

Norfolk Ambition

The sustainable community strategy for Norfolk, 2003-2023

‘Putting Localism into Practice with Norfolk’s Disabled Residents’:

Report of Phase One of the Norfolk Disability Pilot Project

In partnership with:

Ncodp

norfolk coalition of disabled people
EQUALITY • DIGNITY • HUMAN RIGHTS



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Diversity, Equality and Opportunity

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Executive Summary

The Norfolk Disability Pilot Project was undertaken to discover how disabled people and public authorities could learn from one another, and work together to co-produce a set of priority action areas on disability equality. The aim was to develop a clear framework to enable partners represented in the Norfolk County Strategic Partnership to focus their resources on the priorities that most matter to disabled people. This would also assist partners with their important duties under the new Equality Act 2010¹.

The project was funded by Norfolk County Council and the Norfolk Community Cohesion Network. Norfolk County Council worked in partnership with the Norfolk Coalition of Disabled People to deliver the project on behalf of the Network, with the Network Steering Group acting as the project board.

The project group consisted of 13 disabled residents drawn from across Norfolk.

Findings & Conclusions

This project has successfully achieved its objectives of identifying an evidence based list of key priority areas for disability equality in Norfolk. The priorities cover housing, transport, hate crime, health and well-being, employment, information and advice provision and involvement of disabled residents in the design and delivery of services.

The co-production model used in the project, through which Norfolk authorities and disabled people worked together as equal partners, was an effective model and the project methodology can be applied to future work with disabled residents and work with other protected groups.

¹ The new Public Sector Equality Duty, which came into force on 5th April 2011 requires public bodies pay 'due regard' to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations across all protected groups including disabled people.

Introduction

This report presents the findings of the Norfolk Disability Pilot Project. It sets out how the project came about, the methodology used and provides readers with an analysis of how successful the methodology was in delivering the aims of the project and as a model of co-production work with disabled people.

Background to the project

Disability equality issues have always been implicit in the Community Cohesion agenda, but partners felt that there was a need take a more proactive approach to looking at disability equality issues in Norfolk. To this end they funded the Norfolk Coalition of Disabled People (hereafter referred to as NCODP) to commission research into how Norfolk County Council and Norfolk's seven district authorities had made progress against actions contained in their Disability Equality Schemes. That research work identified that whilst progress had been made, there was still much that needed to be done to address persistent inequalities faced by disabled people in all areas of their lives. Another key finding from this research was that whilst disabled residents were consulted on the issues that needed to be addressed in Disability Equality Schemes, they had not consistently been involved in identifying key priorities and monitoring progress against them.

Since that research was conducted (2009) the policy and socio-economic landscape within which public authorities are operating has changed radically.

Firstly, there has been a seismic shift in Government Policy on how the public sector should operate, particularly in terms of how it can be accountable to citizens. The concept of the Big Society, in which accountability is placed in the hands of citizens, has required public authorities to rethink their approach to designing and delivering services. Secondly the economic climate has placed considerable pressure on public authorities to deliver services in a more cost efficient and efficacious manner. It is now more important than ever before to use shared resources as prudently as possible, but also to use the opportunities presented by the Big Society and Localism agendas to empower disabled people to work with public authorities to identify issues and to plan solutions to them that will be cost effective, maximise the empowerment and participation of disabled people, and create opportunities to work collaboratively to build solutions that will effectively and efficiently address issues identified.

Secondly there has been a change in the legal framework which sets out how public authorities should tackle inequalities for particular groups in society. The Equality Act 2010 sets out a new legislative framework which introduces new forms of discrimination and extends legal protection to nine protected groups (including disabled people). In addition, the Public Sector Equality Duty provisions in the new Act require public bodies to take an evidence based approach to defining what its equality objectives are, and place the onus on local communities to hold public bodies to account, by looking at the evidence base used to make decisions and challenging public bodies to demonstrate how they are delivering against any action plans.

A proposal which would respond to this new agenda was developed in collaboration with NCODP and put to the Community Cohesion Network who gave it their full support.

The aims of the project

The project had three principal aims:

1. To enable disabled residents to work with public bodies to decide what are the key priorities for action that need to be addressed over the next four years (or more, depending on the nature of the issue), based on the available evidence.
2. To demonstrate a good practice example of how co-production could work effectively with a number of different partners and outside of the health and social care sphere.
3. To test an approach and methodology that could be replicated in future work with Norfolk's residents.

