbell P. (2012) Perceptions of Crime Research and Statistical bulletin 1/2012, http://www.dojni.gov.uk/index/statistics-research/stats-research-publications/northern-ireland-crime-survey-s-r/nics-2010-11findings-from-ni_crime-survey-perceptions-of-crime-feb-2012.pdf

sexual orientation of individuals can play a role in precipitating a housing need and potentially a housing crisis".[278]  While the NIHE is proactive in dealing with Hate Crime in partnership with other agencies, the allocation and development of housing is solely linked to identified need and there are no published plans to provide housing specifically for disabled LGB&T people in LGB&T friendly areas, indeed it would be unlawful to do so.

Whittles et al (2007) found that one in four transgender people live in private rented accommodation which is twice the rate in the UK population. This housing is often of poorer quality and has less security of tenure.[279]

### 3.3.5   Engagement

The NDA study[280] commented that the practical, social and attitudinal barriers faced by LGB disabled people also affect their participation in society and engagement with research to make their views known, a point also made by Harper et al 2012[281] in relation to disabled people in general.

The Scottish Executive (2003)[282] commented that there has been little sexual orientation research which has sought to be inclusive of disabled respondents, or which has tackled disability issues.  The NDA research suggests that this may be the result of researchers not providing the adaptions necessary or following the research strategies required.[283]  Harper et al (2012) discuss some of the issues involved in the participation and engagement of disabled people in research and suggests some good practice such as the provision of accessible

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278   http://www.nihe.gov.uk/equality_bulletin_22_-_sexual_orientation_discrimination_in_ni.pdf  (Website last accessed March 2012)
279   Whittle, S., Lewis Turner, L., and Al-Alami, M. et al (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. The equalities review, Manchester Metropolitan University.
280   NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA
281   Harper C., McClenahan S., Russell H., and Byrne B. (2012) Monitoring implementation (public policy and programmes) of the UNCRPD in Northern Ireland.  ECNI  see http://www.equalityni.org/archive/pdf/UNCRPDFullReportFINAL260112.pdf#search="harper"  (Website article accessed March 2012)
282   McManus, S; Sexual Orientation Research Phase 1: A Review of Methodological Approaches; National Centre for Social Research, Scottish Executive; 2003
283   NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA

information, the provision of support and the payment of travel costs.[284]

## 3.4    **Support and Service Providers**

### 3.4.1    LGB&T, Disability Support and Service Sectors

The distinction between the government bodies providing state service and voluntary sector and / or not for profit sector providing State services is not made by the literature and indeed any comments made apply to all organisations or departments supplying support or services to LGB&T people with disabilities.

The NDA[285] consultation in Southern Ireland revealed only two specialist support groups for lesbian or gay disabled people. Enquiries by the current research have not revealed any specialist support groups operating in Northern Ireland disability sector for LGB&T disabled people either from the LGB&T or Disability sectors.  E-mail enquiries by this researcher with a well known UK wide disability organisational LGB&T support group asking if they offered services in Northern Ireland did not generate a reply.

The NDA study suggested that disabled people seeking for membership of mainstream lesbian or gay organisations were confronted by access issues including inaccessible websites and access to help lines, with disabled LGB people being more likely to be referred elsewhere.  Quiery (2002)[286] commented that the single disabled consultee reported concerns that "lesbians did not take her disability into consideration, for example, with a hearing disability she was unable to access telephone services".

The Rainbow Ripples report (2006) found that cost and a lack of support were factors in the isolation of LGB disabled people and suggested that "organisations and groups planning

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284    Harper C., McClenahan S., Russell H., and Byrne B. (2012) Monitoring implementation (public policy and programmes) of the UNCRPD in Northern Ireland.  ECNI  see http://www.equalityni.org/archive/pdf/UNCRPDFullReportFINAL260112.pdf#search="harper"  (Website article viewed March 2012)
285    NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA
286    Quiery, M. (2002) A Mighty Silence; A report on the needs of Lesbians and Bisexual woman in the Northern of Ireland.  LASI,  Paragraph 3.9

community activities should take into consideration the extra costs that disabled people often have to meet in attending such events (e.g. accessible transport, BSL interpretation and personal assistance). Assistance with such costs should be offered wherever possible".[287]

The NDA study comments that a lack of access to the lesbian and gay communities and support network deeply affects the lives led by participants to their consultation.[288]

The NDA study also found disability organisations were viewed by consultees as not recognising their issues and as not having appropriate policies. Quiery (2002)[289] commenting on Lesbian Woman in Northern Ireland, reported that there were no services provided by disability organisations. The Rainbow Ripples study concluded that 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".[290]

Consultees in the NDA study also reported a lack of outreach programmes from both LGB and Disability sector organisations resulting in a lack of capacity building and isolation of the organisations.

The NDA also reported a need for youth services with the participation of disabled LGB&T people. However some good practice exists in Northern Ireland with the Gay and Lesbian Youth Northern Ireland (GLYNI) which offers an inclusive, supportive space including a mentoring service for 14-25 year olds including some disabled people.

The Rainbow Ripples project reported on support and service providers in Leeds and their findings are applicable to both

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287  Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds. Page 11
288  NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA
289  Quiery, M. (2002) A Mighty Silence; A report on the needs of Lesbians and Bisexual woman in the Northern of Ireland. LASI, Paragraph 3.9
290  Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds. Page 11

LGB&T and Disability support and service providers.[291] The project commented that;

- There are few services which specifically consider LGB disabled people.

- There are problems of homophobia in services particularly aimed at/developed for disabled people.

- There are problems of disablism in services particularly aimed at/developed for LGB people.

- There are interrelated misconceptions about disabled and LGB people which impact on service provision.

- LGB disabled people sometimes have to deal with homophobia and disablism at the same time. The combination of the two can make their overall experience more than twice as bad as either experience on its own.

- LGB disabled people have their own culture and have sometimes responded creatively to the discrimination they face and gained personal strength, confidence and determination from their experiences.

- Many services remain inaccessible to many LGB disabled people.

- Organisations have tended to focus on improving services for people with particular impairments, rather than the full range.

- There is little information to tell service users if an organisation and its staff are LGB friendly.

- Few organisations monitor sexual orientation in employment or service provision and often monitoring in relation to disability is not carried out in a way which provides useful information to improve services."[292]

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291  Ibid  Pages 7-8
292  For more information on this last point see the Northern Ireland the Employment Equality (Sexual Orientation) Regulations (NI) 2003, the Equality Act (Sexual Orientation) Regulations (NI) 2006 and the Sex Discrimination Gender Reassignment Regulations (NI)

The study made the following comments in relation to general policies;

- When introducing equality and diversity policies there must be awareness that people often fit into more than one social category and that all their needs must be met. To this end there is a need for service providers working in different areas to communicate better with one another.

- "People working with disabled people should have LGB equality training and vice versa. They should not assume someone is heterosexual or non-disabled if they do not know.

- There is a need for research into the potential introduction of a charter mark scheme for services to indicate to clients how LGB and disabled friendly they are to LGB people and to disabled people. A directory of LGB and disabled people friendly services is desirable.

- Monitoring and evaluation of service provision, in relation to disability and sexual orientation needs to be strengthened.

- The specific implications of new legislation, and changes in the benefits system, for LGB disabled people need to be considered by policy makers. For example, the vastly differing transport costs faced by different disabled people are not reflected in the standardised Disability Living Allowance mobility payments."[293]

The workplace environments of voluntary and non governmental organisations in Northern Ireland was examined by McDermott 2011[294] who reporting on the experiences of LGB people in the workplace found that 31% of respondents from the community, voluntary and non-governmental sector have heard negative comments about LGB people from colleagues in

1999 and http://www.equalityni.org/archive/pdf/SexOrientSGuideMarch2011A.pdf for more detail. (Website last accessed in March 2012).

293 Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds. Pages 8

294 McDermott, M. (2011) 'Through our Eyes, Experiences of Lesbian, Gay and Bisexual People in the workplace'. Dept. of Social Development and the Rainbow Project.

the workplace compared to 42.5% in the private sector and 40% from the public sector.

An ECNI attitudinal study (2011) reported that the negative attitudes towards having a lesbian, gay or bisexual person as a work colleague (22%) or neighbour (23%) is broadly similar to the Life and Times attitudinal 2008 survey. [295]  The report further commented that people with a Limiting Long Term Illness (LLTI) were significantly more likely to mind having a LGB&T person as a work colleague, as a neighbour or in a relationship with a close relative.[296]

Attitudes towards disabled people in Northern Ireland have been examined by a number of commentators.  A 2005 ARK report concluded that public attitudes towards disabled people are, "shaped by a rather narrow conception of the nature of disability, a concern to maintain a degree of social distance, particularly in the case of people with mental health problems and reactions dominated by feelings of pity and sympathy".[297]

The 2011 ECNI survey which examined the attitudes of 1101 adults, reported that in terms of the three types of disability considered (physical, learning or mental ill-health), that as in 2008, mental ill-health evoked the greatest number of negative responses, with 26% saying they would mind (a little or a lot) having a person with mental ill-health as a work colleague.  The reports comments that negative attitudes towards those experiencing mental ill-health increased more over time than attitudes towards any other group: with a 'work colleague' seeing an increase of 9 percentage points from 17% in 2008.

### 3.4.2    Other Services

### 3.4.2.1  Health

The NDA study[298] commenting on the difficulties for disabled LGB people accessing health services reported that problems with physical access and the perception that practitioners held

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295   http://www.equalityni.org/archive/pdf/DYMMSurveyMainReport(webB).pdf Page 20
296   http://www.equalityni.org/archive/pdf/DYMMSurveyMainReport(webB).pdf, page 24 and appendix 2 (website accessed in June)
297   http://www.ark.ac.uk/publications/updates/update35.pdf (Website last accessed April 2012)
298   NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA

discriminatory views resulted in many respondents not discussing their sexual orientation with professionals due to a fear of a negative reaction or exclusion.  Fish (2007) reported that disabled LGB people did not disclose their sexual orientation to health professional because they fear that they would be refused service or discriminated against.[299]

Consultees in the NDA study reported that a principal problem was the lack of access to appropriate sex education and health information which could not be obtained through education or the wider LGB community.  This point was also reported by Fish (2007)[300] who commented that, "Many disabled LGB people have not received relevant sex education in schools; as adults they lack appropriate information about sexual health and do not have access to information about fertility issues".

Within Northern Ireland the Department of Health, Social Services and Public Safety reported in their draft equality action plan on the "lack of appropriate information about sexual health and fertility issues for disabled LGB people".[301]

The NDA also reported areas of concern in disability services. The study comments that LGB people with learning disability had less support in developing relationships and that the attitudes held by staff members from the disability services was a barrier to improving services.

Participants in the Sexuality and Relationship conference (2003) reported that having access to the same information and facilities as anyone else and being supported to have a relationship was important.[302]  Participants in the conference workshop also reported "difficulty in accessing, through gateway services providers, respectful, informed and non homophobic personal assistants and interpreters who are aware of sexual orientation issues and the lesbian, gay and bisexual community".  Participants also reported a need for training and

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299   Fish, J. (2007) Briefing 13:  Disabled Lesbian, Gay and Bisexual (LGB) People.  Briefings for Health and Social Care Staff.  Dept. of Health
300   Ibid.
301   DHSSPS (2011) Draft Equality Action Plan for the Department of Health, Social Services and Public Safety V1 January 2011  See www.dhsspsni.gov.uk/draft_equality_action_plan.doc (website last visited in March 2012)
302   NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA

awareness for people involved in the care and support of people with a disability.[303]

The lack of information available to disabled people in general has been highlighted by recent studies, for example, the RNID and BDA.[304]  The ECNI[305] in a report on the Northern Ireland Health Service found that "People with a sensory impairment such as deafness or blindness face difficulties in accessing information about HSC services".  In Northern Ireland, the DDA (1995) obliges all providers of goods and services to take reasonable steps to enable disabled people to use their services.  In practice this means that all companies, public bodies and charities need to make all information (printed and other formats) equally available in all of the required accessible formats wherever it is possible to do so.  Access to information can also be via websites and there is an increasing movement to place information on websites due to cost and ease of access for the majority of the population.  The accessibility of websites is discussed above at Section 3.3.2.

Harper et al 2012[306] examined the accessibility of information to disabled people and concluded that its absence was a principal negative factor with regard to participation, service use, and the subsequent success of policies and programs.

Whittle et al (2007) commented that the health care system of the UK is key to many transgender people managing to fulfil their lives.   Whittle et al reports that around 21% of transgender people start the transgender process by seeking help from a knowledgeable GP but that 21% of respondents' GPs either did not want to help, or in 6% of cases actually refused to help which the report comments is "an improvement of 50%

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303  See NDA (2005) Disability and Sexual Orientation A Discussion Paper, NDA, page 19 - 20

304  Access to Public Services for Deaf  Language users RNID and  BDA October 2009

305  Formal Investigation under the Discrimination legislation to evaluate the accessibility of Health Information in Northern Ireland for people with a learning Disability, June 2006 to December 2007

306  Harper C., McClenahan S., Russell H., and Byrne B. (2012) Monitoring implementation (public policy and programmes) of the UNCRPD in Northern Ireland.  ECNI  see http://www.equalityni.org/archive/pdf/UNCRPDFullReportFINAL260112.pdf#search="harper"  (Website article viewed March 2012)

compared with the experience of services over 15 years ago, but it still presents a considerable barrier".[307]

Whittle et al (2007) further reported that in the general health care sector, "17% of respondents had experience with a doctor or nurse who did not approve of gender reassignment, and hence refused services. Some 29% of respondents felt that being transgender adversely affected the way they were treated by health care professionals".[308]

### 3.4.2.2  Mental Health

The NDA study[309] reported that mental ill health is still a taboo subject in the lesbian, gay and bisexual community and there exists confusion as to the status of mental illness as a disability both inside and outside the disabled community which prevents individuals accessing services and increase their marginalisation.

The NDA study highlighting increased rates of depression and suicide rates amongst LGB groups due to factors such as bullying, low self esteem and a perceived inability to have open discussion of their sexual orientation with medical and support professionals.  Shout (2003) commented that LGB&T respondents in their study have a strong predisposition to mental instability, high risk behaviour and negative self image. The study concluded that people in their research were;

- "At least three times more likely to attempt suicide
- 50% of young people who identified as transgendered had self harmed
- Two and a half times more likely to self harm
- Five times more likely to be medicated for depression
- Twenty times more likely to suffer from an eating disorder than their heterosexual counterparts."[310]

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307   Whittle, S., Lewis Turner, L., and Al-Alami, M. et al (2007) Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination. The equalities review, Manchester Metropolitan University, page 16.
308   Ibid
309   NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA
310   Shout (2003) The Needs of Young People in Northern Ireland who identify as Lesbian, Gay, Bisexual or Transgender.  Department of Education and Youthnet, page 16

The Rainbow Ripples study reports that there is evidence that a "high percentages of LGB disabled people use counselling services and that staff should have suitable training in LGB and disability equality issues, including the impact of multiple discrimination on people's well-being". [311]  The study suggests that the training of staff in BSL and other communication skills especially when dealing with one to one counselling would be beneficial.

The same study warns against the common assumption that mental health problems and / or mental distress are the result of a person's sexual orientation.  The NDA (2005) study highlights the need for greater research in this area and campaigning to raise the awareness of health professionals and support staff.[312]

### 3.4.2.3  Employment

McQuaid et al (2010)[313] examining employment inequalities in an economic downturn concluded that there was very little labour market data on employment rates and sexual orientation in the UK and there was very little evidence of the employment position of lesbian, gay bisexual or transgender (LGB&T) groups in Northern Ireland.

Stonewall (2007) estimate that there are around 1.7 million LGB people in the UK workforce; however there was no estimate of the number of disabled LGB people within this figure.

