

**User-Led Organisation
Wave 2 Site**

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Product 1

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**A Diversity Toolkit –
Focused on Lesbian, Gay,
Bisexual and Transsexual
Groups (LGBT)**

**Document Status:
Final Product**

ULO Learning Product Summary

Organisation: *Southampton Centre for Independent Living CIC*

Name of product: *A Diversity Toolkit – Focused on Lesbian, Gay, Bisexual & Transsexual Groups (LGBT)*

Summary of product: *The research and development of a diversity toolkit focused on the LGBT community, but applicable to all 7 equality strands as identified by the Equality & Human Rights Commission. This product will be relevant to small ULO's which will enable them to raise their awareness of the issues and develop a improvement plan.*

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Graphic Executive Summary:

Workstream ① Diversity



I'm a disabled woman but I'm also muslim & a lesbian

We oppress people just as society oppresses us!

If induction process is used to help people be open about their identities this would help



Are there no LGBT disabled people in Hampshire?

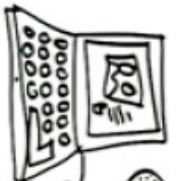
Training needs to be on-going

to help U.L.O.'s see how they're doing & address gaps

Lack of volunteers who wanted to be part of the project

Homophobic banter is it really O.K.?

A reflection of what's happening across society not just in U.L.O.'s



A network of U.L.O.'s to support those trying to do work in this area

Contacted local LGBT disabled people



Rural/urban differences

Networked nationally due to lack of people coming forward

Lots of examples of discrimination within user-led organisations

We need to do much more work with LGBT organisations to learn from them but also to help them address issues facing LGBT disabled people

LGBT Diversity Checklist for User Led Organisations

1. Introduction

User Led Organisations are committed to supporting Disabled People to have choice and control in their lives and to become empowered as active citizens within the community. As the Social Model of Disability (see *appendix 2*) demonstrates, there are many barriers to Disabled People within society which limit our inclusion, however Disabled People from 'hard to reach' groups can encounter even more barriers, due to their gender, race, culture, sexuality, religion or even social class



Whilst User Led Organisations often promote the concept of diversity and inclusion and aim to be non-discriminatory, there is evidence that this is often more an aspiration than a reality; often due to a lack of time and resources.

The Equality & Human Rights Commission accepts there are a number of groups who do not have equality with main-stream society. These groups are broadly defined by the following 7 'Equality Strands':

- Age
- Disability
- Gender
- Transgender
- Sexual Orientation
- Race/Ethnicity
- Religion or Belief.

We decided that this product should focus on one equality strand (Sexual Orientation) as an example of how user led organisations could begin to think about diversity in a wider context than disability or race.

The aim of this product

- Develop a 'diversity' checklist that could help ULO's assess their current provision in meeting the needs of a diverse community. **This is focussed on LGBT** (Lesbian, Gay, Bisexual, Transsexual) **issues but could be transferred to other equality strand groups.**
- Review the existing literature and other resources regarding service provision for Disabled People who identify as LGBT.
- Formulate a set of recommendations regarding what future work needs to be done in this area.

Method of research

An audit of our membership's equal opportunities monitoring found that approximately 7.5% of our membership identified as LGBT.

Initially, we hoped that a group of Disabled LGBT users would form a focus group that would then lead the research and identify the research priorities for the project.

The project leader wrote to the whole membership of the ULO asking for people who defined themselves as LGBT to volunteer to participate in the research either as a member of the focus group or to be interviewed on a one to one basis. (*see appendix 3*)

Unfortunately, there was no response to this request. This highlighted how some people may feel uncomfortable with revealing their sexuality to a ULO, particularly if the organisation has shown no interest in them beforehand!

Due to this lack of response, we then decided to contact other local organisations who may come into contact with Disabled People who identify as LGBT. These included local LGBT organisations as well as local organisations supporting people living with HIV / AIDS. Unfortunately this only elicited a very limited response.



So, we decided to widen the net nationally to other ULOs and contacts we already had within the LGBT community.

