The LGBT Health and Inclusion Project

Brighton and Hove NHS Clinical Commissioning Group (BH CCG) and Brighton and Hove City Council (BHCC) have commissioned the LGBT Health and Inclusion Project at Brighton and Hove LGBT Switchboard to conduct a series of consultation and engagement activities with local lesbian, gay, bisexual and trans people (LGBT) people. The aim is to use the information gathered to feed into local service commissioning, planning and delivery.

Please note, the following report presents information about the consultation and engagement work conducted by LGBT HIP, and should not be taken as a position statement of Brighton and Hove LGBT Switchboard or of any participating organisation.

Introduction

LGBT HIP is a mechanism for engagement with the LGBT communities of Brighton and Hove. Discussion with commissioners indicated that there were perceived to be constituencies within those communities who were seldom heard and who were understood to find consultation and engagement activities less accessible than other groups. LGBT HIP sought to undertake activities to address this exclusion and to engage with those groups. One such group was LGBT disabled people.

The Count Me In Too (CMIT) research produced a report on its findings regarding disabled respondents. Around 15% of the sample overall reported a disability or long-term health condition. The research identified a number of inequalities experienced relative to those who were not disabled. This included experiences of violence and abuse (including domestic abuse), exclusion from employment and/or health services and poor mental health. Disabled respondents were less likely to feel safe at home and outside and 18% did not feel safe in LGBT venues. There were also significant issues regarding feelings of exclusion, isolation and access issues. Over half of respondents said they did not fit well or at all into disabled activities, events and groups in Brighton and Hove, and 38% said they did not fit well or at all into LGBT activities, groups and events. Respondents described ways in which they were excluded and marginalised in LGBT spaces. For example, one respondent spoke of his experiences of a sauna.

“You can’t see the stick in the sauna. When I’m dressed and going out and they see the stick, you can see the look of absolute horror. [They] think oh I’ve had sex with a cripple, you see that look which makes me laugh! I met somebody who wouldn’t go to a gay club because people were staring at him because he had a stick.”

CMIT suggests that experiences of exclusion and discrimination would appear to be a feature of the lives of many LGBT disabled people in the city. There have been previous initiatives in Brighton and Hove to act as a forum for LGBT disabled people to put such issues on the agenda and promote action but these have ceased functioning. LGBT disabled people have always been involved in the work of LGBT HIP. However, it was clear that there were opportunities to coordinate and extend this. This lead to the decision to hold specific consultation sessions on the development of engagement initiatives with LGBT disabled people in the city.

---

2 Ibid.
3 For example, in 2009 The Fed and Spectrum came together to set up the Brighton LGBT Disability Action Group. See http://bit.ly/1mQlKMG.
It is part of the mission of LGBT HIP to work collaboratively with partner organisations when appropriate in its consultation and engagement work. The Fed Centre for Independent Living (The Fed) has operated since 1981 and has expert knowledge of the needs and experiences of disabled people. It is self-defined as:

“A user-led organisation that promotes independent living for all. The Fed works towards equality by inspiring disabled people to identify barriers and define solutions.”

The charity offers a wide range of services including advice, support, information, advocacy, counselling, hire of accessible buildings, group work and disability awareness training. The Fed also runs the Getting Involved Group (GIG). This is an engagement forum within the Fed, which involves LGBT people but is open to a wide spectrum of disabled people.

The Fed’s ethos is underpinned by the ‘social model’ of disability, which understands that it is discriminatory, unequal and inaccessible environments and social relations that disable disabled people, not the impairments that disabled people may have.

“The work of the Fed is based on the social model of disability, which emphasises that disabled people are disabled not by limitations of our bodies and minds but by social barriers of unequal access, prejudice, discrimination, and social exclusion...Prejudice, discrimination, services which disempower and segregate us; a failure to use resources to create accessible environments, to use technology to aid communication, to provide personal assistance to aid daily living, and so on—these are the disabling barriers that disabled people experience.”

This ethos also informed the collaborative work that LGBT HIP and the Fed developed to consult with LGBT disabled people about a forum for LGBT disabled people in the city.