The Rainbow Ripples study[314] reports that they experience many of the same issues as other disabled people in relation to employment matters such as poor careers advice, low rates of employment, harassment at work, poor access, a lack of knowledge of employment rights (both with respect to disability and LGB&T) and a lack of expectation and encouragement in education and the workplace.   However the report further commented that LGB&T people with disabilities have additional barriers in the workplace through additional discrimination in

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311  Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds.  Page 10
312  NDA (2005) Disability and Sexual Orientation; A Discussion Paper. NDA
313  http://www.equalityni.org/archive/pdf/EconDownturnFinalFullReport260910.pdf
314  Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds

relation to their sexual orientation and fears about self expression at work. Stonewall (2007)[315] suggests that LGB people who are disabled may have experience of different kinds of harassment citing a study which found that lesbians face a disproportionate amount of sexual harassment at work than other woman. In the survey of university teachers, 41 per cent of lesbians reported harassment, compared with 30 per cent of heterosexual women.[316] The experiences of LGB people at work was explored in Northern Ireland by The Rainbow Project who found that 31% of respondents from the community, voluntary and non-governmental sector have heard negative comments about LGB people from work colleagues compared to 42.5% in the private sector and 40% from the public sector. The Rainbow Project study called for better equality schemes, practices, communication and equality training including some funding for smaller firms and the LGB sector to develop these.

Work fit for all (2008)[317] found from interviews with 3,979 workers in the UK that across all 21 types of negative behaviours, larger percentages of employees with any type of disability or long-term illness are affected by negative behaviour at work compared to their non-disabled counterparts.

Rainbow Ripples also reported that self employment was a popular option for many LGB disabled people. This was also reported by Boylan (2003)[318] for all people with disabilities as an important source of paid work especially for woman. The study found that 18% of disabled men and 8% of disabled woman are self employed compared to 14% and 6% of non disabled men and woman respectively. However Boylan comments that for some people self-employment is a last resort due to a lack of job opportunities. Difficulties were also encountered by disabled people in relation to business start-up due to issues such as the unhelpful attitudes of business advisors, a lack of accessible information, poor credit rating

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315   Stonewall (2007) Sexual orientation employer handbook, Edition 3, Stonewall
316   Ibid, page 19.
317   Equality and Human Rights Commission (2008) Work fit for all – disability, health and the experience of negative treatment in the British workplace. See http://www.equalityhumanrights.com/human-rights/international-framework/un-convention-on-the-rights-of-persons-with-disabilities/articles-of-the-convention/ (Website last visited in March 2011)
318   Boylan, A. (2003) Barriers to self employment for disabled people. Report to the small business service. January 2003 URN03/588

after being on long term benefits and concerns about losing regular benefit income.

To address these issues, Boylan recommends disability awareness training for business advisors who should actively market their services to excluded groups, accessible information, business mentoring, start-up financing, positive changes to the benefit system and the inclusion of the welfare to work programmes to address the pre-existing disadvantages in the form of low educational qualifications and expectations. The Rainbow Ripples report comments that agencies supporting self employment should examine their marketing and services to LGB disabled people.

Whittles et al (2007) reported concerns that despite being 'out' in work being a crucial part of the gender transition process for transgender people that 42% of people were not living permanently in their preferred gender role because of fear that it may threaten their employment status. The study comments almost 1 in 4 transgender people are made to use an inappropriate toilet in the workplace, and that over 10% had experienced being verbally abused and 6% were physically assaulted. Whittles et al reports that as a consequence of this harassment 25% change their jobs.

### 3.4.2.4 Advocacy

The Rainbow Ripples study[319] reported a lack of awareness amongst disabled LGB people respondents in relation to advocacy with subsequent danger of not having an advocate, and/or being aware of their rights and knowing how to express them. Difficulties were reported when advocates failed to listen to the LGB disabled person, and jumped to conclusions about what they wanted and/or needed. The study comments that this was sometimes influenced by an "individual's impairment and/or sexual orientation, as stereotypical assumptions about LGB or disabled people affected the advocates' perceptions of what people can do, or how they behave".[320]

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319 Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds.
320 Ibid, page 153

Respondents further reported that they were not involved in the development of the advocacy service.  The Rainbow Ripples study commented that discussion should take place between "advocacy organisations and LGB disabled people about advocacy needs, in order to develop the best model of advocacy".[321]

Across all sectors, the provision of Advocacy in Northern Ireland is fragmented with continuing disagreement about the role of an advocate, little funding, and a duplication of services coupled with extensive gaps in services.  Harper et al (2012)[322] reported on the state of advocacy with regard to disability, commenting that the 'the DHSSPS proposes the development of a regional policy on the commissioning and provision of advocacy services (which includes for people with mental health problems, learning disabilities, physical and sensory disabilities and dementia)….it is a key policy with respect to the implementation of the (UN)CRPD in Northern Ireland…. The policy will pave the way for the introduction of the new statutory right to an independent advocate which is included in the proposed Mental Capacity (Health, Welfare and Finance) Bill. Full implementation will also be dependent on the continued funding of advocacy services … and additional funding associated with the Bill.  Currently the Bamford Review of Mental Health and Learning Disability Services has concluded that there is clear evidence of inequalities in investment in this area compared with other regions in the UK'.[323]

The DHSSPS draft policy was subsequently published in 2011 but did not contain any reference to the specific needs of LGB&T disabled people[324] nor did the subsequent consultation summary.[325]  This may indicate a disconnection between LGB&T and disability advocacy services in Northern Ireland.

321  Ibid, page 10
322  Harper C., McClenahan S., Russell H., and Byrne B. (2012) Monitoring implementation (public policy and programmes) of the UNCRPD in Northern Ireland.  ECNI  see http://www.equalityni.org/archive/pdf/UNCRPDFullReportFINAL260112.pdf#search="harper" Page 202  (Website last accessed in March 2012)
323  http://www.dhsspsni.gov.uk/bamford.htm/
324  http://www.dhsspsni.gov.uk/a-draft-policy-for-developing-advocacy-services.pdf  (Website last accessed March 2012)
325  http://www.dhsspsni.gov.uk/advocacy-consultation-summary-of-responses-2011.pdf (Website last accessed March 2012)

### 3.4.2.5 Equality in State Service Provision

As highlighted in section 2.2.3 above, Section 75 and Schedule 9 to the Northern Ireland Act 1998 places a statutory obligation on designated public authorities in carrying out all their functions, powers and duties relating to Northern Ireland to have due regard to the need to promote equality of opportunity;

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

State authorities must screen their policies and where necessary carry out an Equality Impact Assessment (EQIA) of those that are likely to have a significant impact on equality of opportunity. "Fulfilling these duties clearly means going beyond avoiding discrimination - it requires a pro-active approach to promote equality of opportunity".[326]

Increasingly many services provided by the state, for example Door to Door transport services for disabled people and help lines funded as part of a suicide prevention policy, are now provided by the voluntary / not for profit sector and the private sector to tap the expertise of these groups, to encourage the participation of the service users and to obtain value for money in "new and imaginative partnerships with people and organisations who espouse equality of opportunity and sustainable development".[327]

However the Equality Duty obligations do not transfer from the State to these service providers.[328]  To address the issue of equality, the ECNI and the Central Procurement Directorate (CPD) issued guidance on the Equality of Opportunity and Sustainable Development in Public Sector Procurement in May

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326 Extract from Equality of Opportunity and Sustainable Development in Public Sector Procurement ECNI, Page 5 at http://www.equalityni.org/archive/pdf/ECNIPublicSectorProcurementSummary(W).pdf (website last accessed in May 2012

327 http://www.equalityni.org/archive/pdf/ECNIPublicSector0508.pdf (website last accessed in August 2012) Paragraph 1.3 Page 7

328 Information from ECNI 21 May 2012

2008[329] which sets out what "is expected of all those involved in public sector procurement, whether large or small, and is supported by law".[330] The guidance comments that "projects work best were where outcomes and objectives are clear and expertise is appropriately harnessed. This includes involving people affected by the project through impact assessment."[331] The guidance further comments that, "the scope for including equality of opportunity or sustainable development considerations is greatest and they will have most impact in the early stages of the project. Opportunities should be considered before a procurement begins and then in planning, scoping, deciding the strategic objectives, the specification, when writing the project documentation and during the performance of the contract".[332]

Commitments under the Programme for Government and the Procurement Board Strategic Plan 2008 – 2011, require Departments to embed the guidance into their procurement processes and to produce annual procurement plans taking account of the guidance. Departments are also required to monitor and report on compliance with the guidance.

Internal surveys undertaken in 2011 to assess the views of both policy makers within Departments and procurement practitioners on the effectiveness of the guidance have found that;[333]

- there appears to be a need for further awareness sessions and training.

- the main guidance was too long and focused too heavily on large scale projects. The summary document was well received, although again perhaps too long and too focused on larger projects.

- the guidance appears to have been less well utilised at the outset of procurement process.

329  http://www.equalityni.org/archive/pdf/ECNIPublicSector0508.pdf (website last accessed in August 2012)
330  Ibid page 7
331  Ibid paragraph 1.5, page 8
332  Ibid paragraph 1.9, page 9
333  Information from a report to the Procurement Board June 2011, Procurement Policy Branch, Central Procurement Directorate, October 2012

- cognizance needs to be taken of reorganisations or staff changes within organisations, when staff induction could offer the opportunity to highlight the guidance. These are areas that both Departments and procurement practitioners will wish to consider.

The Central Procurement Directorate further comment that they are currently working on a number of procurement guidance notes for policy makers, clients and practitioners to address these areas which will also help to address the need expressed for guidance on smaller projects. OFMDFM will be taking the lead on "social value", with input from CPD, under the Sustainable Development Implementation Plan.

Contact with the ECNI and the Policy Central Procurement Directorate (CPD) has confirmed that they do not monitor compliance with the guidelines,[334] the CPD commenting that it is "ultimately for individual Departments to implement the guidance".[335] However an ECNI study in 2009 on evaluating the effectiveness of the Disability Discrimination (NI) Order 2006 duties examined whether public authorities had processes in place by which they could monitor and enforce such contracts and agreements and found that no public authorities contacted by the study provided any information in relation to the monitoring of grants or contracts.[336]

The ECNI commented that whether a department complies with the guidelines that it should be reported in their annual report on compliance with their equality scheme.[337] An examination of a small selection of Departmental annual equality reports[338] to the ECNI found that while most commit to fulfilling obligations under Section 75 in relation to procurement, for example one commented that, "our objectives and targets relating to the

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334   Information from the ECNI Section 75 unit, 25 September 2012
335   Information from Procurement Policy Branch, Central Procurement Directorate October 2012
336   McIlwhan, R., Rodgers, S. and Bridge, S. (2009) Evaluating the Effectiveness of the Disability Discrimination (NI) Order 2006 Duties. ECNI: Belfast at http://www.equalityni.org/archive/pdf/DDOResearchFindings.pdf page 128 (website last accessed in September 2012)
337   Information from the ECNI Section 75 unit, 25 September 2012
338   See for example the DRD report for 2011-2012 report http://www.drdni.gov.uk/drd_annual_progress_report_2011_-_2012_to_the_equality_commission.pdf (website last accessed in September 2012)

statutory duties) were considered as part of the Department's 2011-12 Business Planning process. Objectives and targets were built into plans at an appropriate level and monitored throughout the year";[339] few give any details of planned actions. The small sample of equality annual reports included some health related departments[340] which did highlight a problem of the consistency of external contractors' compliance with equality duties referring to a 2010 internal Health and Social Care inequalities review[341] known as the 'Emerging Themes Booklet'. This booklet identified problems in relation to ethnic minorities face internally as employees and externally as service users. The equality annual reports examined, comment that to ensure compliance with these Section 75 duties an equality clause will be included into contracts and that monitoring would be carried out through organisational contract systems for report, generally in late 2012.

Unlike in Great Britain where income from individuals remains the single most important funding stream for the voluntary and community sector, accounting for 37% of its total income[342 343], central government remains the main source of funding for the 4,836 voluntary and community organisations in Northern Ireland supplying £392.1 million(m) (53%) of the total income of £741,9m in 2009-2010. The general public supply £220m (29.6%), Trusts 28.5m (3.86%), Lottery £31.1m (4%) and Europe £70.1m (9.46%).[344] Enquiries by the current research suggest that few of these non governmental donations and private grants are given with the equality precondition or require

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339   Ibid Page 6
340   See for example
      http://www.niamb.co.uk/docs/documents/040111_Equality%20Scheme%20Action%20Pla
      n%20(3).pdf (website last accessed in September 2012)
341   See Appendix 1,
      http://www.belfasttrust.hscni.net/pdf/Equality_Action_Plans_Audit_of_Inequalities.pdf
      (website last accessed in September 2012)
342   Information from the NCVO Sector Almanac 2010 quoted at
      http://philanthropyuk.org/resources/uk-charitable-sector-snapshot (website last viewed in
      May 2012)
343   The total income of GB charities in March 2012 was £56.9bn with 67.5% of this income
      going to just 1773 out of the 151,183 registered charities who reported see
      http://www.charitycommission.gov.uk/About_us/About_charities/factfigures.aspx (website
      last viewed in July 2012)
344   NICVA (2012) 'State of the Sector', Estimated figures for Northern Ireland 2009-2010
      http://www.nicva.org/sites/default/files/StateOfTheSectorVI-IncomeExpenditure.pdf
      (website last viewed in September 2012)

monitoring to ensure that the resultant services are delivered on an equal basis to everyone.[345]

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345   Enquires with NICVA and Disability Action's funding unit Sept 2012

## 4      **METHODOLOGY**

The central pillar of this research was the participation of people with disabilities who identified as LGB&T.  This research followed the accepted philosophy of collaboration and emancipation (Barnes and Mercer 1997)[346] that research should be with or for, rather than about research subjects[347].  Best practice was followed, within the financial and time constraints of the study, as suggested by the research guidance and from other research which involved people with disabilities and the LGB&T community (sees for example Breitenbach 2004[348]).

Following initial discussions with influential figures in both the LGB&T and the Disability communities, the researcher decided to use a flexible mixed methods approach in three phases.

### 4.1     **Confidentiality**

It was understood from initial engagement with the LGB&T community that there was a need for sensitivity in relation to confidentially because while some people were out in all areas of their lives, many are not.  Meetings and conversations were therefore held at the venue, time and by the method of the interviewees' choice.  All responses papers did not record the respondents' personal details and any personal contact details held to facilitate contact during the data collection phases were destroyed at the conclusion of the study.

Organisational details are not used throughout the report to ensure confidentially for the organisation and to encourage open responses.  Examples of good practice were however highlighted when appropriate.  It was noted throughout all the engagements that all participants wanted to adopt best practice and were keen to engage in open discussion with all groups in society.

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346  Barnes C., and Mercer G. (1997) 'Doing Disability Research.' The Disability Press, Leeds.
347  McDowell, L. (1992) Doing Gender: feminism, feminists and research methods in human geography. 'Transactions of the Institute of British Geographers.' 17 (4) 399-416.
348  Breitenbach E. (2004) Researching Lesbian, Gay, Bisexual and Transgender issues in Northern Ireland  OFMdFM, Researching Lesbian, Gay, Bisexual and Transgender issues in Northern Ireland

## 4.2    **Outline of the Research Phases**

### 4.2.1    Phase 1:    May 2011 to June 2011

The first phase consisted of a literature review, however little specific information or previous work on people with disabilities who identified as LGB&T in Northern Ireland was identified. General background information on both LGB&T and Disability was also examined to gain knowledge of the setting in which any findings would operate.

Much of the relevant literature, notably in relation to disability, is contained in pay per view journals, the access to which was not available within the resourcing of this study.  The literature review was therefore restricted to information publically available and drew heavily on the experiences and knowledge of staff working in the Disability and LGB&T sectors.