This method did result in a number of Disabled People who identified as LGBT expressing interest in our work. The project leader arranged personal interviews with these people, all of whom had been or were working within a ULO. We gathered evidence from them, both as a service user and as a ULO employee. This approach we found particularly interesting as it definitely helped us shape our findings around the importance of developing a culture within the organisation of acknowledging and celebrating diversity.

The evidence from these interviews was then collated and the results were used to compile our diversity checklist.

A review of literature and resources regarding Disabled people identifying as LGBT was also conducted and the findings from previous research was compared with the findings from our interviews.

2. Findings

Information

It was clear from our research that ULO's need to be more pro-active in promoting their 'diversity credentials'. If you have a culture that welcomes diversity and celebrates, then say so. *(However, be careful, if you promote your ULO as being good at diversity – then ensure you are – otherwise you risk losing your credibility. It is very difficult to re-establish credibility once it is lost)*

ULO's should review their information at all levels, including recruitment, membership, policies etc. Ensure all your information shows your diversity.

For example:

- Does your literature 'look' like it comes from a diverse organisation?
- Does information have images or words which demonstrate your diversity?
- Have you checked your information to ensure your terminology is appropriate to all equality strands?

Culture

It was very clear from our research that a ULO which was focused on empowering LGBT people, to be open about who they were, helped create the right environment and culture within the ULO to allow diversity to be acknowledged and celebrated by both users and members of staff.

Our research high-lighted several examples where ULO's discriminated against LGBT people, some blatantly, others in less obvious, but equally unacceptable ways:

Examples:

- One interviewee was not invited to bring their partner to a Xmas party as "there won't be enough room"
- Many interviewees reported that their sexuality was often discussed as an object of humour within the ULO e.g. "Wait till X finds out you're gay, their face will be hilarious".



Our research found that sexuality often seemed to be ignored completely, which interviewees felt stemmed from embarrassment and lack of training and openness around how to deal with diversity generally.

Leadership and Management

Diversity must be considered as a key priority by senior management and at Board level if it is to be effective.

We found those ULOs that did the most to develop diversity have senior management (staff or Management Committee) who belong to these groups and have ensured that their commitment to diversity is ingrained in all its policies, procedures and working practices.

Establishing this 'top-level', peer-based commitment, then sets the tone (and expectation) for the whole organisation. This was felt to be a key issue.

Policies and procedures are important as they provide a framework on which to base a diversity agenda within the aims, values and culture of a ULO. Specific references may need to be made to the 'equality strand' groups within certain policies to avoid any ambiguity regarding the ULO's position and expectations. **NB: Examples of these policies are available from the ULO section of NCIL's website (www.ncil.org.uk)**



Prejudice must be able to be openly challenged at every level of the organisation and there should be clear mechanisms to ensure and fair and consistent approach is adopted. Policies such as a ULO's Complaints Procedure, Grievance Procedure or Whistle Blowing Policy must be developed to enable a ULO to effectively deal with diversity issues.

Most importantly however, is that the ULO has to adopt a culture of learning and continuous improvement. A ULO which manages diversity well is a ULO who accepts it can do better and is continuously trying to identify poor practice, deciding how to learn from the incident and ensuring an open culture within the ULO to want to improve.

We found that adopting a culture of wanting to improve was the key. A ULO which engages with diverse communities and works with them to identify and

then remove poor practice will be far more effective than one which hides its weaknesses 'under-the-carpet'.

Example of an 'under-the-carpet' culture:

- One interviewee recalled that after reporting the fact that she had been harassed by a service user over her sexuality, she was told by her line manager 'well, you shouldn't have come out then'.

Diversity issues should also be addressed within supervision. Line Managers and supervisors must have training and support on how to address diversity issues in a sensitive and appropriate manner.

Don't expect instant results

We found that ULO's should not set themselves up to fail by expecting instant results. Culture change takes time to implement and even longer for service users to accept a ULO as being more open and welcoming of diversity.

Any ULO which says "*we tried to encourage LGBT people to get involved, but no-one came forward*" is failing to take the issues seriously and failing to develop a long term commitment and plan. Diversity plans should expect that change will take time, and set targets or milestones to enable progress to be monitored.

Indeed, this research is a case in point. We could have given up when our initial questionnaire failed to engage with LGBT people. Instead of giving up, we planned a different strategy, which also failed! It was only our third attempt which met with success.