**Method**

LGBT HIP and the Fed worked collaboratively to organise two meetings for LGBT disabled people in December 2013/January 2014 to discuss their views about the need for an LGBT disabled people’s forum in the city. The meetings were relaxed and informal, beginning with presentations from the LGBT HIP Coordinator and the Coordinator of the Fed’s GIG about the background to the projects, their respective engagement work and reasons for carrying out the consultation. This was followed by small and whole group discussions about the topics of interest. The LGBT HIP Coordinator took notes from the sessions.

**Findings**

We did not ask participants to complete demographic or evaluation forms in keeping with the intention for a relaxed and informal event. Nine people attended with an apparent balanced gender mix and approximate age distribution of 20s to 70’s.

**Key Issues Emerging**

Here we present a brief summary of the key issues and topics that emerged from the discussions.

- The issue of exclusion from LGBT venues and events was a significant issue that received considerable attention. Participants spoke in detail of physical access barriers they had encountered (e.g. lack of wheelchair access, poor seating layouts and other access barriers within buildings). Participants complained of being made to feel like a spectacle when requesting to use facilities such as ramps or accessible toilets.
- The attitudes and behaviours of staff on the commercial LGBT scene were also cited as barriers. There was reportedly an apparent lack of basic awareness of disability issues, with examples of poor practice and lack of sensitivity and discretion. For example, participants spoke of being humiliated and embarrassed when bar staff in LGBT venues would shout across the bar to colleagues that someone needed the accessible toilet key. Issues of appropriate language and respect for dignity were raised and disability awareness training was strongly advocated.

---

4 See [http://www.thefedonline.org.uk/about](http://www.thefedonline.org.uk/about).
• It was also noted that such problems were encountered within LGBT community and voluntary groups where there was an expectation of a higher level of awareness about the issues and disappointment that these organisations were not doing more to respond appropriately.

• Participants spoke of the ways in which they felt that LGBT disabled people were desexualised on the LGBT scene. This was linked to the wider desexualisation of disabled people but which could be felt more keenly on the LGBT scene because it was perceived to be a space where expression of sexual identities should be possible, and sexual and romantic opportunities realised. Discrimination and the prejudiced perceptions of non-disabled people meant that participants felt that these opportunities were being denied to them.

• Participants were frustrated by a lack of visible participation and representation of LGBT disabled people within LGBT organisations and were angered by tokenism, i.e. when organisations were perceived to invite feedback and participation from disabled people as a ‘box-ticking’ exercise or expected that the views of one disabled person could be taken to represent all LGBT disabled people. There was also anger expressed that LGBT disabled people were perceived to be struggling for recognition at large LGBT public events such as Brighton and Hove LGBT Pride.

• The issue of invisibility was also highlighted in relation to the media. It was noted that disabled people were often invisible within the mainstream media and this was also said to be reflected in the local LGBT media.

• It was felt that more proactive support was needed for developing a sustainable group for LGBT disabled people in the city. It was noted, for example, that a previous group had failed because it had applied for funding but then found the requirements of reporting and bureaucracy to be too burdensome and had therefore ceased functioning. It was argued that such a group needed funding as well as the input of a paid worker to support volunteers involved.

• Peer support was also thought needed. For example, one man detailed how he had been in dispute with his housing association for a necessary adaptation for five years and how continuing these sorts of struggles was exhausting. The ability to obtain peer support to help maintain morale was thought potentially valuable.

• A key issue that emerged was that of intersectionality. This concept highlights the impact of “...multiple forms of discrimination occurring simultaneously” and had particular salience for these participants who reported discrimination and exclusion because of their disability and their LGBT identity (as well as other characteristics). They expressed frustration with initiatives and projects that worked in ‘silos’, i.e. could not work in a holistic way with the complexity of the issues they faced as people who were both disabled and LGBT.

An LGBT Disabled People’s Group?

Having briefly begun to explore some of the issues confronting LGBT disabled people, the group decided in the first instance to establish a new Facebook group to maintain contacts. In the second session, the group explored whether the establishment of a new group for LGBT disabled people in the city was supported. The group began by generating ideas about what they wanted from a new group for LGBT disabled people. A wide range of needs and suggestions were identified.

• Is an enjoyable place to meet and socialise – potentially a place to meet contacts, friends, allies, and sexual/romantic partners.

• Provides peer support and understanding – where people would feel included, validated and respected.