The restriction on the availability of information to the under resourced voluntary sector was raised by Harper et al (2012)[349] as a factor disempowering the engagement of disadvantaged groups and their representatives with the State.  The lack of access to information whether due to publication restrictions, cost, or accessibility issues (such as no easy read version being available or inaccessible websites) reduces the equality and fairness in debates and the effectiveness of challenges to the state and service providers.  It is a matter which requires urgent action by the state and the statutory equality bodies in order to establish a balance and increase the effectiveness of the engagement process.

Harper et al (2012) suggested solutions for the inequality such as the partnership working and the development of a free to access central information sources such as the ARK research summary service for children and young people research funded by OFMdFM under its strategic programme for the United Nation Convention on the Rights of the Child (UNCRC).

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349  Harper C., McClenahan S., Russell H., and Byrne B. (2012) Monitoring implementation (public policy and programmes) of the UNCRPD in Northern Ireland.  ECNI (Website last accessed March 2012)

### 4.2.2 Phase 2:  June 2011 to September 2011

#### 4.2.2.1 Questionnaire

A short on-line scoping questionnaire was developed by The Rainbow Project and Disability Action based on the initial literature review and discussions with community leaders and a link was placed on both organisations' websites, E-zines and correspondence.  The study was also promoted by both organisations through personal and organisational contacts.  A sample of the PDF questionnaire is attached at Appendix 2. The online survey was open from 8/7/11 to 14/9/11.  Alternative formats were available; however no requests were received for these.  Reminder advertisements were placed in the Disability Action and The Rainbow Project literature during the time the questionnaire was open.

In total 22 responses were obtained.  Six respondents were eliminated from the analysis as they indicated that they were not people with a disability or that they did not indicate that they identified as LGB&T and were thus outside the target group. Sixteen responses were therefore used in the analysis.

A list of responses to the open questions with identifiable details removed is attached at Appendix 1.

#### 4.2.2.2 Individual One To One Interviews:  November – December 2011

A semi-structured interview was developed from the results of the analysis of the questionnaire and material from the desktop review.  A sample of the interview structure is attached at Appendix 3.  Each interview was scheduled to last one hour although this was flexible to take account of the interviewee wishes and to facilitate their communication needs.  In total 7 interviews were carried out at the location and via the method chosen by the interviewees (telephone, internet discussion, and personal visit), 6 with individuals and one interview consisted of a group discussion with 3 members of a transgender support group.   Interviewees were facilitated with all adjustments they required to take part in the research and all travel costs were paid.  The interviews reflected the full range of LGB&T identities and a wide range of disabilities.  Interviewees were

located in both urban and rural locations from across Northern Ireland.  In total 5 females and 4 males including transgender people were interviewed.

4.2.3    Phase 3:  Organisational Interviews: November – December 2011

Phase 3 which ran during the same time period as Phase 2, consisted of semi structured interviews with representative officers of LGB&T organisations.   All 39 organisations on the Rainbow Project list (October 2009) were contacted by telephone, or e-mail.  This list, which was being revised by The Rainbow Project staff during the time of the research proved unreliable as a number of the organisations had closed, although their websites were in some cases still available although inactive and many of the designated contacts had left their roles.  A number of the groups while still active, did not answer enquires despite several calls and messages.   This finding is significant with respect to people with disabilities and will be discussed later in the results section.

The organisational interview structure was developed from the results of the analysis of the questionnaire and from the individual interviews.  A sample of the interview structure is attached at Appendix 4.  In total 14 organisations took part in the research including 1 transgender support group.  Only one of the organisations whom the author was able to contact declined to take part.

While the majority of the organisations interviewed were Belfast based, their members are drawn from a wide area.  The Belfast centric nature of the response pattern was a matter of concern and additional efforts were made to ensure that the views of people outside Belfast were included and this was to a large extent successful.  However it was noted that the non return of telephone calls was more common from rural based groups and this may to be due to the structure of the majority of LGB&T groups which are mainly staffed by volunteers outside major urban areas.

4.2.4     Phase 4:  Second Literature Search, Data Analysis and Write-
          Up: January - April 2012

          A second literature search was carried out following knowledge
          gained from the research and to capture any new information.

          The data obtained from the questionnaire and interviews was
          examined to establish themes coming from the data.

5.    **RESULTS**

5.1   **Demographic Makeup of the Individual Respondents**

The demographics structure of the scoping questionnaire respondents and individual interviewees was examined by a number of introductory questions.

5.1.1   The Number of Respondents with Disabilities

The Disability Discrimination Act 1995 defines a disabled person as someone who has "a physical or mental impairment which has a substantial and long-term adverse effect on his/ her ability to carry out normal day to day activities".

Of the 16 questionnaire respondents, 81.25% (13) reported they identified as a disabled person within the terms of the Disability Discrimination Act while 18.75% (3) identified as disabled but not recognised by the definition.

Individual interviewees reported a similar range with 88.8% (8) reported they identified as a disabled person within the terms of the Disability Discrimination Act while 11.1% (1) identified as disabled but not recognised by the definition.

5.1.2   Nature of the Respondents' Disability.

Questionnaire respondents reported a range of disabilities with 68.8% (11) with physical disability; 12.5% (2) with mental health disability; 12.5% (2) sensory disability; 6.3% (1) with intellectual disability

Individual Interviewees reported a similar range of disabilities 69.2% with physical disability (9 people including 2 people reporting speech / communication disabilities); 15.3% (2) with a Mental Health Disability; 7.6% (1) Sensory disability, 7.6% (1) with intellectual disability.

Respondents reported a wide range of conditions including; Multiple Sclerosis, acquired brain injury, severe communication disability (speech), heart disease, physical mobility issues and learning disability.

### 5.1.3 How Did You Acquire Your Disability?

Questionnaire respondents reported that 46.7% (7) had their disability from birth; 46.7% (7) had their disability as a result of an illness or disease post birth and 6.7% (1) as the result of an accident.

Individual Interviewees reported that 33.3% (3) had their disability from birth; 55.5% (5) had their disability from as a result of an illness or disease post birth and 11.1% (1) as the result of an accident.

There were no responses to the other options available, violence due to the Troubles / Conflict or other violence.

### 5.1.4 Respondents' Gender

Questionnaire respondents reported that 57.1% (8) were male and 42.9% (6) were female. No respondent stated that they were transgender. Two respondents did not answer this question.

In total 5 females (55.5%) and 4 males (44.4%) including 3 transgender people were interviewed.

### 5.1.5 Respondents' Sexual Orientation

Questionnaire respondents reported that 50% (7) were gay men and 35.7% (5) were gay woman or lesbian; 7.1% (1) were bisexual and 7.1% (1) were other. Two respondents did not answer this question but did indicate in their other responses that they identified as LGB.

As individual interviewees were identified they were not asked about their sexual orientation other than confirming that they did identify as LGB&T.

### 5.1.6 Respondents' Relationship Status

Questionnaire respondents reported that 35.7% (5) were single (never married); 35.5% (5) were co-habiting; 14.3% (2) were in

civil partnerships and 14.3% (1) were in a relationship but not co-habiting.  Two respondents did not answer this question.

As individual interviewees were identified they were not asked about their relationship status.

5.1.7    Respondents' Age

Questionnaire respondents fell into the following age bands, 14.3% (2) were between 16-29; 64.3% (9) were between 30-44; 21.4% (3) were between 45-59.  No respondents were less than 16 or 60 years plus.  Two respondents did not answer this question.

Individual interviewees reported a similar distribution of ages with 22.2 (2) between 16-29; 55.5% (5) between 30-44 years and 22.2% (2) between 45 and 59.   No respondents were less than 16 or 60 years plus.

5.1.8    Respondents' Dependants

Questionnaire respondents reported that 7.1% (1) had adults or children dependent on them; 92.9% (13) did not have dependents.  Two respondents did not answer this question.

As individual interviewees were identified they were not asked about their dependent status.

5.2    **Knowledge of the UN Convention on the Rights of Persons with Disabilities (UNCRPD)**

This question was asked in both the questionnaire and interview phases.  Any person who had previously answered the question during the research was only counted once.

Four respondents skipped this question in the questionnaire responses.

The results are shown in Table 2 below.

**Table 2**

| How much do you know about the UN Convention on the Rights of Persons with Disabilities? | | | |
|---|---|---|---|
| **Individuals (combined total from the Questionnaire and Individual interviews)** | | **Organisations** | |
| **Yes** (combined answer from a lot, a fair amount or little) | **Nothing** | **Yes** (combined answer from a lot, a fair amount or little) | **Nothing** |
| **9 (53%)** | **8 (47%)** | **11 (78.5%)** | **3 (21.5%)** |

While any comparison with other studies must be cautious due to the small number of respondents in the current study, the individuals reported knowledge of the UNCRPD which was much higher than in the 2011 ECNI survey of 1,101 adults which reported that 21% had heard of the Convention compared with a substantial 79% who said they had not.[350]

Although the reported awareness in the 2011 ECNI survey was low, the study reported that some variables influenced how likely someone was to say that they were aware of the UNCRPD.  Marital status (widowed, divorced or separated), having higher educational qualifications, having no dependants under 18, having a higher social class and household income were all found to be significant predictors of a higher awareness of the UNCRPD.  The ECNI survey did not find any significant difference in knowledge of the UNCRPD by either disability or by sexual orientation.  Unfortunately a question examining the reported knowledge of the UNCRPD was not included in the survey.

An examination of the responses from the interviews with individuals from the current study revealed that the knowledge

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350   http://www.equalityni.org/archive/pdf/DYMMSurveyMainReport(webB).pdf (website accessed in March 2012)

held of the UNCRPD, by the respondents who responded positively, was only in general terms.

**"I know the name but don't know much about it. I am aware though that they are working towards a more supportive and accepting place for people with disabilities".** [351]

Evidence from the LGB&T organisations suggested a stronger knowledge of the UNCRPD with 78.5% (N=11) stated that they had some knowledge. However an examination of the interview responses revealed that 7 of the 11 groups interviewed who reported that they had heard of the Convention knew little or nothing about its provisions or their affects.

None of the LGB&T organisations reported receiving specific briefing or training on the Convention although a few had received general disability awareness training or that disability training had been included in general equality training.

**"We are aware of its existence and general measures, but have received no training"** [352]

Four organisational officers reported a good knowledge although this had been acquired from previous work experience or as a result of also working for a disability charity while volunteering for the LGB&T group.

While in contrast to other recent studies, the majority of respondents to the present study reported that they had heard of the UNCRPD. It had been expected that the level of knowledge of the UNCRPD would have been higher and it indicates potential for focused joint informational transfer and training between the state, LGB&T groups and disability groups.

## 5.3 <u>Knowledge of Respondents' Sexual Orientation</u>

64.3% (9) of the questionnaire respondents reported that one or more family members knew of their sexual orientation; 14.3% (2) reported that one or more colleagues in work knew about their sexual orientation; 14.3% (2) reported that one or

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351 Comment from an individual interviewee
352 Quote from an Officer of an LGB Support group

more of their friends knows about their sexual orientation; and 7.1% (1) reported that their carer knew about their sexual orientation. Two respondents did not answer this question.

As individual interviewees were identified they were not asked who knew of their sexual orientation although some did make comments on the matter which are used with their permission.

5.3.1    Families

The results for being out with one or more family members (64.3%) in the current study is less than the 90% of LGB people who were completely or partly out with their family as reported by Hansson et al (2007)[353] study on 193 LGB in Northern Ireland and may reflect the different living arrangements of disabled people. However the smaller number in this research and the absence of specific comment on the small number of disabled respondents in the Hansson et al report (approximately 4% of the overall sample[354]) preclude any direct comparison.

Respondents from the questionnaire and the interview were asked about their experiences in terms of family life and family support as a person with a disability identifying as lesbian, gay or bisexual in Northern Ireland?'

Respondents mainly reported a positive experience with their family when 'coming out'.

**'I have had the full support of my family'**[355]

**'My family have been great, very supportive to me. I have had no issues with that area of my life'**[356]

**'No problems in that respect'**[357]

This positive experience appears evenly distributed between both male and female respondents and may be reflective of

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353   Hansson, U., Depret, M and Fitzpatrick B (2007) Equality Mainstreaming: Policy and Practice for LGB People, Institute of Conflict Research
354   Of 193 LGB&T respondents, 7 people reported that they received disability benefits, 8 people reported that they were unable to work because of disability,
355   Comment from Questionnaire respondent
356   Comment from Questionnaire respondent
357   Comment from Questionnaire respondent

changing attitudes in Northern Ireland.  However there was evidence that this positive support was not universal amongst families and that individual and family response to developing sexual expression was related to the respondent's disability and care arrangements.

**'Mother fine, if bemused. Brother homophobic. A close relative is fine on sexuality but a bit crass around disability'**[358]

**'Because of my reliance on family members for care, I found it difficult to come out'**[359]

The issue of family support was further explored during the one to one interviews.  The majority of those interviewed reported that they had come out before the onset of their disability and were to an extent established in the LGB&T community.  The experiences of the 3 people who came out after the onset of their disability were very different.

One person, who with a physical and communication disability from birth reported that while their family had been supportive they were unable to fit into the LGB&T community due to the non acceptance of their obvious disability and a lack of accessible information about the LGB&T social scene.

Another person with cerebral palsy reported that while their disability was not an issue to their family that they were disapproving of their sexual orientation when they came out at 17 years of age.  However they commented that their disability was not obvious and that they had been accepted into the LGB&T community.  The last person reported that due to a learning difficulty and short term memory problems they had found the process of coming out about their sexual orientation difficult as there was no assistance with the process.

This findings would support the conclusions of the Beyond Barriers (2003) and Rainbow Ripples (2006) (see section 3.2.3 above) on the interrelationship between open sexual expression and disability, notably the restrictions imposed on relationship

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358   Comment from Questionnaire respondent
359   Comment from Questionnaire respondent

and sexual choice by caring arrangements and attitudes and would suggest that a wider availability of information from both LGB&T groups and Disability groups would be useful to inform carers, parents and disabled people about the process of sexual rights and development and the support available. Education is an important element in the transfer of information as has been recently shown by the Young Life and Times survey (2011)[360] (see 2.3.3 above) and it is important that information on the rights to sexual choices is promulgated to schools for use by disabled teenagers and teachers.

### 5.3.2    Friends

The evidence from LGB studies with mainly non disabled respondents has found that openness about sexual orientation was highest amongst friends.  For example the Beyond Barriers study found that 95% of respondents were out with friends compared to 80% with family, followed by work colleagues (76%) and employers (68%).[361]  Hansson et al (2007) in a Northern Ireland study of LGB people reported that 76% of respondents were completely out with friends.[362]   Hansson et al further commented that bisexual individuals were less likely to be 'out' at all in a variety of contexts.

However all studies report that many LGB people do not choose to tell some friends about their sexual orientation.  For example, Hansson et al (2007) reported that 23% of the sample was only partly out with friends[363]

It is suggested that the finding from this study that only a small percentage of the disabled LGB respondents 14.3% (2) were out with one or more of their friends may indicate the unique circumstances of disabled LGB people and indicate a compartmentalisation of social interactions.  This finding was reinforced by some respondents who commented that LGB and disabled people were viewed as separate groups for social interaction.