Diversity / equal-opportunities monitoring

Our research found that a number of organisations didn't effectively monitor the diversity of its staff, volunteers, members or service-users. Most ULO's did some form of diversity monitoring but many did not extend this monitoring to cover the 7 Equality Strands.

For any diversity plan to be effective, first the ULO must establish a diversity monitoring base line. i.e. how well or badly does it do at the moment?

See Appendix 4 for an example of Diversity Monitoring

It is only by evaluating how diverse you are at the moment, that a ULO will be able to identify where it is weak and develop a plan to improve. If you don't know how you perform at the moment, how on earth will you know if you are improving?

Induction

All the interviewees we researched, felt that the induction processes within most ULOs was underdeveloped and therefore missed an important opportunity to ensure new personnel understood the ULO's culture with respect to diversity.

A good induction process might enable a new member of staff to feel comfortable enough to reveal their sexuality. In addition, a good induction will ensure new personnel are aware what multiple oppression is, and that it is not a taboo subject within the organisation.

Specific information and training should refer to all 7 equality strands and highlight the impact of multiple oppression on Disabled People. **Effective training on diversity was felt to be a critical part of any effective induction system.**

Training

All staff should undertake training around diversity. This training should cover all the equality strands and foster an open culture where personnel can admit to lack of knowledge and feel comfortable that the ULO will work with them to develop their awareness.



Staff who work on a one to one basis may need specialist training and support, as users may be more likely to divulge personal information such as their sexuality in a one to one setting than in a group setting.

If a ULO feels it does not have the skills to run a diversity training course on its own, there are a number of ULO's and other organisations which run peer-based diversity training courses.

Linking with other Organisations

Many Disabled People have a poor body image of themselves and our research highlighted the prevalence of this amongst LGBT Disabled People too.

The *'body beautiful'* stereotype, widespread within the LGBT scene, often excludes Disabled People from feeling they belong to the LGBT scene.



"I don't feel I belong on the gay scene or in the disability community" was one of a number of comments by interviewee who felt their dual identities were not recognised effectively.

Very few ULOs have links with LGBT community groups and we were disappointed that none of the community groups contacted as part of the research responded positively to a request for an interview.

However, it is important that a ULO makes concerted attempts to engage with other organisations which work with LGBT groups. This engagement will benefit both parties – the ULO can learn how to be more inclusive of LGBT groups and the LGBT organisation can learn how to be more inclusive and welcoming of Disabled People. We found that this **win-win** approach was the most effective method of establishing partnership working arrangements.

3. Diversity Checklist

This checklist has been developed as a way to begin to assess how diversity issues are addressed within a User Led Organisation. This checklist is not intended to be definitive – you will want to develop it to meet the needs of your ULO.

We guard you against adopting a “yes / no” approach to the questions and instead recommending you use this checklist within a Management Committee meeting, team meeting or staff meeting to facilitate discussion.

The checklist has been designed specifically with LGBT issues in mind, however we have tried to develop it so it could be easily adapted to cover other diversity issues.

Information	Notes
Do leaflets / publicity explicitly acknowledge that the organisation welcomes people from all equality strands / 'diverse' groups?	
Do the images and photos on leaflets, literature and notices displayed in your reception area fully reflect the diversity of users?	
Is the language used appropriate to all equality strands e.g. partner rather than husband / wife?	
Leadership & Management	Notes
How do you ensure your senior managers and Management Committee understand and commit to a diverse ULO?	
How do your aims, values and culture represent your commitment to diversity?	
How can your ULO develop a long terms strategy to improve your diversity? What should this strategy include?	
How well are you doing at the moment? How do you monitor the diversity of your ULO?	
Do you know the local and national	