Partners represented in the Community Cohesion Steering Group include:

- District, borough, city and county councils
- Norfolk Constabulary and Norfolk Police Authority
- Norfolk Probation Service
- Norfolk Community Law Service
- Norfolk and Norwich Race Equality Council
- NHS Norfolk
- Norwich & Norfolk University Hospitals NHS Foundation Trust

The project identified seven key priorities for action as follows:

- Priority 1: Involve disabled people in the design and delivery of all public services (not just those directly relevant to them, and in particular involve people with mental health issues) and ensure that all staff and contractors have the skills and confidence to engage positively with disabled people.**
- Priority 2: Accessible, inclusive and safe public transport**
- Priority 3: Tackle disability hate incidents and crime against disabled people**
- Priority 4: Continue to enhance access to employment opportunities and the workforce experience for disabled people – with a focus on raising confidence and aspirations.**
- Priority 5: Accessible health and well-being services to enable disabled people to live healthy lives and not feel isolated**
- Priority 6: Accessible social and private housing**
- Priority 7: Access to quality information, advice and advocacy.**

Project Methodology

The project was divided into two phases. Phase One was the delivery of the project pilot (to identify the priorities) and Phase Two (still current at the time of writing) is for participating organisations in the project to agree actions so that they can report back to disabled people in around two years' time.

Phase One was divided into five key stages:

Stage 1: Develop an evidence base of disability research and information in Norfolk, and conduct an evidence review to identify the main issues and priorities for disabled people.

The approach taken to develop the evidence base was to analyse a range of documents and materials that had been produced by Norfolk's public authorities on disability issues over the last five years. Many of those documents were reports of consultations with disabled residents about a wide range of issues. For each document, a summary was made of the key findings or issues raised, and then these were analysed together to provide a 'picture' of what Norfolk's residents thought about disability equality issues in Norfolk. One of the key documents that was analysed was the results of the Norfolk Disability Survey 2009. This was a comprehensive survey which asked disabled residents of Norfolk a range of key questions about how they felt about accessing employment, services, decision making, education and transport, how safe they felt in their communities and what they felt people's attitudes to disabled people were.

A gap analysis was then undertaken, to look at what actions and strategic plans public bodies had developed to tackle particular issues. The outcome was that an evidence based analysis report was produced which identified recurring issues and possible gaps in appropriate action being taken forward.

This exercise produced a draft list of seven possible priorities as follows:

1. Disabled people need to be able to use public transport easily, whatever their impairment and feel safe when they are using it
2. Information about what support, advice, guidance and advocacy services are available to disabled people needs to be much easier to obtain and must be more accessible
3. Personalisation in social care must ensure that disabled people get the support they need to live independently
4. Disabled people need better access to leisure, sports and other community activities, to improve general health and well-being and to combat feelings of isolation
5. Disabled people and their families need better choice of housing options and access to appropriate housing
6. Disabled people need better employment and career opportunities
7. There is a need to change attitudes to disabled people, and better understanding of barriers faced by disabled people and how to tackle them

Stage 2: Initial workshop to discuss the potential priority areas and test out if they were still the key concerns or whether there were other issues that should be considered. Also engagement with partners on the findings of the evidence review and the project next steps.

Two strands of activity took place at this stage of the project. Firstly, two briefing sessions were held for partners, so that they could hear about what the evidence analysis had concluded and also to encourage them to become involved in the latter stages of the project namely the interviews.

The other activity was to hold an initial workshop with the project group of disabled residents to discuss the potential priority areas and test out if they were still the key concerns or whether there were other issues that should be considered.

Participants agreed that the draft priority areas were very important, but, having considered the wider evidence base, highlighted the following additional potential priority areas:

- (1) Health: Disability awareness of hospital and GP surgery staff and transport to hospital
- (2) Policing: Disability awareness of criminal justice agencies so that they take disabled people seriously when they are the victim of a crime especially hate crime or incident, and
- (3) Education: Enhance training for teachers on supporting disabled students, more involvement for disabled children in out of classroom activities, and better support for disabled parents to help them support their children in education.

The group also identified the key issues under each priority area see Appendix 4 for a list of these.