360   http://www.ark.ac.uk/ylt/2011/Sexual_Health/  (website last accessed May 2012)
361   Morgan L and Bell N (2003),  First Out: Report of the findings of the Beyond Barriers (UK) national survey of LGB&T people. Beyond Barriers (UK), page i.
362   Hansson, U.,  Depret, M and Fitzpatrick B (2007) Equality Mainstreaming: Policy and Practice for LGB People, Institute of Conflict Research
363   For example, Hansson, U.,  Depret, M and Fitzpatrick B (2007) Equality Mainstreaming: Policy and Practice for LGB People, Institute of Conflict Research

**"Find it hard to adapt to being separate from straight disabled people but I am looking for new places and single people".[364]**

Evidence reported by the NDA study may support this compartmentalisation of social interactions in that they reported comments from several participants of a workshop on Sexuality and Difference (Sexuality Disability and Relationships Conference, 2003) that they had experienced problems when coming out as gay and lesbian within the disability community. "Most reported a fear of being rejected because of their sexual orientation. Some felt lonely and isolated from other gay people….This is a difficult process for anyone, but is particularly difficult for disabled lesbians, gay men and bisexuals, since their disabilities prevent them from being accepted into the gay subculture, while openly expressing their homosexuality creates a distance from their disabled peers".[365]

This compartmentalisation reported by some people may also be encouraged by the separation of many commercial LGB&T venues from the wider community and a belief that heterosexual people are not welcomed.[366] One commentator explained the necessity of this separation as, "gay venues do offer a 'refuge' from a perhaps intimidating or overwhelming heterosexual scene".[367] Rainbow Ripples reported that the LGB scene provides the support and information to LGB people when they first come out and facilitate the, "search for friendships, relationships and reassurance amongst the safety of like minded others".[368] The reported inaccessibility of many commercial and non commercial LGB&T venues may also be a factor in the discouragement of holistic social interactions for some[369].

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364  Comment from a questionnaire respondent.
365  NDA (2005) Disability and Sexual Orientation A Discussion Paper NDA, page 14
366  http://www.independent.co.uk/opinion/commentators/philip-hensher/please-keep-out-of-gay-bars-and-clubs-646295.html  (website last accessed in April 2010)
367  Bourne E. (2012) Should straight people be barred from entering gay clubs? In the 'Pink News', 25 March 2012. At http://www.pinknews.co.uk/2012/03/25/comment-sorry-you-cant-come-into-our-gay-club-if-youre-straight/ (website last accessed March 2012)
368  Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds, page 45.
369  See paragraph 3.3.1 and 3.3.2 above and sections 5.7.2, 5.7.3.3 and 5.8.2 below on access.

The separation of some individual's social lives into compartments may lead to social isolation and increased tensions when the importance of social interactions and acceptance for the development of sexual expression is considered.

### 5.3.3 Work and Carers

The lower figures for 'coming out' to work colleagues 14.3% (2) and 7.1% (1) reported that their carer knew about their sexual orientation would suggest that negative attitudes towards a minority sexual orientation are still common in the workplace. McDermott 2011[370] reporting on the experiences of LGB people in the workplace which found that 31% of respondents from the community, voluntary and non-governmental sector have heard negative comments about LGB people from work colleagues compared to 42.5% in the private sector and 40% from the public sector and from research by The Rainbow Project and Age NI on nursing and residential care for older LGB&T in Northern Ireland which found that the home's managers were concerned about how residents and care workers might react to a resident identifying as LGB and/or T. [371]

### 5.4 Social Isolation

Many of the respondents reported feelings of isolation due to negative attitudes and access issues.

Respondents reported that their disability also was a significant influence on this feeling of isolation. A gay disabled male interviewee reported that he did not go outside his home without his partner due to fear of disability hate crime. Two of the interviewees indicated that they had experienced severe bullying at school due to their disability.

Social life was also reported to have been severely restricted due to access restrictions, mobility issues and physical issues such as bladder control.

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370  McDermott, M. (2011) Through our Eyes, Experiences of Lesbian, Gay and Bisexual People in the workplace. Dept of Social Development and the Rainbow Project.

371  http://www.rainbow-project.org/assets/publications/making%20this%20home%20my%20home.pdf, Page 6 (Website last accessed in March 2012)

The type of disability also appears to be significant in whether a person is accepted in the LGB community with respondents with visible disability reporting less acceptance than those with hidden disabilities.  Some respondents commented that the lack of acceptance was because the commercial LGB&T scene concentrated;

**'On young and fit, not old and / or disabled'.**[372]

Some respondents reported that the isolation was due to rejection by both the LGB&T community and by disabled people;

**"…people who are gay and disabled then experience double-shaming - it's bad enough being gay, but being disabled and gay is much worse.  It leaves you open to be ridiculed and the butt of jokes from others.  It's extremely lonely - you are shunned because you are gay and when you finally get the courage to meet other people like yourself, they shun you too because you're not like them either."**[373]

One respondent commented that they were worried about their old age.

**"There are a lot of older people without partners.  What will happen when they move into a home?"**[374]

### 5.4.1   Social Isolation (Transgender)

While experiencing the affects of isolation as reported above, the transgender interviewees reported matters specifically related to being transgender.

While transgender interviewees identified as part of the LGB&T community the identification was reported as being based on necessity rather than choice.

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372   Comment made by Questionnaire respondent
373   Comment made by Questionnaire respondent
374   Comment from an Individual interviewee

**"Policy makers do not think about transgendered people. We have no voice or recognition if not linked to the LGB. Where else can we look to?"[375]**

**"There is no Transgender scene in Northern Ireland; there is less social acceptance here than in England and we therefore use LGB bars".[376]**

Interviewees reported that they wanted to pass, as their chosen gender, into society. Transgender respondents reported that this was easier for some people moving from Female to Male (FTM) who more accepted into non LGB bars especially in the early stages of transition. Male to Female (MTF) tended to use the LGB sector.

The interviewees reported that Transgender people often live together for safety and are the subject of constant abuse if they cannot pass as their preferred gender.

The individual transgender respondents commented that the transgender group was very welcoming to disabled people commenting that they were **"going through medical procedures anyway and therefore disabled are not seen as different".[377]**

5.5     Multiple Identities

This research explored the multiple identities of the participants, however this proved difficult due to the relatively small number of people interviewed and the diverse lives they lead.

Some tentative conclusions can however be made. It became clear from the questionnaire and the interviews that the identities voiced by participants were influenced by a number of factors including the type of disability (e.g. visible / hidden) which impacted on their acceptance and integration with the LGB&T community and consequently the identification with this group. Secondly, that there were clear distinctions between the identities of people who came out before they were disabled and had established ties with the LGB&T community and the

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375   Comment from Individual Transgender interviewee
376   Comment from Individual Transgender interviewee
377   Comment from Individual Transgender interviewee

acceptance of their disability and those who were disabled before they came out.

**"When I was first diagnosed I believed it was not me, I am not disabled. I have MS and I am getting closer and closer to a wheelchair. At the start I could kid myself that I would get better. It has taken time to use the label disabled and want to be part of the wider disabled community. I should not have a limited life because of disability".[378]**

Thirdly, the identities with LGB&T people who are disabled are compartmentalised, more separate and inflexible as people make choices between these very separate groups who have little interaction (Disabled and LGB&T). The fluidity of identity suggested by some commentators[379] was seen to a lesser extent in the current study and appeared to be linked to the visibility of the impairment and when it was acquired.

**"Find it hard to adapt to being separate from straight disabled people but I am looking for new places and single people".[380]**

**"Tend to find myself pigeon holed into one aspect of my identity rather than a whole person with different traits."[381]**

Lastly for the group in this study, the primary identity for the majority of respondents was their sexual orientation as compared to their disability.

**"Gay first and disabled second."[382]**

This perhaps is unsurprising as our sexual orientation is a major part of who we all our and "in a society which accords little or no status to disabled people, "there is no social status to be gained for 'coming out' as disabled".[383] With some exceptions[384] there

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378 Comment made in Individual interview
379 See section 3.2 above
380 Comment from Questionnaire respondent
381 Comment from Individual interview
382 Comment made in Individual interview
383 Nick Watson (2002): Well, I Know this is Going to Sound Very Strange to You, but I Don't See Myself as a Disabled Person: Identity and disability, Disability & Society,17:5, 509-527

are few strong bonds within the disabled community compared to the LGB&T. Disabled people do not share common bonds such as social class or gender and there considerable are differences in experiences of disability. All these serve to challenge the idea of the unanimity of a disability collective. [385]

Watson (2002) however commented that in his study of the 24 disabled people that there were a small number of informants, who incorporated impairment into their sense of identity. Watson suggested that may be the result of other, interactional factors and proposed that other problems in their lives were focused through their impairment. Evidence from this study would suggest that for some people if disability or the caring arrangements are such that opportunities to develop a sexual identity are suppressed or delayed then identity in these cases may be focused on other factors rather than sexuality.

**'Because of my reliance on family members for care, I found it difficult to come out'**[386]

Further research in this area is required to examine the factors / influences involved with greater finesse than was possible by the present study.

## 5.6 **Experiences of Services in Northern Ireland**

While respondents commented on a number of different areas the key theme across all areas was awareness and attitudes of staff. Comments by respondents in relation to voluntary service providers for example on the use of images are also relevant.

### 5.6.1 Awareness and Attitudes towards LGB people

The respondents' comments were centred on the issue of staff attitudes in service provision. Several respondents reported

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384 The Deaf community is a notable exception with strong language and cultural bonds however even within this community there are divisions see Gwernan-Jones R., (2008) Identity and Disability: a review of the current state and developing trends at http://www.beyondcurrenthorizons.org.uk/identity-and-disability-a-review-of-the-current-state-and-developing-trends/ (website last accessed March 2012)

385 Nick Watson (2002): Well, I Know this is Going to Sound Very Strange to You, but I Don't See Myself as a Disabled Person: Identity and disability, Disability & Society,17:5, 509-527

386 Comment from Questionnaire respondent

having a positive experience when the attitudes of staff and services were accepting of their sexual orientation;

**"My partner and I have had a positive experience being recognized as a couple by our GP, community health services, and medical staff. I believe our civil partnership was crucial to this."[387]**

**"I have accessed Student Support/Disability Services at the University of Ulster which has been very positive".[388]**

However the majority of respondents reported concerns about the negative attitudes of staff towards sexual orientation, gender identity and disability or a lack of awareness of LGB&T and disabled people issues.

**"Nurse in hospital wouldn't communicate after I came out. Consultant shows an 'unhealthy' interest in the fact that I am a lesbian".[389]**

**"Still negative attitudes towards same sex partners in Hospitals".[390]**

**"A housing official told me that I had picked a terrible way of life for myself".[391]**

One respondent with severe disabilities reported having negative experiences at school and with a range of other services.

**"Very difficult during school / college years. Now extremely difficult with all Boards especially housing boards, social services, mental health and family members".[392]**

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387 Comment from Individual interview
388 Comment from Questionnaire respondent
389 Comment made by Questionnaire respondent
390 Comment from Individual interview
391 Comment from Individual interview
392 Comment made by Questionnaire respondent

Other comments were directed at the inadequate processes used by public services in dealing with disabilities which do not recognised the unique and multiple barriers often faced by people with disabilities who identify as LGB and/or T

**"The support mechanisms for hate crime are not experienced in dealing with people with disabilities although the Police are better".**[393]

**"It's worse if you are gay and disabled".**[394]

Respondents commented on a lack of information and awareness in relation to sexual orientation and disability.  One respondent talking about health services reported;

**"Some people make assumptions about sexual practices because of my disability.  Some people have asked, 'so how do you do it?' (because I am disabled) my answer has always been 'the same as you'.  I don't see this as a barrier just people being inquisitive".**[395]

### 5.6.1.1  Awareness and Attitudes towards Transgender People

Transgender people reported many of the experiences of LGB people however some comments were specific to them.

**"Treated by some state bodies as the same as LGB".**[396]
The responder then described an incident were they had been the victim of an attack by a gay male and the police would not record the crime as a hate crime as they believed that were the same.

**Attitudes in the health service can be poor, it depends on whether you can pass** (i.e. pass as your preferred gender) **but they may call out your birth name…public humiliation! How do you ask for a private room, use a bathroom? Disability adds further complications".**[397]

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393   Comment from Individual interview
394   Comment from Individual interview
395   Comment from Individual interview
396   Comment from Individual interview (Transgender person)
397   Comment from Individual interview (Transgender person)

**"Very little knowledge about transgender in the medical profession".**[398]

The transgender group reported that they have tried to improve knowledge in the medical profession through contact with the medical school at Queens.

**"Very little information about transgender before the group was set up".**[399]

The transgender group commented that a transgender forum had been recently set up, but that they were unaware of who was making the public aware of the issues for transgender people. This was partly due to the absence of a transgender community in Northern Ireland. The issues of concern included access to services, especially basic ones such as shops and toilets. The respondents commented that it was a daily struggle and outlined a recent visit to the North Coast of Northern Ireland during which the group received constant abuse.

**"There is a lack of knowledge out there out there both in the straight and LGB communities especially in relation to sexuality"** (of transgender people). [400]

The group stated that they wanted to reach out to disabled people but were unsure of how to do this.


5.6.1.2 <u>Communication with Transgender People</u>

**"Staff awareness is poor especially when speaking about gender"**[401]

**"The use of the correct name and pronoun is important"**[402]

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398   Comment from Individual interview (Transgender person)
399   Comment from Individual interview (Transgender person)
400   Comment from Individual interview (Transgender person)
401   Comment from Individual interview (Transgender person)
402   Comment from Individual interview (Transgender person)

**"Telephone calls can be a problem; people often put the phone down as they do not believe that you are legally a man or woman".**[403]

One respondent commented that when checking benefit entitlement with a mainstream disability sector organisation had been told**, "You sound like a manic depressive",** because of the variable pitch of their voice caused by medical treatment.[404]

### 5.6.1.3 <u>Suggestions to Improve Awareness and Attitudes</u>

Respondents were asked how they would positively change the services they received, awareness raising, the training of staff and the open availability of information were themes which were commented on by several respondents.

**'Better training for mental health staff'**[405]

**'More public advertisement on LGB&T support, i.e. on buses'**[406]

**"A more equality based practice for health, so assumptions which could cause offence to some people aren't made".**[407]

**"Better use made of available technology" (loop systems etc.)**[408]

**'Schools need to adopt a more open education in homosexuality and health'.**[409]

On a positive note, one respondent commented that, **"the recent launch of research and material on LGB&T issues in schools was a great step forward".**[410]

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403   Comment from Individual interview (Transgender person)
404   Comment from Individual interview (Transgender person)
405   Comment made by Questionnaire respondent
406   Comment made by Questionnaire respondent
407   Comment from Individual interview
408   Comment from Individual interview
409   Comment made by Questionnaire respondent
410   Comment from Individual interview

### 5.6.2 Transport

The importance of transport to disabled LGB&T people was emphasised by a number of respondents especially those without their own transport or living in rural areas. Respondents reported that they rarely 'came out' in their own area and that some travelled long distances to areas where they felt safe and anonymous; a finding which agrees with the conclusions of the City Lights study (reported at 3.3.3) for 150 non disabled LGB&T people.

Respondents in this study reported that in general, transport links were poor, expensive and not easily coordinated.

**"The link between transport services, bus – train – bus and door to door services is inflexible."**[411]

One respondent commenting on the lack of opportunity for spontaneity in travel cited the door to door services and commented that it was impossible to coordinate between different providers of the service in different areas.

**"The door to door services needs 20 days notice for a hospital appointment.   Nothing is spontaneous, and I may have to cancel at the last minute.  It is useless if you want to go outside the service area.  The service cannot be coordinated."**[412]

Several respondents commented on other transport related themes including the awareness raising of staff in relation to LGB&T issues, concerns about getting services to LGB&T venues and the availability of accessible information.

When asked how they would improve services respondents commented that;

**"Transport services should be better integrated with a province wide door to door service".**[413]

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411   Comment from Individual interview
412   Comment from Individual interview
413   Comment from Individual interview

5.6.2.1  <u>Transport Issues Specific to LGB&T Events</u>

Some participants reported problems with transport links combined with the absence of LGB&T events in some areas as a barrier to their participation.

**"Most LGB&T events are held in Belfast, only one has been held in my local town in the last six years.  The energy used to get there and back tends to limit access".**[414]

As reported earlier transport links take on an increased importance for some people with disabilities who identify as LGB&T as respondents (and organisations) report that LGB&T people especially from rural areas, travel considerable distances to come out.  It is reported that this is primarily for confidentially but is also due to an absence of a local LGB&T social scene and local information.  Extra costs are involved with this travel.