organisations which focus on LGBT issues? Which of those can you work with? Can they learn from you as well as you from them?	
Recruitment	Notes
Do ALL recruitment adverts explicitly include a statement welcoming applications from a diverse range of people?	
Are job packs regularly reviewed to ensure they encourage a diverse range of people to apply?	
Are equal opportunity monitoring forms included in job packs and more importantly are the results from them collected, analysed and acted upon to ensure a diverse range of people are applying?	
Are recruitment adverts placed in community publications which may have a more diverse readership than the mainstream local paper?	
Are interview questions reviewed to ensure assumptions are not made about a person's lifestyle?	
Induction	Notes
How do you ensure that diversity is a key part of your induction pack?	
Are all aspects of diversity mentioned including separate sections covering Gender, Disability, Race, LGBT?	
Are links made between the different diversity strands and the fact that many users will experience multiple oppression by belonging to more than one 'minority' group?	
Does the induction process allow an opportunity for personnel to express	

whether they identify LGBT in a way that they would feel safe to do so?	
Training	Notes
Are personnel encouraged to attend diversity training as part of their continued personal development?	
Do personnel who offer one to one support to users get specialist training on diversity issues?	
How does training on other issues make relevant links to diversity issues as appropriate?	
Attitudes	Notes
How are prejudiced and / or stereotyped views challenged when they are expressed in meetings etc?	
How does the complaints, grievance and whistle blowing procedures explicitly mention harassment of LGBT personnel and users to encourage reporting of this issue?	
How are personnel encouraged to challenge prejudice even when expressed by a more senior member of the ULO?	

4. Recommendations / Looking to the future for SCIL

1. Develop a diversity image bank which ULOs can use in leaflets / publicity to illustrate the diverse range of service users that may benefit from their support.
2. Develop a comprehensive section in the induction pack to cover diversity issues covering language, harassment and hate crime, cultural considerations.
3. Consider expanding current mandatory Disability Equality Training provided to all personnel to include all 7 equality strands
4. Develop specialist diversity networks across ULOs in order to share good practice and offer specialist advice. This may be of particular benefit to developing ULOs or ULOs in rural areas where diverse communities may be less apparent.
5. Develop a training pack that focuses specifically on issues arising from multiple oppression.
6. Update SCIL's equal opportunities monitoring form to include section on religion / belief.

APPENDIX 1

Glossary of Terms

(based on Rainbow Ripples report, 2006)

- **Sexuality** - the expression and experience of sexual orientation.
- **Lesbian** - preferred term rather than “gay woman”.
- **Gay** – this, as an adjective or “gay man” are acceptable terms. “A gay” is not acceptable.
- **Lesbian, gay and bisexual (LGB)** – the preferred term if referring to both men and women
- **Bisexual** - this term should be followed by “people” or “person”.
- **Queer** - considered a political and academic term to describe the theory of human sexuality. It was not considered the best term to use in reference to people.
- **The Scene** - used to refer to the commercial lesbian and gay scene and venues.
- **Transgender** - an individual who wishes to change their sex.
- **Transexual** - a post-operative individual who has changed their sex.
- **Transvestite** - an individual who cross dresses, but has no intention of changing their sex.
- **Being Out** - choosing to tell an individual or group of people about your sexual orientation.
- **Not out** - this is a preferable term to “in the closet”. As with “being out” it could refer to an individuals relationship with other individuals or groups of individuals.
- **LGB Community** - this was felt to refer to a wide community often viewed in a stereotyped way, which was not necessarily supportive or inclusive of LGB disabled people. There is a danger that people confuse “the LGB community” with “the lesbian and gay scene”. In one location, there are often a number of LGB communities, based on different identities. For example, informal lesbian feminist networks are very different to social groupings organised around the lesbian and gay scene.

APPENDIX 2

The Social Model of Disability

Introduction

More and more Disabled People are talking about the Social Model of Disability. For many, understanding it has completely changed their lives, helping them to feel far more positive about themselves. SCIL sees it as its guiding philosophy, but it is still widely misunderstood.

This page aims to explain the Social Model of Disability in a way that is easy to understand and serves as an introduction to these concepts.

These concepts are usually explored in more detail on [Disability Equality Training](#) and Personal Development courses (available from SCIL and many other organisations run and controlled by Disabled People). These courses enable Disabled People to relate the principles of the social model of disability to their own life.

The Social Model of Disability has changed many people's outlook on life – and it could change yours. If after reading this, you would like to speak to people whose lives have been dramatically enhanced as a result of the social model, please contact SCIL or your local organisation of Disabled People.