Stage 3: Training workshop and dialogue with public authorities

The project group agreed a set of interview questions that they would ask elected Members and service managers, as part of a formal 'interview' process, to test out whether these should be priorities for Norfolk, or whether sufficient work was already taking place. The questions were a mixture of some standard questions that each interviewee would be asked irrespective of their role, and then the group devised some specific questions for each interviewee which related to their role. The questions that were asked can be found in Appendix 3.

The project group received training on conducting constructive interviews, to develop their skills and build their confidence. One of the ways that their confidence was enhanced was that they requested to run the interviews in pairs and that also they would be supported by one of the project lead officers on the day of the interview (for things like finding the interview room, ensuring that everyone had a drink, were in a comfortable environment, were happy

with the process about to take place and were able to use the recording equipment to capture the interviews).

One of the issues that came up at this stage of the project was how to ensure that officers who would be interviewed felt comfortable to take part. It was very important that the interviewees did not feel that they were being 'grilled' by the project group, but were taking part in the interviews in a spirit of mutual learning. The Norfolk County Council project lead therefore ensured that each interviewee was properly briefed on what they would be asked about, who would be interviewing them and dealt with any concerns raised. The interview script used by the interviewers started with an introduction designed to put people at their ease and set an appropriate tone for the interview it was as follows:

"Thank you for your time, we are going to ask you a few questions and the whole interview won't take more than an hour"

"We would like to keep this informal, so please feel free to ask or add anything that you feel may be important"

"Are you happy for us to start?"

Another issue that came up at this point in the project was the 'coverage' of interviews in relation to the seven priorities identified. Below is a quick analysis of which interviewees related to each of the final seven priorities. (It should be noted that this 'matching' is to the final seven priorities and not the draft priorities that had been outlined by the Project Group before the interviews took place).

Priority 1:

Steve Blatch – Strategic Director, North Norfolk District Council

Isabel Farrelly - Equality and Diversity Officer, Norfolk Fire and Rescue Service

Stuart Horth - Group Manager Community Fire Safety, Norfolk Fire and Rescue Service

Melanie Forrer - Performance Review Officer/Equalities Officer, South Norfolk District Council

Ian Burbidge - Policy & Partnerships Manager, Borough Council of King's Lynn & West Norfolk

Priority 2:

Councillor Graham Plant - Member, Norfolk County Council

Priority 3:

Abraham Eshetu - Corporate Equality & Diversity Manager, Norfolk Constabulary

Jon Blunkell - County Community Cohesion Officer

Priority 4:

Dawn Bradshaw - Human Resources Manager, Norwich City Council

Priority 5:

Rob Adams - Business and Operations Manager, South Norfolk Council

James Bullion - Assistant Director Community Services, Norfolk County Council

Roz Brooks - Director of Nursing and Governance, Norfolk and Waveney Mental Health NHS Foundation Trust

Jonathan Cook - Director of Mental Health Commissioning and Corporate Services, NHS Norfolk

Councillor David Harwood – Member, Norfolk County Council

Mark Heazle - Active Life and Play Officer, South Norfolk Council

Jennifer Holland - Assistant Director of Community Services (Cultural Services and Head of Libraries and Information)

Clive Rennie - Assistant Director Integrated Adult Health and Social Care Commissioning Mental Health, NHS Norfolk Mental Health Foundation Trust

Priority 6:

Tony Cooke - Housing Standards Manager, South Norfolk Council

Karen Hill - Strategic Housing Manager, North Norfolk District Council

Priority 7:

Karla Symonds - Communications Manager, Great Yarmouth Borough Council

Nikki Rotsos – Head of Communications and Culture, Norwich City Council

There were also a number of issues that had to be addressed when planning who would be interviewed:

- Two of the priorities (transport and issues around social care and independent living) were only in the remit of one partner (Norfolk County Council) so there were fewer interviews on those topics.

- There were significant time constraints for when the interviews could take place which meant that there was perhaps not as wide a coverage of topics and officer roles as could have been achieved had there been more time.

In total 21 interviews were conducted in February and March 2011. A list of all the people interviewed is included in Appendix 1.

Step 4: Final workshop Phase I

After all the interviews had taken place a final workshop was held to enable the project group to reflect on what they had learnt from the project and what they had gained by taking part, but also to decide what they wanted to put forward as the key priorities for disabled residents of Norfolk (see below).

In addition to this, an email questionnaire was sent to all interviewees asking the following questions:

1. How did you feel before you were interviewed?
2. How did you find the interview process?
3. What did you get out of the experience?
4. What are your thoughts about using this method to enable disabled people and officials/partner organisations to work together?