Some organisations stated that they recognised the travel problems involved further commenting that much of the LGB&T commercial social scene involves alcohol consumption and was late at night which can further exasperate travel difficulties.

One example of good practice was reported by a social events group who reported that they used safe waiting areas staffed by volunteers who waited with vulnerable people until they left.  Another organisation reported that Shop Mobility, a disability sector organisation, hire out transport for the Pride Event in Derry/Londonderry.  Several groups suggested that organisers should be clear about any transport arrangements and enquire about any requirements at the time of booking.

**"Accessible information on transport options"**[415]

Access to booking events was raised by one cultural events group which commented that booking for events was only available on line or by purchase at the door but that they were often sold out.  There were no alternative methods to book tickets such as text messaging.  This has obvious implications

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414   Comment from Individual interview
415   Comment made in Individual interview

for disabled people in relation to making transport arrangements, access to the internet and planning by organisers.

## 5.7 **Respondents' experiences of Barriers to engagement with the LGB&T and Disability Communities**

All interviewees reported finding difficulties in taking part in the LGB&T social settings. This was also recognised by many of the interviewed organisations. The comments can be broken down to a number of main areas.

### 5.7.1 Attitudes / Awareness Raising in the LGB&T Community

Several organisations and individual respondents reported difficulties with staff on commercial premises known for their LGB&T links commenting that they often found staff rude and intolerant. Respondents reported that staff ignored them at bars and that they felt invisible.

**"Some people see me as invisible or useless when my symptoms are obvious."**[416]

**"Change attitudes of bar owners and staff".**[417]

However other respondents reported that they had found staff considerate towards disabled people, but commented that disabled people were not common in LBG&T bars.

Respondents reported that attitudes from the LGB&T community could also be negative towards them and that this is interrelated to the nature of their disability, whether it is obvious or debilitating, and whether the bar or club had a fashion or body conscious culture. One organisational representative reported that they were aware of an incident in an LGB&T bar in which a person with Spina Bifida was picked up on a dance floor and swung about against their will. However the organisational representative suggested that this would also be reflective of the attitudes of young people towards disability in non LGB&T bars

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416  Comment from Individual interview
417  Comment from Individual interview

**"I have experienced what I would describe as a fair amount of rejection or shunning by others in the gay community because of my obvious disability. I actually believe that mainstream services are better qualified to meet my needs as an individual because they are better trained and have more understanding of disability issues. It has been my experience within the gay community that GLB have little or no understanding of disability issues and therefore fear it. They want to avoid you if it's obvious you are disabled in some way. I've also heard so-called professionals within gay organisations joke and make fun of people with disabilities, whilst at the same time claiming to be inclusive. Frankly they just pay lip-service to the notion of inclusivity."** [418]

Some respondents reported a mild sexualisation of their disability as reported by Fay (see 3.1 above). One female interviewee reported that her **"disability was sexualised and that using a walking stick was characterised as being Butch"**[419].

A body beautiful culture was also reported by several of the interviewed organisations commenting that such attitudes were more prevalent amongst young gay men. Several respondents reported experiencing hostility because of the issue of not fitting into accepted norms in the commercial LGB&T scene.

**"The bar scene is very hostile; treated negatively because of the way I look, a less than perfect gay man".**[420]

Others reported examples of racism and other discriminatory attitudes.

**"Lesbians are not as body conscious as gay men but the scene was still young; not old or disabled or of another race in the clubs".**[421]

Another interviewee with a non visible disability acquired later in life, reported that she was open about both her disability and

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418  Comment made by Questionnaire respondent
419  Comment from Individual interview
420  Comment from Individual interview
421  Comment from Individual interview

sexual orientation and had successfully challenged behaviour or attitudes.

**"If any small barriers have arisen (such as a lack of information or people being too 'over protective') I have talked to them regarding my disability and sexuality. I am not afraid to address any issue or talk about it".**[422]

Others with a more visible disability found the process more difficult.

**"I find my disability embarrassing"** (comments made while discussing the LGB&T social setting during interview)**.**[423]

### 5.7.1.1 Transgender views on Attitudes / Awareness Raising

The individual transgender respondents commented that;

**"There is a lack of knowledge out there both in the straight and LGB communities especially in relation to sexuality"** (of transgender people). [424]

They reported that the transgender group was very welcoming to disabled people commenting that they were **"going through medical procedures anyway and therefore disabled are not seen as different"**[425] and that they want to engage with disabled people and other communities but were unsure of how to do this.

### 5.7.1.2 Suggestions for Improvements on Attitudes / Awareness Raising

Several interviewees commented that the negative attitudes in the young commercial bar and club scene could be changed through targeted community education. A solution also suggested by the Rainbow Ripples report from their investigation in Leeds (3.2.1 above).

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422 Comment from Individual interview
423 Comment from Individual interview
424 Comment from Individual interview (Transgender person)
425  Comment from Individual interview (Transgender person)

**"Educate the LGB&T scene on disability and why the scene is intolerant".**[426]

Some LGB&T organisations suggested that joint awareness raising between the disability organisations and LGB&T groups would be more effective.

**"Disability awareness and equality sessions organised for LGB&T so that people are better informed about disability".**[427]

One LGB&T group commented that as LGB&T issues was the last acceptable prejudice and is supported by some in terms of morality and religious positions which would make acceptance of positive awareness raising by some groups difficult. Other organisations stated that awareness raising needs to come from the LGB&T sector and should not be imposed.

Respondents also cautioned that;

**"The scene moves very quickly and action is needed before the discussion moves on".**[428]

5.7.2    Access (commercial LGB&T premises)

**"Provide facilities"** (for disabled people).[429]

Difficulties with access into bars and clubs was reported by the majority of respondents as being problematic with poor initial access due to steps, inaccessible toilets, poor internal access with narrow corridors for wheel chairs and in particular popular areas such as dance floors not being accessible.

**"Social events being held upstairs which limits participation and creates isolation"**[430]

Other respondents reported attitudinal barriers to access.

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426    Comment from Individual interview
427    Comment from Individual interview
428    Comment from Individual interview
429    Comment from Individual interview
430    Comment from Individual interview

**"The** (a well known LGB&T venue in Belfast) **is a great example of how you're told implicitly that disabled people are not welcome!"**[431]

The difficulties with access into commercial LGB&T premises, which are often older city buildings, were also reported by many LGB&T organisations.  It had been noted by a number of the groups that despite refurbishment that many of the access issues had not been resolved despite building and access regulations.

Individuals and organisations reported that for many people the commercial LGB&T sector was the first point of contact with LGB&T people in the process of coming out and it was important that it is as inclusive and as accessible as possible.

It was commented by several organisations that a consultative forum between the LGB&T community and several commercial premises existed but it was unclear if the reported access issues had been discussed.

Individuals and organisations commented that other activities for LGB&T people exist; including walking and film clubs and meetings were held at organisational venues.  However the organisations and interviewed individual, LGB&T people commented that with a few exceptions these activities and events were not well advertised due to financial constraints, security concerns and that many advertising avenues were closed for LGB&T events.

Some respondents while being aware of the alternative scene called for the **"development of the scene for 25-50 year olds".**[432]

The problems in relation to access in commercial LGB&T premises combined with perceived negative attitudes have resulted in many respondents considering;

**"Action by LGB&T and Disabled people to boycott premises".**[433]

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431  Comment from a Questionnaire respondent
432  Comment from Individual interview
433  Comment from Individual interview

and one organisation to comment that, **"the strength of the pink pound will drive changes".**[434]

One organisation called for the **"proactive enforcement of building regulations in social venues"**[435]

### 5.7.3 Images

**"Just posters of pretty young things"**[436]

Respondents in this study consistently reported concerns with the limited range of images used in the LGB&T media and that images of people with visible disabilities were not portrayed in main stream campaigns or advertisements. These comments apply to both commercial and non commercial LGB&T groups.

**"Where are the people in wheelchairs?"**[437]

Images are important in the perception of people with disabilities and by people with disability. As Scope (an organisation for disabled people) has commented "Changing attitudes is about visibility and increased familiarity in everyday life. It's about first-hand experiences that challenge negative perceptions".[438]

**"More diverse images in literature and advertisements"**[439]

Interviews with LGB&T organisations revealed that some were aware of the concerns about the images they used and some reported that they have begun to address the issues involved. For example, one large LGB&T event group commented that it ensured that its posters were neutral and family friendly. However the majority of images on websites, posters and campaign material remain that of young athletic people. As one LGB&T organisation put it when speaking about the image of a

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434    Comment from Organisational interview
435    Comment from Organisational interview
436    Comment from Individual interview
437    Comment from Individual interview
438    Comments reported at http://www.scope.org.uk/news/matthew-parris-and-times (2011)
439    Comment from Individual interview

young athletic male on the front of a successful safe sex campaign condom package **"Sex sells"**.[440]

### 5.7.4 Non Commercial LGB&T Groups

### 5.7.4.1 Awareness of LGB&T Members

Interviews with the LGB organisations revealed that most groups are aware that they have members and clients with disabilities however the majority of the groups interviewed did not keep a record of this and do not attempt to ascertain needs. One organisation reported that while they were aware that they have some members with disabilities however they were unsure of how to approach them to ask about requirements and had not done so.

Another issue which arose during discussions with student societies is whether the grants given to these groups would be increased if they had to adapt services for disabled students. Despite enquires being made with the student union it is still unclear whether the societies would be given extra money if they wanted to provide any adaption to include disabled students in activities.

A few organisations do record details of the adaption required to ensure the inclusion of disabled members. However in general this is fragmented with some organisations recording the fact that members are disabled but doing nothing with the information and some individual staff arranging for the fulfilment of individual requirements without recording this for the information of all staff. Some help lines keep records for their funders on the age of callers, their location, their gender and whether the call was forwarded to another agency but not on disability. This makes it difficult to monitor access to these services for disabled people although some individual interviewees commented that the withdrawal of text services due to cost and underuse had impacted on them.

While the estimates by groups of the number of disabled members attending their organisations or using their services varied considerably between organisations, an average

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440   Comment from a Organisational Interview

estimated figure of 10% was given.  One group commented that a lack of data on the need for services stifled discussion on the provision of services for LGB&T people with disabilities.

5.7.4.2  <u>General Awareness of LGBT people with disabilities</u>

A majority of respondents reported that they believed that LGB&T groups had a lack of awareness and consideration of their needs.

**"They need to get involved in more disability events as there is a whole section of our population who are gay and disabled but don't have the ability to approach organisations like** (a well known LGB&T organisation) **directly for help.  I also think that gay organisations should be trained in disability issues and raise it more as an issue.  In the few years I've been attending events at [an LGB&T social group] or the other groups, I have not met any other disabled people - either because they're hiding it, or they're just not attracting these people to their groups.  The challenge for organisations like** (a well known LGB&T organisation) **is to ask itself whether or not it is attractive to disabled people, and if not, why not?"**[441]

Some respondents suggested the establishment of **"a LGB&T group to arrange LGB&T events for people with disability and to raise awareness".**[442]  A similar group has been recently established under The Rainbow Project's umbrella, for ethnic minorities due to their unique experiences and requirements. However another respondent who stated that a **"Disability forum for gay people to act with other disabled queers out there",** was needed, cautioned that, "**but I do not want to be part of a further minority".**[443].  The evidence would certainly suggest that a separate forum for LGB&T people who are disabled to bring their views and requirements to the forefront does challenge the goal desired by many disabled people of integration.  However if currently the needs of disabled LGB&T people are not being addressed by the mainstream, then a forum may be a good way to advance matters to a point when it is no longer necessary.

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441  Comment made by a Questionnaire respondent
442  Comment from Individual interview
443  Comment from Individual interview

### 5.7.4.3 Access (non commercial LGB&T groups)

**'Make sure more LGB&T services are accessible to everyone'.**[444]

The majority of respondents emphasised that non commercial LGB&T groups tried to be inclusive to people with disabilities. A frequent example mentioned, was that a primary reason for the Rainbow Project umbrella groups' relocation to Waring Street, Belfast was to facilitate access for disabled people as the building had a lift. Other examples of improving good practice were noted such as a cultural group which commented that only 2 out of 26 venues used had not been accessible in their 2011 programme of events.

However many people still report being excluded from the non commercial LGB&T scene through physical access issues;

**"Gay organisations have poor access to their buildings."**[445]

Evidence from the organisational interviews was that the majority of the organisations had not considered access or if they had that it had been restricted to physical access such as wheelchair access and accessible toilets. They had not considered other forms of accessibility such as the provision of loop systems or the accessibility of systems and processes used by their organisations. No organisation reported that they had carried out an accessibility audit.

Other reported issues included a lack of accessible information about social venues, support and alternative activities or groups whether due to inaccessible websites, a lack of alternative formats or because the images of young non disabled people do not allow them to identify with the message or group. As a respondent remarked;

**"More diverse images are needed"**[446]

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444    Comment made by Questionnaire respondent
445    Comment from Questionnaire respondent
446    Comment from Individual interview

### 5.7.4.4  First Contact

**"Imagine you are a wheelchair user and dependent on care from a relative.  These family members don't let you wander off on your own.  So an able-bodied person can approach the likes of** (a well known LGB&T organisation) **directly for help, but a wheelchair user can't do that".**

As indicated in section 4.2.3 (methodology),the absence of a prompt response or indeed any response to telephone and e-mail enquires to some LGB&T groups may have significant implications for the inclusion of LGB&T people with disabilities.  Respondents in a focus group on participation in society held during the Harper study 2011[447] reported that some disabled people find contact difficult due to care arrangements, their disability, periods of illness and confidence issues.  Some disabled people may wish to make contact through third parties including carers and disability organisations and systems should be in place to accept this.  Some participants reported that if contact attempts are not responded to they will give up.  This has implications for the contact arrangements made by many LGB&T groups which are often staffed by volunteers.

This research also found that contact details for LGB&T groups were frequently incorrect both on websites and from personal details given by organisations.  The Rainbow Project has a central contact list; however at the time of this research this was being updated.  It is suggested that the uncertainty of contact details may be a feature of the volunteer staffing of the organisations and the uncertain funding in which the staff and the existence of organisations often change.  This has implications for the ease of contact with LGB&T groups by disabled people and a frequently updated accessible central list available on the internet and in other formats, the updating of websites, and clear policy guidelines including disability awareness in relation to the answering of correspondence and telephone contact may assist.

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447  Harper C., McClenahan S., Russell H., and Byrne B. (2012) Monitoring implementation (public policy and programmes) of the UNCRPD in Northern Ireland.  ECNI  see http://www.equalityni.org/archive/pdf/UNCRPDFullReportFINAL260112.pdf#search="harper" (website last accessed march 2012)

Some good practice was noted. One organisation ran a befriending scheme in which new members were linked with an established member to ensure that they felt welcomed.

The majority of organisations were willing to consider targeting information for disabled people but needed some guidance as to the processes involved and assistance to source some additional sources of funding.

### 5.7.4.5 Accessible Information

**'I am disabled not dead, LGB&T lifestyles focus on young and fit, not old and / or disabled so include diversity in all material and information'.**[448]

Access to information was reported as a matter of concern for the majority of individual interviewees especially in relation to persons with disabilities in the process of coming out. Participants reported that there was little accessible information available from the LGB&T community for people with disabilities and of specific LGB&T related information from disability support groups.

Some LGB&T organisations commented that the methods of information exchange with members had developed over time through concerns about confidentiality and attacks on LGB&T people and groups. It is common for LGB&T specific events to be organised through e-mail, blogging and by word of mouth with very little published information. Some larger events are advertised although some groups report difficulty in placing advertisements in the media and obtaining media coverage for LGB&T events.

While understandable for safety reasons, these methods for the dissemination of information may be exclusionary to certain sections of the LGB&T community who are disabled, especially those without access to technology and the elderly. One LGB&T organisation commented that the inaccessibility of their website may be deterring people from contacting their organisation.