A different way of looking at ourselves

The Social Model of Disability enables Disabled People to look at themselves in a more positive way which increases their self-esteem and [independence](#).

Disabled People often feel a loss for all the things they would like to do, but cannot; a loss of goals and dreams that seem unobtainable. Disabled People also often feel they are a burden on family and friends, and a problem for doctors who cannot cure them.

This traditional view of disability is called the Medical Model of Disability, because it sees people as medical problems. As a result Disabled People see their impairment as their problem, something they will have to make the best of and accept that there are many things they cannot do.

The Social Model of Disability starts from a different perspective. It ignores how bad a person's impairment is. Instead it establishes that everyone is equal and demonstrates that it is society which erects barriers that prevent Disabled People participating and restricts their opportunities.

(Appendix 2 continued)

How does the Social Model of Disability work?

The social model looks beyond a person's impairment at **all** the relevant factors that affect their ability to be a full and equal participant in society.

What else is relevant?

Heavy doors and inaccessible public transport are just two examples of what it is that makes travelling such a hassle – not the fact that someone is disabled. Every disabled person can make their own list of the barriers that limits their participation. When these barriers and other people's negative attitudes are considered, it is easy to see how Disabled People's opportunities are limited by a multitude of barriers.

The Social Model of Disability helps Disabled People to understand that the solution is to rid society of these barriers, rather than relying on curing all the people who have impairments as the only way forward (in many cases this is neither possible or desirable).

For example, people with poor eyesight are given a simple piece of equipment – a pair of glasses. Without them they would be excluded from full participation in society and would therefore be disabled.

Similarly, the Social Model solution to the fact that a wheelchair user is disabled because they cannot use public transport, is simple – make all public transport accessible to everyone!

Examples of how society could change to allow Disabled People to participate equally:

Medical model problem	Social model solution
Painful hands, unable to open jars, doors	Better designed lids, automatic doors
Difficulties in standing for long periods	More seats in public places
Unable to climb steps into buildings	Ramps and lifts in all buildings
Other people won't give you a job because they think you could not do it	Educate people to look at Disabled People's abilities rather than looking for problems

This Social Model approach to disability sees the problem as society's barriers, rather than the person's condition and allows Disabled People to lift the blame from their shoulders and place it squarely onto societies.

(Appendix 2 continued)

The new line Social Model of Disability empowers Disabled People to challenge society to remove those barriers.

Medical model says:

- You are a sufferer
- You are the problem
- Your disability needs curing
- You cannot make decisions about your life
- You need professionals to look after you
- You can never be equal to a non-disabled person

Social model says:

- Disability is not an individual problem
- Disabled People cannot compete on equal terms because there are too many barriers
- We need to recognise that society has a duty to remove these barriers
- Disabled People have the same RIGHT to full equality as all other citizens.

The social model defines disability as “*the disadvantage or restriction caused by a society which takes little or no account of people who have impairments and excludes them from mainstream activity.*”

Further reading:

- Disability Politics: Campbell J & Oliver M. (1996 London: Routledge)
- Pride against Prejudice: Morris J (1991 London: Womans Press)

APPENDIX 3

Samples of our awareness raising for this product

Southampton Centre for Independent Living Ltd
Celebrating 25 years of Independent Living 1984 - 2009



Promoting equality
across the South

16th December 2009

Dear Member

Re: Supporting Disabled People who are Lesbian, Gay, Bisexual and/or Transsexual (LGBT)

SCIL is currently doing some work around making sure our services meet the needs of a diverse community. We are focussing this work on working with Disabled People who identify as Lesbian, Gay, Bisexual and/or Transsexual. We would like to speak to Disabled People from the LGBT community in both Southampton and Hampshire either on an individual basis or as part of a focus group to find out how we can make our services more relevant, accessible and inclusive.

We are hoping to get views of both SCIL members who are LGBT as well as members of staff and the wider LGBT community.

If you would be willing to participate in a focus group in January or talk to us on an individual basis, then please give Robert a ring on 023 8020 2639 or email Robert@southamptoncil.co.uk

We hope our LGBT members will be willing to help us in this project and look forward to hearing from you.