• Is accessible and involves a wide range of LGBT disabled people.

• Is able to work with issues of intersectionality – understands that we hold multiple identities.

• Is based on our lives and real-world experience.

• Is inclusive of allies and contacts outside of the LGBT disabled world.

• Is a discussion and consultation forum – to consult others and be consulted by others.

---

• Is a campaigning group - challenges discriminatory attitudes about LGBT disabled people and promotes activism for change.
• Motivates LGBT organisations to take action on the issues of concern for LGBT disabled people.
• Manages power democratically.
• Has both an online presence and real-world meetings.
• Has a media presence and represents LGBT disabled people.

The meeting then focussed on generating a statement that would sum up the mission of a new Brighton and Hove LGBT Disabled Group:

“We are an inclusive and intersectional group giving a voice to LGBT disabled people in Brighton and Hove by promoting equality, recognition, awareness-raising, campaigning and providing a social forum.”

In summary, there was strong support for the establishment of a new group and a clear vision of what that group could be.

**Conclusions**

This brief consultation exercise was useful in exploring with a group of LGBT disabled people their experiences and concerns. It is important to acknowledge that the number of participants was small and there may be important voices missing from this consultation, such as the distinct experiences of people with learning disabilities and deaf people for example. However, the group discussions allowed for the generation of in-depth information within the group about the issues consulted upon.

The obvious conclusion was that the LGBT disabled people involved in this exercise reported ongoing exclusion and discrimination. Interestingly, their (unprompted) focus tended to be on the ways in which they were excluded from LGBT institutions as disabled people rather than their exclusion from ‘mainstream’ life as LGBT people. However, this is somewhat to miss the point: a primary lesson from the exercise was about the importance of intersectionality. The challenges participants reported were as people who were both LGBT and disabled so that drawing neat distinctions was not always viable. They reportedly wanted responses to their needs as LGBT disabled people that were holistic and met their needs in the round.

This brief consultation was designed to explore whether there was a need for an LGBT disabled people’s group in the city and it was clear that there was support for this. However, participants noted the failures of previous initiatives that had relied too heavily on volunteer support. Sustainability requires adequate funding and organisational support to ensure that this promising peer-led initiative can be properly developed.

As consultation and engagement projects, neither LGBT HIP nor GIG was in a position to carry out the community development function that effectively developing this work would entail. However, LGBT HIP was seeking to develop its remit in this direction following the outcome of funding applications and GIG was keen to discuss with LGBT HIP how this work could be supported going forward. At present, both organisational partners in this consultation are keen to see it progress but developmental work beyond their remit is needed to bring it to fruition. As a result, only interim recommendations can be made until it is clear whether either organisation is in a position to take the work forward separately or in partnership. The group resolved to continue with the development of the Facebook page and to arrange more meetings when the outcome of funding applications was known.

At the outset of this report, we highlighted the social model of disability. A strong, coordinated and active voice for LGBT disabled people is potentially a powerful force in challenging the social and other inequalities that act to disable LGBT disabled people. It is clear that LGBT disabled people involved in this exercise wanted work to be taken forward to ensure that their voices are heard and that they are able to play their full part in the civil society of the city.
Recommendations

- That LGBT HIP examines further funding opportunities and continues to work in partnership with the Fed to support the development of the initiative.
- That in the interim, the Fed continues to support the development of the Facebook Group and LGBT HIP continues to convene face-to-face meetings for LGBT disabled people to discuss future developments.

Acknowledgements

This report was written by Nick Douglas. LGBT HIP is grateful to all those who attended the sessions and shared their thoughts and experiences with us. Thanks also to Robin Pickett, Involvement Worker at the The Fed Centre for Independent Living for collaboration in this work and Anderson Lucas, LGBT HIP volunteer for assisting with the consultation sessions.

Key Contacts

**LGBT HIP Project Coordinator**

Nick Douglas
Email: lgbthip@switchboard.org.uk.

**LGBT HIP Project Commissioners**

Nicky Cambridge, People and Place Coordinator, Policy Team, Brighton and Hove City Council. Email: nicky.cambridge@brighton-hove.gov.uk.

Jane Lodge, Patient Engagement and Experience Lead, Brighton and Hove Clinical Commissioning Group. Email: jane.lodge@nhs.net.