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448   Comment made by Questionnaire respondent

Participants in the current study specifically mentioned the absence of a text option in some LGB&T support and the lack of regularly published information as negative features. Enquiries with the LGB&T organisations revealed that while some offer text contact; others no longer use it due to cost and underuse. For example, one events organiser reported that their organisation had only received 3 text messages in a year.

The majority of organisations interviewed reported that they had not considered the need for accessible information, including websites, posters and flyers for events. One organisation reported that they have accessible information but did not have signposting on their website or posters that this was available. No poster was found during the study which stated specifically that venues were accessible. No organisation had carried out an access audit of their information.

One organisation commented that they had not included disabled people in one marketing campaign as;

**"It was hard to target people who are everywhere but invisible"**.[449]

Some organisations reported that they had tried to reach out to other groups including older people through the media and through organisational routes but had been blocked because they were an LGB&T group. This raises a number of issues in relation to the awareness of the rights of LGB&T people and access into some communities and organisations, an area not examined by the current study. However good practice was also found for example an LGB&T Arts group reported that they placed advertisements in disability media for forthcoming events.

A cultural group, whose clients include a majority of LGB&T people, commented that it wanted to have signing on demand at all events but that this was not possible due to a lack of trained signers. The group further commented that signing for the theatre was a specialist skill due to the setting, a point perhaps for Government officials to consider when considering

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449    Comment from organisational interview

their response to Article 30 of the UNCRPD the Right to Participate in Cultural Life, Recreation, Leisure and Sport.

Examples of good practice were also noted during the research for example, one LGB&T group has a useful physical access statement on their website[450], and some LGB&T groups offering a counselling helpline do offer a text service and the placement of advertisements in Disability media for forthcoming events. It was also found that some best practice was linked to committed individuals within organisations and may not be organisational standard practice.

Organisations reported that a number of factors in relation to provision of accessible information in LGB&T organisations including a lack of staff training in disability awareness and specific marketing skills in relation to disabled clients and the reduction of funding which has seen the withdrawal of many services. All organisations commented that they would welcome training in these areas.

Through its international obligations to the UNCRPD as expressed in the OFMdFM draft Disability Strategy 2012-2015[451] the state has accepted its obligations to in promote and provide accessible information to people with disabilities and should take a proactive approach in encouraging non state bodies providing services under Article 21(c) "to provide information and services in accessible and usable formats for persons with disabilities".

### 5.7.4.6 Consultation and Engagement

While the majority of organisations reported that they had considered consulting with LGB&T people with disabilities, they had not followed through with the consultation as they were unsure how to approach the matter. Some organisations reported that they had informally consulted with individual disabled people in relation to their requirements however as few records were kept the effectiveness of this approach depends on the continuity of the staff members within the organisation or group.

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450 See www.queerspace.org.uk/contactqs.htm (website last accessed March 2012)
451 http://www.ofmdfmni.gov.uk/index/equality/disability.htm (website last accessed in May 2012)

A small minority of the groups reported that they formally consulted with groups and made appropriate changes as required.  For example, one events group reported that they regularly consulted with customers, holding 4/5 feedback sessions per year.  They also reported a good example of the participation of disabled people as staff members at events with support as necessary.

A number of individual and organisational consultees commented on the need for the LGB&T community to engage with the wider community, forging links to other communities and to engage in joint working.  One organisation commented that a joint statement of rights from LGB&T and other groups would be useful.

Other respondents commented that the LGB&T scene could be more inclusive to combat the negative comments in forums about straight people using LGB&T clubs and pubs.  One individual respondent commented that the term LGB&T should;

**'Become more known to all society and not just the gay community. Change the name of gay pride to something else, include all, perhaps 'Diversity Parade', and include race/nationality'.**[452]

One organisation cautioned against automatic joint working commenting that for many non LGB&T groups it was a tick box exercise and that contact should only be started if the work was relevant to LGB&T people.

Consultees reported that the current informal methods of engagement with other groups through working relationships between staff in different organisations was necessarily temporary as staff members in the voluntary sector frequently move to other posts or leave the organisations.  One example was given of the break in a relationship when a long term staff member had left a disability organisation in Derry/Londonderry.  Some organisations called for these relationships to be formalised and agreements being in place not dependent on individual staff members.

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452   Comment made by Questionnaire respondent

**"Mutual web links and information in news letters".**[453]

It was stressed by LGB&T organisations that the exchange of information must be two way with other groups such as Disability Action examining its procedures and literature to ensure that they were welcoming towards LGB&T people. One organisation stated the test would be in the staff room. Would an LGB&T person feel happy about speaking about their partner to colleagues? McDermott 2011[454] reporting on the experiences of LGB people in the workplace found that 31% of respondents from the community, voluntary and non governmental sector have heard negative comments about LGB people from colleagues in the workplace compared to 42.5% in the private sector and 40% from the public sector.

Another organisation commented that **"disability groups need to move from not discriminating to being more welcoming"**[455] (to LGB&T people).

Suggestions to improve engagements between organisations included a proactive exchange of information (including funding sources to provide accessible information), joint or exchange awareness training and the development and maintenance of meaningful contacts.

Several organisations reported problems with the interaction with the statutory equality and state organisations in relation to an absence of call back in enquiries, participation and engagement with proposed partnerships. One organisation commented that, **"we hear a lot about a new beginning but they seem to be talking about the two communities, minorities are forgotten about".**[456]

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453  Comment from Individual interview
454  McDermott, M. (2011) 'Through our Eyes, Experiences of Lesbian, Gay and Bisexual People in the workplace'. Dept of Social Development and the Rainbow Project.
455  Comment from an Organisational interview
456  Comment from an Organisational interview

### 5.7.4.7 Consultation and Engagement with Transgender People

The transgender respondents reported being isolated from the main stream and that disability groups should be more aware of their concerns. They wanted greater outreach from Disability groups to isolated groups, such as the Transgender group, and the transfer of information.

## 5.8 **Disability Organisations**

While some good engagement does exist between disability groups and the LGB&T community, for example the MS Society GLAMS support network[457] and Age UK work on LGB people planning for later life[458] Few disability organisations carry out assessments to ensure that services are open to all, consider advertisements in LGB&T press or have LGB&T engagement policies.

Respondents were critical of disability organisations in that most were perceived as not engaging with the LGB&T sector and community and respondents suggested that; **"the establishment of groups within disability groups for LGB&T people"**[459] was required including an **"LGB&T group for carers".**[460]

Respondents suggested that disability organisations should be proactive in the establishment of links and accept input from LGB&T groups to ensure that establishments, programmes and policies were LGB&T friendly. Proactive outreach programmes were also suggested to change attitudes towards disability in some sections of the LGB&T community.

**"Disability talks for Gay and Lesbian Youth Northern Ireland (GLYNI) prides in Belfast".**[461]

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457  http://www.mssociety.org.uk/ms-support/support-groups/lesbian-gay-bisexual-transgender (website accessed July 2012)

458  http://www.ageuk.org.uk/documents/en-gb/information-guides/ageukig02_lesbian_gay_or_bisexual_inf.pdf?dtrk=true

459  Comment from Individual interview

460  Comment from Individual interview. Note: since the issue was raised, discussions have taken place between a Carer's group and a LGB&T group.

461  Comment made by Questionnaire respondent

**"Disability Action needs to be getting involved in things like Gay Pride to promote sexual orientation issues within its own organisation".**[462]

**"Work closer with LGB&T groups"**[463]

**"Disability awareness sessions organised for LGB&T so that people are better informed about disability".**[464]

**"A stall at Gay Pride".**[465]

It is essential that this involvement is genuine and not merely to tick an equality box.  It must have relevance to the LGB&T community and would be best done in partnership based on mutual organisational understanding.

Respondents also commented that disability groups as well as LGB&T groups should have more diverse images on their website and literature to ensure that people understood that they were accepted and that services were open to them and to demonstrate mutual respect. These images should include images of same sex couples with families which are the reality for many people.

The mutual training of staff was seen as essential by respondents:

**"LGB&T training for staff who work with disabled people".**[466]

Further research into the provisions made for LGB&T people in disability groups would very welcome.

## 5.9    <u>Sector Contact</u>

It was clear from the evidence both from individual respondents and LGB&T organisations that the majority of the LGB&T groups had not considered the requirements and adaption

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462   Comment made by Questionnaire respondent
463   Comment from Individual interview
464   Comment from Individual interview
465   Comment from Individual interview
466   Comment made by Questionnaire respondent

needed to allow LGB&T people with disabilities to fully participate in their activities or use their services. Evidence from respondents and the literature would also suggest that groups representing disabled people also have barriers which discourage LGB&T disabled people from using their services and that they are not proactive in their engagement with the LGB&T sector.

Recent research on disabled victims of the NI troubles / conflict by the support group WAVE[467] found that "victims groups and disability groups operate in largely separate domains, with little coordination between them"[468] and that "those "who wish to avail of services in the voluntary sector must choose to attend a victims' group where their disability is not the primary focus of services, or disability groups, where their victim identity may not be acknowledged". [469] This would suggest that where all the aspects of a person's identity are not acknowledged and there is little contact between representative / service groups, that this segregation may result in people being forced to choose between the sectors perpetuating the separation and not obtaining the holistic coordinated service they require. The WAVE research concluded that disability groups should be more integrated into provisions for injured people and their families to improve services

Evidence from the current study suggests that some good contact is taking place between the disability and LGB&T sectors but that this is piecemeal and in many cases dependent on personal contacts, a structure which may not be sustainable and give the best impact for the community.

## 5.10 **Equality in Service Provision**

Evidence from this study found that only one of the organisations reported a process, such as an impact assessment, to examine the potential impact of their activities or organisational system for LGB&T people with disabilities.

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467   Marie Breen-Smyth (2012) 'The needs of individuals and their families injured as a result of the Troubles in Northern Ireland'. WAVE http://www.wavetraumacentre.org.uk/node/231 page 32

468   Ibid page 10.

469   Marie Breen-Smyth (2012) The needs of individuals and their families injured as a result of the Troubles in Northern Ireland. WAVE http://www.wavetraumacentre.org.uk/node/231 page 32

Evidence from the individual responses in this study, the literature and enquires made by this research have suggested that this is also the situation with respect to LGB&T people using services offered by disability groups.

As reported in the literature review, increasingly many new state services and services previously provided by the state are now provided by the voluntary, community and the private sector[470]. In Great Britain Section 149 of the Equality Act 2010[471] places an obligation on, 'a person who is not a public authority but who exercises public functions, must in the exercise of those functions have due regard to these same matters'[472] (of equality as the public bodies). However in Northern Ireland the equality duties with respect to service use do not transfer from the state to the new providers and in 2008 the ECNI and Central Procurement Directorate (CPD) introduced guidelines which encouraged government bodies to include equality clauses into contracts. While there is no central cross departmental oversight of the process, evidence from CPD reported surveys and the Heath and Social care sector[473] would suggest that there are problems in the awareness of the guidelines; in the implementing the equality assurance process at the start of projects and in smaller projects and a problem of the consistency of external contractors' compliance with equality duties.

The CPD further commented that ultimately the monitoring of compliance with the guidance is a matter for each department however this research is not aware of any current data on the matter. An ECNI 2009 study on evaluating the effectiveness of the Disability Discrimination (NI) Order 2006 duties reported that no public authorities contacted by the study provided any information in relation to the monitoring of grants or contracts.[474]

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470   See 3.4.5.2 above
471   http://www.legislation.gov.uk/ukpga/2010/15/section/149 (website accessed in September 2012)
472   Ibid Section 2
473   Information from a report to the Procurement Board June 2011, Procurement Policy Branch, Central Procurement Directorate, October 2012 and http://www.niamb.co.uk/docs/documents/040111_Equality%20Scheme%20Action%20Plan%20(3).pdf (website last accessed in September 2012)
474   McIlwhan, R., Rodgers, S. and Bridge, S. (2009) Evaluating the Effectiveness of the Disability Discrimination (NI) Order 2006 Duties. ECNI: Belfast at http://www.equalityni.org/archive/pdf/DDOResearchFindings.pdf page 128 (website last accessed in September 2012)

It appears from the enquiries by this study that contract equality clauses rely on a statement from groups that services will be open to all through equality statements provided by the service providers and the collection of monitoring data. The Equality Coalition has raised this issue in the past and has pushed for compliance with Section 75 equality criteria to be included in the awarding of contracts criteria. [475] While the guidance is clear from the ECNI / CPD that "the scope for including equality of opportunity or sustainable development considerations is greatest and they will have most impact in the early stages of the project. Opportunities should be considered before a procurement begins and then in planning, scoping, deciding the strategic objectives, the specification, when writing the project documentation and during the performance of the contract". [476] It would appear that a specific contractual requirement for an impact assessment to be carried out by the service provider to raise staff awareness, check internal procedures and processes and set internal targets is rarely used although the duty remains with commissioning department for an effective implementation of their equality schemes. It is concluded that in order for the improvement in the equality provision in services that the State should include a requirement in tender documents and contracts for an impact assessment by the service provider.

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475 Information from Statutory and Equality Officer Disability Action September 2012
476 Ibid paragraph 1.9, page 9

6.     **CONCLUSIONS**

A number of conclusions can be drawn from the current research which must be taken in the context of what is already known as outlined in the literature review and within the legal and societal framework relevant to Northern Ireland.

It was understood at the beginning of the study that by undertaking this research that the environment which the study was examining would be changed.  This proved to be correct, and the organisations and people have forged new relationships with disability groups, as has Disability Action.  Some of the reported practices will have changed enabling disabled people to better avail of the services offered and this is welcomed.  However positive change requires development and to be embedded into organisational culture and the best practices shared in and between sectors.  There is clearly much still to do to ensure that people with disabilities who identify as LGB and/or T are fully included in society and are able to make the choices which we all have the right to make in our lives.

6.1    **Awareness Raising**

The majority of disabled LGB&T people reported that changing attitudes and raising awareness is a critical element to reducing barriers.  There are a number of interrelated areas such as caring arrangements, education and access but the common element is how people think about LGB&T people who are disabled.  Does society see LGB&T people who are disabled as equals with the same rights as everyone else or do we see them as vulnerable, in need of protection, as noble asexual beings?  How do we persuade the bar owner to resolve the access issue, the teacher to understand what being LGB&T means for a young disabled person and their educational needs or the young gay party attendee to see a disabled person as a fellow gay person and not as an object of pity, fun or as a fetish?

Under Article 8 of the United Nations Convention of the Rights for Persons with Disabilities the state has clear responsibility to "foster respect for the rights and dignity of persons with

disabilities"[477] however we all must play our part in raising awareness of the rights of disabled people, by targeting information and challenging negative attitudes.

## 6.1.1    The Commercial LGB&T Sector

It is clear that some disabled people who identify as LGB&T believe that they are excluded from the LGB&T commercial scene which is seen as unwelcoming through negative attitudes, unresolved or unconsidered access issues and inaccessible information.  These beliefs and experiences are dependent on factors such as the nature of the person's disability and if the disability was acquired after the person came out and was established in the LGB&T community.  All of these factors affect the confidence of the disabled LGB and/or T person to deal with or challenge the barriers to participation.

These issues can be addressed by a process of awareness raising with the owners and staff of the premises through the forums and contacts already established, but most importantly with the young users of the premises.  Some ideas from the respondents to assist with this process included the direct challenging of the problems, the use of positive images, the sharing of personal experiences through stories and direct discussion and by managed integration.

While many LGB&T organisations commented that there are alternative scenes for many LGB&T people with disabilities, the lack of accessible information on these often results in the commercial LGB&T sector being the first point of contact with the LGB&T community for many people.  This is especially true of people exploring their sexual orientation from areas where there are no LGB meeting places, perhaps lacking confidence as a result of their disability and caring arrangements.  For some, the exciting commercial LGB&T scene is what they want to engage with.  It is important that the participation of LGB&T people with disabilities in society is not limited by other peoples' expectations and we must ensure that the structures and support are in place to allow them to make their own decisions.