Yours sincerely

Robert Droy

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Choice and Control

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Telephone 023 8033 0982
Fax 023 8020 2648
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‘Out’ at Southampton

**A Queer Peer Support Group for
Disabled People who are Gay,
Lesbian, Bisexual or Transsexual**

For more information contact Robert

Phone 023 8033 0982

Minicom 023 8020 2649

Robert@Southam onCIL.co.uk

**‘Out’ in Southampton will bring
Disabled People from the
LGBT community to:**

- Inform SCIL on how it can meet the specific needs of the LGBT Community
- Support each other and share common experiences
- Campaign for full access to LGBT venues
- Combat Discrimination from Services and ensure equal access to support.
- Raise awareness of ‘Hate Crime’
- Develop links with other related groups / projects

APPENDIX 4

Example of a diversity monitoring pro-forma

**SOUTHAMPTON CENTRE FOR
INDEPENDENT LIVING LTD**



EQUAL OPPORTUNITIES MONITORING FORM (MEMBERSHIP)

In accordance with our Equal Opportunities Policy adopted in March 1992 we are required to monitor our activities to ensure that we are reaching all sections of the diverse population that we cover.

To ensure that SCIL's Equal Opportunities Policy is working we consider it essential to keep up to date information about membership applicants. Accordingly all applicants are requested to complete this form which will be treated in strictest confidence and used for statistical purposes only.

Policy Statement

SCIL is committed to the principle of equality of opportunity for all people, recognising that people are oppressed and can experience discrimination on the grounds of class, race, gender, ethnicity, sexual identity, as well as impairment.

We welcome applications for membership from all disabled people, including those who experience discrimination on other grounds, recognising that disabled people are working class, women, black, minority ethnic, lesbians and gay men. Furthermore, SCIL welcomes this diversity and values the contribution each can make.

We support the Social Model approach to disability that sees the problem as society's barriers, rather than the person's condition and allows disabled people to lift the blame from their shoulders and place it squarely onto society's. SCIL encompasses people with a physical, sensory, intellectual, psychological, emotional or any other hidden impairment and, therefore, includes people with learning difficulties, system survivors, cancer and those with HIV/AIDS.

To help you complete this form, guidance notes have been added.

Class:

It is our view that people are discriminated on the basis of their class.

Working class [] Middle class [] Upper class []
Classless []

Gender:

Male [] Female []

Race / Ethnicity:

- [] **White** (British, Irish or any other white background)
- [] **Mixed** (White and Black Caribbean, White and Black African, White and Asian, or any other Mixed background)
- [] **Asian, Asian British or Asian English** (Indian, Pakistani, Bangladeshi, or any other Asian background)
- [] **Black, Black British or Black English** (Caribbean, African or any other Black background)
- [] **Chinese, Chinese British or Chinese English** (Chinese or any other background)
- [] **Other** (please state)

Age:

14-17 [] 18- 30 [] 31-59 [] 60+ []

Sexual Orientation:

We include this section in order to monitor all oppressed groups, but understand why some people may not wish to divulge this information.

Heterosexual [] Lesbian [] Gay []
Bisexual [] Transsexual [] Transgender []
Other (please state)

Do you consider yourself a disabled person?

You need **not** be registered as a disabled person.

Yes: Confers Full membership with the right to vote []

No: Confers Associate membership, with no voting rights []

Impairment category:

We are not concerned with the medical nature / terms of your Impairment, but that we reach people with differing types of impairment. Please tick the impairment category or categories which best apply to you:

Physical [] Sensory [] Hidden []
Learning Difficulty [] Survivor (Mental Health System) []
Cancer survivor [] HIV / Aids []
Other (please state)

Religious Belief: Please indicate your religious belief:

Atheism [] Buddhism [] Christianity []

Islam [] Jainism [] Hinduism []

Judaism [] Sikhism []

Other

I do not wish to disclose my religion/belief []

APPENDIX 5

References

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.

Butler R. and Rainbow ripples 'Lesbian Gay and Bisexual disabled people's experiences of service provision in Leeds' (2006) www.rainbowripples.org.uk

Sources of further information

Regard – National Organisation of Disabled LGBT People – www.regard.org.uk