Step 5 – Launch and feedback

A summary report of the project was written and launched at an event on 26th May 2011. The launch event was attended by many of the officers who had been involved in the project either as interview subjects or who had assisted in other ways. Four of the project group spoke about their experiences of the project (Adam Dean, Phil Brown, Ian McAllister and Sue Capps-Jenner). Steve Blatch and Stuart Horth spoke about their experiences as interviewees, and the launch was chaired by the Chair of the Community Cohesion Network. Assistant Chief Constable Simon Bailey.

In addition Norfolk County Council's lead officer provided feedback to each of the interviewees about the key issues that had come out of the project that were relevant to their organisation (in order to make the priorities applicable and appropriate to all partners, and to make them 'punchy' and understandable, the detail of all the issues that lay behind the priorities were captured and fed back during this final phase).

Did the project achieve its aims?

The project achieved its primary aim in that the project group identified a number of priority areas for action on advancing disability equality in Norfolk. This section will therefore focus on whether the project pilot was a success in terms of the other two aims which were:

- To demonstrate a good practice example of how co-production could work effectively with a number of different partners and outside of the health and social care sphere.
- To test an approach and methodology that could be replicated in future work with Norfolk's residents.

a. Was the project a good example of co-production in a wider context?

The project methodology was based on the principle of co-production²; this is a process which places service users and members of the community in a position of influence and control in project design and delivery. The key principles of co-production are:

1. People are involved throughout the process from the beginning to the end
2. People feel safe to speak up and are listened to
3. We work on the issues that are important to (disabled) people
4. It is clear how decisions are made
5. People's skills and experiences are used in the process of change.
6. Meetings, materials are accessible for people
7. Progress is evaluated by looking at the actual changes in (disabled) people's lives.

The project demonstrated that it followed these principles in the following ways;

1 – Firstly, the Norfolk Coalition of Disabled People (a user led organisation of disabled people) was commissioned by the Norfolk Community Cohesion Network to deliver the project on their behalf. The officer leading on the project for NCODP was a disabled person, as was the officer overseeing the management of the project of behalf of the network. The NCODP project officer worked with disabled members of their organisation to support and build confidence with them to become involved and to form the project group. At each stage the project group were in control of activities; they scrutinised the evidence base and draft principles and decided what was important to them, they also added some additional areas that they were concerned about (as explained in the previous section). The project group also designed the

² 'A Guide to Co-Production with Older People' NDTI and HSA 2010.

interview questions and decided how they would manage the conduct of the interviews, and they decided what the seven final priorities would be.

2 – Some of the project group started the project with a range of feelings and concerns that related to their personal experience of using services provided by the partner organisations involved in the project. The project facilitators (NCODP's project lead and Norfolk County Council's lead officer) ensured that in the first workshop people had the opportunity to explore these feelings and opinions, so that when the second workshop took place, they felt that their views had been listened to and their concerns noted, but that these would not be the focus of the project. They were guided to understand that the purpose of the project was to 'look beyond' personal experiences and feelings and start to think about how disability issues for people with many different impairments were dealt with by public authorities. The facilitators worked with the group to support them to go through this thought process in a way that empowered them and developed their thinking, so that they could work constructively with public authorities.

3 – Again, although the defining of the original draft priorities had come from the evidence base analysis undertaken by Norfolk County Council's lead officer, the project group scrutinised the evidence base and were able to bring their own views and experiences to the analysis to confirm what they viewed as the priority issues for Norfolk. The project group then re-debated the priorities in the final workshop so that they could come up with the final priority list.

4 – The NCODP lead officer took responsibility for ensuring that the project group were clear about each step of the project and ensured the decisions taken about moving the project forward involved the project group.

5 – The project group were trained in interview techniques, but they were also supported to enable them to bring their own experiences into the interview process in an appropriate way. A recurring comment made by some of the interviewees was that the personal experiences of the interviewers really helped to illustrate the reasons behind the questions that were asked.

6 – The project group consisted of people with a variety of impairments; mobility impairments, sensory impairments, learning disabilities and mental health problems. The venues for the training and the interviews had to be accessible, training materials had to be accessible and the way that meetings were conducted had to be accessible. This was managed by the NCODP project lead and the Norfolk County Council project lead who, as disabled people with good professional knowledge about how to make the actual process of the project accessible and inclusive, ensured that this was the case for this project.