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477    See Article 9 United Nations Convention of the Rights for Persons with Disabilities at http://www.un.org/disabilities/default.asp?id=150

The separation, real or attitudinal, of the LGB&T commercial scene should be examined to ensure that premises are open to all people while understanding the need for LGB&T people to have a safe environment to express their lifestyle.

## 6.1.2    The Attitudes of People with Disability

Little is known about the attitudes held towards other groups by people with disabilities as disaggregated information from attitudinal studies is rarely reported.  However the first major study in Northern Ireland was released by the ECNI in 2012 which has reported that people with a Limiting Long Term Illness (LLTI) were more likely to hold a number of negative attitudes compared to those without a LLTI.  Of relevance to this study were the attitudes of those with a LLTI towards LGB&T people which found that those with a LLTI were significantly more likely to mind having a LGB&T person as a work colleague, as a neighbour or in a relationship with a close relative.[478]  Those with a LLTI were less likely to indicate that sexual orientation was an important equality issues than those without a LLTI.[479]

However people with disabilities are also more likely to have fewer qualifications, be of lower socio economic status and to be older, all of which were also strong predictors of negative attitudes in the research and it is possible that these predictors are more relevant that the fact that a person is disabled.  At the launch event for the ECNI report the panel confirmed that for statistical reasons a factor analysis on the data which would have examined the influence these other factors; had not been carried out and commented that they believed that disability per se is not a predictor of negative attitudes.[480]

It is also possible that other factors related to disability; such as social isolation due to transport or social interaction barriers; and little contact with the target groups may be relevant to forming negative attitudes than the person's impairment.  Some support for this view was reported in the ECNI study which

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478    http://www.equalityni.org/archive/pdf/DYMMSurveyMainReport(webB).pdf, page 24 and appendix 2 (website accessed in June)
479    Ibid page 74
480    Information obtained by the author at the ECNI launch event at the Titanic building 13 June 2012

notes Hannson et al (2007) comments that an "implicating factor of prejudice views towards transgender people may be a general lack of knowledge, awareness and understanding of transgender identities and issues in Northern Ireland".[481] However further research is required to fully examine this area and attitudinal researchers should be encouraged to include disabled people in research which may require a change in research strategies and to provide disaggregated data to allow the views of disabled people to be examined.

### 6.1.3   Relationship and Sexual Education (RSE)

The recent Young Life and Times survey[482] highlighted the importance of the school setting for young people to obtain reliable information on relationships and sexual matters and it is essential that these open discussions are available to young disabled people.  This discussion must recognise the sexual rights of disabled people and include minority sexual orientations.  This research made some enquiries with schools catering for moderate and severe learning disabled pupils and found that teachers were reluctant to speak on the record.  Off the record discussions suggested that Relationship and Sexual Education (RSE) education for this group of disabled children was based on body changes, protection and appropriateness of conduct and little was taught in relation to minority sexual orientations.  Concern was also expressed in relation to the official guidance which states that; "any person who has a learning difficulty cannot give informed consent to any form of sexual activity with any person".[483]  Interrelated to these practices are the rights of parents to withdraw children from these classes and the requirements on the school to be mindful of the cultural and religious environment in which such matters are taught.

Open and frank discussion is required on the issue of RSE teaching in schools in which must included young people with

481   Hansson, U. and Hurley Depret, M. (ICR) (2007). Equality Mainstreaming: Policy and Practice for Transgender People. OFMdFM, Belfast, reported in http://www.equalityni.org/archive/pdf/DYMMSurveyMainReport(webB).pdf, page 112 (website accessed in June)

482   See section 2.3.3 and 3.1.1

483   Knowing and Growing KS3 'My Body', page 3 see http://www.nicurriculum.org.uk/inclusion_and_SEN/thematic_units/severe_learning_difficulties/knowing_growing/index.asp (Website last accessed in March 2012) see the discussed in section 3.1.1

disabilities to ensure that the right of disabled people to have relationships and engage in consenting sexual activity is acknowledged.

### 6.1.4 Non Commercial LGB&T Organisations

It is essential that dialogue takes place at the LGB&T and Disability organisational level to ensure an understanding each other's issues and ensure that the rights of disabled people who identify as LGB and/or T are upheld and that their needs are included in the services provided by these groups, often on behalf of the state.

Internal policy examination is required in relation to information, training, contact procedures, images, advertising, and service provision. Organisations should be welcoming to all people.

It is suggested that best practice for organisations is to record information on the needs of LGBT service users who are disabled and to arrange for any adaption required with the full participation of the person with disabilities.

### 6.1.5 State Service Providers

Respondents in this study notably transgender people reported continuing problems with awareness and attitudes of state service providers although some respondents reported an improvement in services.

Dialogue between representative groups and service providers is recommended in order to ensure equal access to and satisfaction with service provision. Greater involvement of these groups with staff training programmes and institutions such as induction courses and medical schools is required. Participation by service staff and trainees must be linked to the awarding of credit to ensure attendance and active involvement.

### 6.1.6 United Nation Convention on the Rights of Persons with Disabilities (UNCRPD)

Knowledge of the implications of the UNCRPD is relatively low amongst both the disabled individuals and the LGB&T organisations in this study. In order to inform both individual

and groups about the rights of disabled people, it is essential that a targeted information campaign is undertaken by both the State which is the responsible body, the equality bodies and the disability and LGB&T sectors.

## 6.2    Joint working

**"I think this partnership is excellent to bring more awareness in both sectors".**[484]

Joint working, cross representation and engagements with other sectors should be embraced by all groups.  Such practices offers opportunities for a cross fertilisation of ideas, the adoption of best practice and greater awareness.  While discussion forums and some joint working do exist, the issues raised by respondents in this and other studies clearly indicate that more proactive closer engagement is required.  This is essential to encourage awareness raising and to ensure that groups such as disabled LGB and/or T people are able to feel welcomed in both communities and to encourage the development of coordinated holistic services.

## 6.3    Information

It is clear that better accessible information and mutual web and other format links to support services and information exchange are required

There is a clear need for the state and support groups to consider the implications of Article 21 UNCRPD for the accessibility of information and readers are referred to Harper el al 2012[485] which examines the issues involved.

More fully representative literature is required in both the LGB&T and the disability sector with inclusive images and language to ensure that people feel welcome.

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484 Comment made by Questionnaire respondent
485 Harper C., McClenahan S., Russell H., and Byrne B. (2012) Monitoring implementation (public policy and programmes) of the UNCRPD in Northern Ireland.  ECNI  see http://www.equalityni.org/archive/pdf/UNCRPDFullReportFINAL260112.pdf#search="harper" (Website last accessed March 2012)

6.4    **Accessibility**

All services and premises must be accessible and inviting.  This must include the training of staff to ensure welcoming / non discriminatory practices.

Accessible transport options for disabled LGB&T people is vital to their engagement with the LGB&T community, event organisers should consider this in their planning and ensure that all transport and relevant information is accessible.  Providers of transport including transport specifically for people with disabilities should ensure that all transport arrangements are LGB&T friendly including safe waiting arrangements.

During the research it was noted that a study had reported that data from England was not available to examine the equality of access to Gender Identity Clinics for the Transgender process.  This matter was outside the remit of the current study however an examination of the Northern Ireland data would be useful to ensure that there is an equality of access to all section 75 equality groups as undertaken by the Northern Ireland commissioning trusts.[486]

6.5    **Disability Groups**

While the current study has focused on LGB&T groups, there are clear lessons to be considered by disability groups in relation to accessibility, joint working and the acceptance and provision for the sexual rights including minority sexual orientation issues for people with disabilities.  This must include clear acceptance of those rights, accessible information and clear pathways for referral to other groups such as LGB&T support were required.

There is a clear need for further research to examine the Disability Sector's practices in relation to LGB&T disabled people in order to improve services.

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486   See section 2.1.3.1

## 6.6 **Statistics and Data Collection**

This study found that there was little data held by LGB&T groups as most did not record whether a client or member was disabled, or if this was recorded then nothing was done with the information; other groups fulfilled the disabled persons requirements to participate but did not record this for the information of staff or the promulgation of good practice. The literature review also revealed that in many instances data is not available for LGB&T or disabled people in relation to equality matters such as access to service or on their attitudes held towards other groups. This would appear to be for a number of reasons including confidentially, fears about embarrassing the person, cost of collection or because it is difficult to obtain a sufficient sample.

Disability Action has also noted that it is a common feature of consultations, equality screenings and research to note that data on LGB&T and people with disabilities or multiple identity groups is not available for the area being examined or planned for. Consequently either consideration is not given to these groups or it is assumed that as there is no data, that the policy will not have a specific impact or that the impact will have an equitable affect on all groups.

In order to ensure the equality of access to services and to target discriminatory practice it is necessary that groups and the state collect and act on this information whether this is by anonymous questionnaires, confidential notes or other methods.

With regards to people with disabilities it is essential that collectors and suppliers of data consider the statistical and data requirements of Article 31 of the UNCRPD and integrate these into their statistical strategies.

## 6.7 **Multiple Identity**

Having specific multiple identities, in the current study being LGB and/or T and disabled, can result in different issues of discrimination occurring at the same time, resulting in specific multiple identity groupings having specific experiences and

identities that need to be addressed within equality strategies and service provision.[487] It is essential that service providers, be they public, private or voluntary, are aware that people often fit into more than one social category and that all their needs, including accessibility are met. To ensure that this happens, best practice would dictate that impact assessments are carried out on new and existing services, including the effects of multiple identities, and that service providers working in different areas engage, cooperate and communicate better with each other.

The identities expressed by the LGB&T people who are disabled appeared compartmentalised, more separate and inflexible as people made choices between these very separate groups who have little interaction (disabled people and LGB&T). The fluidity of identity noted by some commentators[488] for disabled LGB was seen to a lesser extent in the current study and appeared to be linked to the visibility of the disability and when it was acquired. It may also be related to the lesser acceptance of LGB&T people and culture in Northern Ireland compared to England as shown by the LGB&T areas and vibrant social scene in some areas of England as reported by a number of groups and individuals but more focused research is required.

It is important that these barriers are broken down to ensure that LGB&T people who are disabled are able to fully develop and integrate their full identity and reduce the stresses caused by exclusive separate identities.

Organisation must consider the affects of these multiple identities and address policy areas which are outside their direct areas of interest. For example, LGB&T groups should comment on consultations such as the OFMdFM draft Disability Strategy 2012-2015[489] as areas such as the opportunity for sexual expression in care arrangements and in education and advocacy may be areas of concern to LGB&T people. Disability groups should examine the forthcoming OFMdFM Sexual

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487 Rainbow Ripples and Butler R (2006) The Rainbow Ripples Report; Lesbian, Gay and Bisexual disabled people's experiences of service provision in Leeds

488 See section 3.2 above

489 http://www.ofmdfmni.gov.uk/index/equality/disability.htm (website last accessed in May 2012)

Orientation Strategy and Action Plan for areas of interest to disabled LGB&T people.

### 6.8 **Equality in Service Provision**

The evidence from the LGB&T organisations was that the majority of the organisations interviewed had not carried out impact assessments of their services and that factors such as disability were rarely considered on the availability and impact of their services they provide. This was supported by the evidence from the individual disabled people who reported inaccessible services and buildings. However there were some examples of good practice for example, Belfast Pride considered the needs of people with disabilities in its planning and involved disabled people in the planning and provision of the Pride event.

While outside the focus of the current research remit, the evidence from this study would also suggest that some disability groups have also not carried out impact assessments and considered LGB&T in the provision of their services but further study is needed.

It is clear from the evidence, that the introduction of equality contract clauses guidance in 2008 by the Equality Commission for Northern Ireland (ECNI) and the Central Procurement Department (CPD) and CPD and its support by the OFMdFM through the Commitments under the Programme for Government is not having the effect which was perhaps expected. Problems remain with the current system including the awareness of the guidelines by departmental staff, external contractors' compliance with equality duties; the use of the guidelines in smaller contracts; the impact on the early stage setup of services and in the methods used to ensure compliance. The CPD report that work is ongoing to resolve these issues and from an examination by this study of a sample of annual equality reports found that some departments' action plans are addressing the issue of non compliance by contractors. However a coordinated approach is difficult without cross departmental central monitoring and is suggested that government should examine this issue.

The ECNI and CPD guidance comments that, "projects work best were where outcomes and objectives are clear and expertise is appropriately harnessed. This includes involving people affected by the project through impact assessment."[490] It is also clear from the guidance that "the scope for including equality of opportunity or sustainable development considerations is greatest and they will have most impact in the early stages of the project".[491]

Evidence from this study would suggest that a specific contractual requirement for an impact assessment to be carried out by the service provider to raise staff awareness, check internal procedures and processes and set internal targets is rarely used although the duty remains with commissioning department for an effective implementation of their equality schemes. Instead contract equality clauses rely on a statement from groups that services will be open to all through equality statements provided by the service providers and the collection of monitoring data. The Equality Coalition has raised this issue in the past and has pushed for compliance with Section 75 equality criteria to be included in the awarding of contracts criteria.[492]

The ECNI and CPD guidance comments that the format and frequency of the monitoring process are matters for negotiation between the authority and contractor[493] compliant with the authority responsibilities. However the evidence from this study would suggest that the monitoring of service use is incomplete. For example an examination of the monitoring data form of one major service from a disability group by this study revealed that while within contract that age and sexual orientation were not including in their monitoring scheme.

The guidance on the conduct of Equality Impact Assessments from the ECNI comments that, 'while there is a need for sensitivity and respect for human rights and data protection,

490  Equality Commission for Northern Ireland (with the Central Procurement Directorate) guidelines on 'Equality of Opportunity and Sustainable Development In Public Sector Procurement' (2008) at http://www.equalityni.org/archive/pdf/ECNIPublicSector0508.pdf (website last accessed in August 2012) paragraph 1.5, page 8
491  Ibid paragraph 1.9, page 9
492  Information from Statutory and Equality Officer Disability Action September 2012
493  http://www.equalityni.org/archive/pdf/ECNIPublicSector0508.pdf (website last accessed in August 2012) Paragraph 1.38 Page 17

particularly in the categories of political opinion, sexual orientation and disability. However, the need for sensitivity must be weighed against the need to measure impact and to support ongoing policy monitoring, which are mandatory requirements of the Procedure for Conduct of Equality Impact Assessments'.[494]

While the monitoring of service use and outcomes is crucial it is equally as important to ensure that services are accessible and welcoming as service users may not be willing to report their disability or sexual orientation when engaging with service providers.  Making services accessible and welcoming requires discussion and joint working with other groups and for many this may prove challenging due to personal beliefs, other priorities or because it is seen as a drain on limited resources.  As a study respondent stated in relation to LGB&T groups and disabled people, but it equally applies to all groups offering services to all different kinds of people.

**"The challenge for organisations ….is to ask itself whether or not it is attractive to disabled people, and if not, why not?"[495]**

Relevant public authorities must ensure compliance with Section 75 duties are maintained in tendered services through the application, promotion and evaluation of relevant contract clauses relating to equality in service provision.

It is concluded that in order for the improvement in the equality provision in services that the State should include a requirement in tender documents and contracts for an equality assessment to be carried out by the service provider on the planned service provision.

As a matter of good practice, voluntary and community sector organisations should be encouraged to use equality assessment measures on proposed policy practice and services.

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494   http://www.equalityni.org/archive/pdf/PracticalGuidanceEQIA0205.pdf (website last accessed in August 2012), Page 2.
495    Comment made by a Questionnaire respondent

# 7 **RECOMMENDATIONS**

## 7.1 **Awareness Raising**

7.1.1 It is recommended that discussion be undertaken between disability and LGB&T groups with the commercial LGB&T sector to resolve access issues, consider staff training and other methods to make the commercial sector more inclusive.

7.1.2 It is recommended that disability and LGB&T groups together with the statutory equality agencies undertake a targeted campaign to inform and educate the users of the LGB&T commercial premises about disabled people and their rights.

7.1.3 It is recommended that LGB&T and disability groups work with the relevant regulators to promote the use of positive and inclusive images in all settings.

7.1.4 It is recommended that disability and LGB&T groups should undertake joint research to examine the attitudes of disabled people towards minority groups such as LGB&T people and encourage researchers to include disabled and LGB&T people in attitudinal research and provide disaggregated data.

7.1.5 It is recommended that a targeted information campaign towards the LGB&T community on the United Nation Convention on the Rights of Persons with Disabilities (UNCRPD) is undertaken by both the State which is the responsible body, equality bodies, and the disability and LGB&T sectors.

## 7.2 **Relationship and Sexual Education (RSE)**

7.2.1 It is recommended that Department of Education, LGB&T and disability groups should examine the teaching of Relationship and Sexuality Education to disabled children to ensure that it is fulfilling their needs, including minority sexual orientations and to challenge any discriminatory practices. The State should consider a thematic review of the area and of the current guidelines to uphold the individual rights of these young people with disabilities.

7.3    **Access**

7.3.1    It is recommended that groups representing disabled people and LGB&T should work with the statutory agencies and local authorities to encourage and assist commercial premises serving the LGB&T community, to any barriers to access for people with disabilities.

7.3.2    It is recommended that groups representing disabled people and LGB&T should work together to ensure that all premises and information is accessible and welcoming including the use of inclusive images and language.

7.3.3    Disability and LGB&T groups should ensure the accessibility of all internal and customer facing working practices, procedures and services drawing on the expertise of a partner group if required.

7.3.4    It is recommended that the H&SC Board and RQIA examine the equality of access to Gender Identity Clinics in line with the stated aims of the Northern Ireland commissioning trusts.

7.4    **Transport**

7.4.1    It is recommend that organisers of LGB&T specific events consider the travel arrangements of disabled people in organising events and adopt best practice such as safe waiting areas, staff training and accessible information.

7.4.2    It is recommended that the providers of transport to disabled people consider whether their training, policies and procedures including their operating times are LGB&T friendly and that transport providers for LGB&T event similarly consider the needs of people with disabilities.

7.5    **State Service Providers**

7.5.1    Greater dialogue between the state service providers and LGB&T and groups representing disabled people is recommended in order to ensure equal access to and

satisfaction with service provision.  The greater involvement of these groups with the staff training such as medical schools and staff induction courses is recommended to improve staff awareness and encourage positive attitudes.  Participation by service staff and trainees must be linked to the awarding of credit to ensure attendance and active involvement.

## 7.6 **Statistics and Data Collection**

7.6.1    It is recommended that research designers and commissioners consider the adoption of more inclusive and comprehensive research designs to include all of the equality groups in the collection of data.  The information collected must be made available in disaggregated formats to allow the examination of the affects of policies on or the views of specific groups.  The information must be also be made available in accessible formats in order to provide an equality of access to information and consequently the opportunity to participate fully in the decision making processes in society.

## 7.7 **Multiple Identity**

7.7.1    It is recommended that to ensure that the needs of multiple identity groups are better addressed in policy and service development that greater consultation takes place with the relevant service users and representative groups and that more focused statistics and information is obtained through research and data collection.  These statistics and information must be made available in accessible formats when appropriate.  It is essential that service providers working in different areas cooperate and communicate better with each other to share experiences, knowledge and resources.

## 7.8 **Ensuring Equality of Service**

7.8.1    It is recommended that public authorities ensure that compliance in service provision with all elements of Section 75 duties is maintained in tendered services through the application, promotion and evaluation of relevant contract clauses relating to equality

7.8.2    It is recommended that compliance with statutory equality group access requirements in service provision should be included in the awarding of contract criteria.

7.8.3    As a matter of good practice, voluntary and community sector organisations should be encouraged to use equality assessment measures on proposed policy practice and services.

**Full List of Responses to the Open Questions 12 to 15 from the Phase 1 Questionnaire**

Identifiable details have been removed.

**Question 12   What has your experience been in terms of accessing services, such as health services, education, employment training, as a person with a disability identifying as lesbian, gay or bisexual in Northern Ireland'?**

- "I have had no problems accessing services"

- "Very difficult during school college years.  Now extremely difficult with all boards especially housing boards, social services, mental health and family members".

- "Generally good.  Although my GP knows my partner, so maybe that helps.  Support staff and nurses at GPs also fine.  Nurse in hospital wouldn't communicate after I came out. Consultant shows an 'unhealthy' interest in the fact that I am a lesbian".

- "I have experienced some problems as I was warned not to tell anyone in work group of my sexuality as it might alarm and upset vulnerable service users who might find it hard to comprehend".

- "I have not had many problems, but the art world has hidden homophobias".

- "My partner & I have had a positive experience being recognized as a couple by our GP, community health services, and medical staff.  I believe our civil partnership was crucial to this.  At the Job Centre, I was out with my advisor.  I have accessed Student Support/Disability

Services at the University of Ulster which has been very positive".

- "I have never had any problems".

- "I haven't experienced too much difficulty in accessing services, but I have experienced what I would describe as a fair amount of rejection or shunning by others in the gay community because of my obvious disability. I actually believe that mainstream services are better qualified to meet my needs as an individual because they are better trained and have more understanding of disability issues. It has been my experience within the gay community that LGB have little or no understanding of disability issues and therefore fear it. They want to avoid you if it's obvious you are disabled in some way. I've also heard so-called professionals within gay organisations joke and make fun of people with disabilities, whilst at the same time claiming to be inclusive. Frankly they just pay lip-service to the notion of inclusivity. The result is that people who are gay and disabled then experience double-shaming - it's bad enough being gay, but being disabled and gay is much worse. It leaves you open to be ridiculed and the butt of jokes from others. It's extremely lonely - you are shunned because you are gay and when you finally get the courage to meet other people like yourself, they shun you too because you're not like them either. Or the gay organisations have poor access to their buildings. The (a well known LGB&T venue) is a great example of how you're told implicitly that disabled people are not welcome!"

- "Not really an issue, just have to check everywhere is accessible before I go".

9 people answered the question and 7 people skipped the question.

**Question 13   What has your experience been in terms of family life and family support as a person with a disability identifying as lesbian, gay or bisexual in Northern Ireland?**

- "I have had no problems"

- "Most times I have had good family support.  Can't think or try to attract someone else to be with who understands my disability, mobility or housing needs"

- "Mother fine, if bemused.  Brother homophobic A close relative is fine on sexuality but a bit crass around disability"

- "No problems in that respect"

- "I have had full support of my family"

- "There has been no problem particular to the intersection of my disability and my sexuality"

- "Because of my reliance on family members for care, I found it difficult to come out"

- "My family have been great a very supportive to me. I have had no issues with that area of my life"

- "You adapt"

9 people answered the question and 7 people skipped the question

**Question 14  What are the most important changes to public policy and programmes you would like to see happen to reduce or remove these gaps?**

- "Not sure"

- "I am concerned about safety at late night events, and prefer events where I can be home by 8pm.  Find it hard to adapt to being separate from straight disabled people but I am looking for new places and single people.   Find it hard in Northern Ireland to find suitable free holidays and courses with accommodation where I maybe meet similar people.  There are courses in England but social services here will not pay for courses out of Northern Ireland".

- "Suitability for work judgements based on full medical assessment rather than checklist can do approach; Education for younger people on disability in school curriculum, as part of diversity / citizenship perhaps; Public information campaign to challenge idea of disabled people as work shy scroungers".

- "Better LGB&T training for mental health staff".

- "More public advertisement on LGB&T support i.e. on buses, as the Christians seem to have free run advertising God.  T.V adverts on H.I.V and safe sex. Schools need to adopt a more open education in homosexuality and health".

6 people answered the question and 10 people skipped the question

## Question 15  How can Disability Action and the Rainbow Project improve their services to you?

- "No changes are needed as far as I can see".

- "Disability advice talks for Gay and Lesbian Youth Northern Ireland (GLYNI) prides in Belfast"

- "Educate people about the position of people who are disabled who wish to remain active as long as possible. There is a tension between medical advice to be positive and active and Government agenda to get disabled people off benefits. We are in a Catch 22, of course we want to say we are able to do things, its disheartening not to, but many medical conditions make it difficult to do things all the time, saying you can bars you from benefits. Campaign for us to change this perception of disabled people. Also, I am disabled, not dead, LGB&T lifestyles focus on young and fit, not old and / or disabled so include diversity in all materials and information".

- "By providing education LGB&T training for staff who work with disabled people".

- "Become more known to all society and not just gay community. Change the name of gay pride to something else, include all, perhaps Diversity parade, and include race/nationality".

- "I think this partnership is excellent to bring more awareness in both sectors".

- "Disability Action needs to be getting involved in things like gay pride to promote sexual orientation issues within its own organisation. Same for (a well known LGB&T group) - they need to get involved in more disability events as there is a whole section of our population who are gay and disabled but don't have the ability to approach organisations like (a well known LGB&T group) directly for help. Imagine you are a wheelchair user and dependent on care from a relative. These family members

don't let you wonder off on your own. So an able-bodied person can approach the likes of (a well known LGB&T group) directly for help, but a wheelchair user can't do that. I also think that gay organisations should be trained in disability issues and raise it more as an issue. In the few years I've been attending events at queerspace or the other groups, I have not met any other disabled people - either because they're hiding it, or they're just not attracting these people to their groups. The challenge for organisations like (a well known LGB&T group) is to ask itself whether or not it is attractive to disabled people, and if not, why not?"

- "Make sure more LGB&T services are accessible to everyone".

## Copy of the Stage 1 Questionnaire

Thank you for agreeing to take part in this survey. It should take no longer than five minutes and will greatly assist The Rainbow Project and Disability Action in identifying the issues that affect and matter to you. We appreciate your time.

Please answer questions in as much detail and as best you can.

**1. The Disability Discrimination Act 1995 defines a disabled person as someone who has "a physical or mental impairment which has a substantial and long-term adverse effect on his/ her ability to carry out normal day to day activities".**

**Do you consider that you meet this definition of disability?**

◯ Yes I am a disabled person within the terms of the definition

◯ Yes I am a disabled person but not recognised by the definition

◯ No

**2. Please state the type of disability.**

◯ Intellectual Disability

◯ Mental Health Disability

◯ Physical Disability

◯ Sensory Disability

**3. How did you acquire your disability?**

☐ Not Applicable

☐ I have had the disability from birth

☐ From an accident

☐ Violence related to the troubles / conflict

☐ Other violence or violence related incident

☐ From an illness or disease

Other (please specify)

[_____]

**4. Are you male or female (including transgendered)?**

◯ Female

◯ Male

**5. Do you consider yourself to be transgendered?**

◯ Yes

◯ No

**6. Are you a ...**

◯ Bisexual

◯ Gay Man

◯ Gay Woman

◯ Gay Woman / Lesbian

◯ More attracted to Men than Women

◯ More attracted to Women than Men

◯ Other

**7. Are you ...**

◯ Single, that is never married

◯ Married and living with husband\wife

◯ A civil partner in a legally-recognised Civil Partnership

◯ Married and separated from husband\wife

◯ Cohabiting

◯ In a relationship and not cohabiting

◯ Divorced

◯ Widowed

**8. Which of the following age bands do you fall into ...**

◯ 16-29

◯ 30-44

◯ 45-59

◯ 60-74

◯ 75 or more?

**9. Do you have any adults/children who are dependent on you?**

◯ Yes

◯ No

**10. Please mark all the answers which that apply to you...**

◯ One or more of my family members knows my sexual orientation

◯ One or more of my colleagues in work knows my sexual orientation

◯ One or more of my friends knows my sexual orientation

◯ One or more of my carers knows my sexual orientation

◯ No one in work knows my sexual orientation

**11. How much do you know about the United Nations Convention on the Rights of Persons with Disabilities?**

◯ A lot

◯ A fair amount

◯ A little

◯ Nothing

**12. What has your experience been in terms of accessing services, such as health services, education, employment training, as a person with a disability identifying as lesbian, gay or bisexual in Northern Ireland?**

**13. What has your experience been in terms of family life and family support as a person with a disability identifying as lesbian, gay or bisexual in Northern Ireland?**

**14. What are the most important changes to public policy and programmes you would like to see happen to reduce or remove these gaps?**

**15. How can Disability Action and The Rainbow Project improve their services to you?**

**16. Thank you for taking part in the survey, The Rainbow Project and Disability Action really appreciate your time and the input you have given.**

**If you have any further comments please use the box below**

## Copy of the Individual Interview Framework

V2

## Interview Guide for Joint Rainbow and Disability Action Project. Stage 2  V2

1 Hour

Inform interviewees that while answers will be anonymous that they may be quoted in final paper but will not be identifiable or attributed.  They do not have to take part

_____

Some of these questions are of a personal nature should you not wish to answer these please indicate this and we will move on;

**Question 1**      **Have you heard of the United Nations Convention on the Rights of Persons with Disabilities UNCRPD (Query:-How much do you know about it?)**

**Question 2**      **What is your disability? (Query- How was it acquired, how has it affected your life)**

**Question 3**      **Did your disability cause you any difficulty in your choice to come out or change your gender? (Were you seen as asexual, clothing choices, over protective family / carers)**

**Question 4**      **What barriers if any have you found in taking part in the LGB&T and disability communities? (Query - body culture, accessibility, over protective state, lack of information, do not account for your sexuality or transition in services?)**

**Question 5**      **How would you improve matters?**

**Question 6**     **What barriers if any, have you found with dealing with the state?  (Query -Health service, education, schools, staff training and assumptions based on gender / sexuality / disability etc)**

**Question 7**     **How would you improve matters? (query FPA, schools, greater contact / discussion)**

**Question 8**     **Is there anything else that Disability Groups (such as Disability Action) or LGB&T groups can do, to provide a better service to persons with disabilities who identify as LGB&T**

**Question 9**     **Is there anything else you would like to add?**

**Do you know anyone else who would like to take part?**

**Thank you for your help**

**Copy of the Organisational Interview Framework**

**Interview Guide for Joint Rainbow and Disability Action Project.
Stage 2 (internal Project use only) V4**

1 Hour

Inform interviewee that all answers will be completely anonymous, that no comments made will be directly attributed to them (or their organisation) and that they may be quoted in final paper but will not be identifiable or attributed.

**Question 1**      **Do you know about the UN Convention on the Rights of Persons with Disabilities (UNCRPD). Has your organisation received any information or training?**

**Question 2**      **Do you know how many members of your group (or clients) are people with disabilities?**

**If yes: How many? (Percentage?)**
**If no: would you consider measuring that characteristic of your members/clients?**
**Size of group / number of clients?**

**Question 3**      **Do you know if your services are fully accessible to persons with disabilities? (Text capability on help lines, websites AAA certified tested by disabled people, physical access, and accessible information)**

**Question 4**      **Do you ever consult with people with disabilities who identify as LGB&T?**

**Question 5**      **Do you know if there are barriers to people with disabilities joining or using your services?**

Is your website (if any) to AAA accessibility level?
Is information available in alternative formats?

Has an accessibility audit been carried out on your premises or meeting venues?

**Question 6**      **In your view what are the main barriers for people with disabilities taking part in the social / cultural LGB&T life (body culture, access, over protective state, lack of information? Travelling distance – related to age?)**

**Question 7**      **In your view what would you consider effective at reducing these barriers?**

**Question 8**      **Are your staff/volunteers given staff disability awareness training?**

**Question 9**      **Generally what do you think are the main barriers / issues in society for people with disabilities who identify as LGB&T?**

**Question 10**      **In your view what would you like to see Disability Groups such as Disability Action change to help you (or help directly) provide a service to persons with disability who identify as LGB&T (or help directly)**

**Question 11**      **Is there anything else you would like to add?**


**Thank you for your help**