7 – This was only Phase One of the project. At the launch of the summary report of Phase 1 the Chair of the Community Cohesion Network committed to collecting evidence of progress against the priorities and to reporting back to disabled people in around two years time about progress made. This phase will therefore test how the model of working of the co-production pilot has actually made a difference to the lives of disabled people in Norfolk.

b. Could the project methodology be used for future work?

Feedback from the interviewers and interviewees demonstrates that indeed the model could be replicated with other community groups in Norfolk. Some of the feedback from interviewees was as follows:

“This method is very effective. It allows the organisation to communicate effectively with disabled people about the issues that matter to them which is vital to a public service” Norfolk interviewee

“I felt the interview atmosphere was friendly and relaxed, and that the interviewers had been well prepared”

“A real opportunity to reflect on the needs of disabled people who access our services- especially those with co-morbid physical health impairments”

“I found the interview process very enjoyable, and helpful. The interviewees were clear about what they wanted to ask me and were interested in my answers. I'm conscious that it must have been tempting for them to challenge in areas where they may not have had positive experiences themselves, but they stuck to the questions until they were completed and kept comments until the open discussion at the end...when I did get some helpful and honest feedback.”

“A really helpful opportunity to stop and reflect on progress. We have achieved a lot and we don't take stock enough. This helped my sense of accountability. I also enjoyed the constructive atmosphere of the interview and appropriate challenge such as my use of acronyms in answering questions!”

“I can see this working best if it was project focused - i.e. identifying an issue/barrier and working together to find a solution. However it must be meaningful not tokenistic and lead to real outcomes!”

“It is a good experience to work with disabled people and to have a positive dialogue”

“This is a very positive step. In our view it would benefit from more focus on the work of the individual departments. This would of course require considerable work to develop a really effective partnership that provided the opportunity for challenge and information sharing”

"I found it very insightful - it really helped to focus my mind on what still needed to be done. I think it was a really good experience and I think we should do more of it"

"I think the process could be used effectively with a number of Equalities Act protected groups"

And from the project group of disabled residents:

"I am more confident now and have increased my self esteem and really want to continue"

"Very positive experience and I engaged with interviewees"

"Really enjoyed doing the interviews, it is an 'ice breaker' as it's a bit difficult and new for both sides"

"We have used the skills learned in workshops"

"Felt a bit scared to start with but got into it – steep learning curve"

"I felt positive for the first time because I felt an equal partner to them"

"People I interviewed also seemed nervous... which was good. Set up the rapport once you get into the stride of it"

What other positive impacts did the project make?

Firstly the project pilot was one of the few examples of co-production with disabled people that took place in a pan-authority context (rather than focussing on health and social care).

There are already some very strong examples in Norfolk of co-production work with disabled people - for example the Joint Commissioning Strategy for People with a Physical or Sensory Impairment - but this method of working has not been used extensively outside of the health and social care sector. The project was also an example of national good practice

Conclusions

This project achieved all three of its aims, and was particularly successful in enabling disabled people to look beyond the issues in their own lives, but to use that experience to engage in a constructive dialogue with public authorities. Participants (both the project group and officers) felt that they had learnt a lot by taking part in the pilot and were very keen to continue this model of working.

The success of the project is further evidenced by the fact that the project approach and methodology has now been replicated in a project working with Black, Asian and Minority Ethnic residents of Norfolk. The project proved to be a successful example of co-production and received a very positive response from partners at the launch event.

Appendix 1 – List of interviewees

Rob Adams - Business & Operations Manager, South Norfolk Council

Steve Blatch – Strategic Director, North Norfolk District Council

James Bullion – Assistant Director Community Services, Norfolk County Council

Jon Blunkell – County Community Cohesion Officer

Roz Brooks - Director of Nursing and Governance, Norfolk and Waveney Mental Health NHS Foundation Trust

Dawn Bradshaw – Human Resources Manager, Norwich City Council

Ian Burbidge - Policy & Partnerships Manager, Borough Council of King's Lynn & West Norfolk

Tony Cooke – Housing Standards Manager, South Norfolk Council

Jonathan Cook - Director of Mental Health Commissioning and Corporate Services, NHS Norfolk

Abraham Eshetu - Corporate Equality & Diversity Manager, Norfolk Constabulary

Isabel Farrelly – Equality and Diversity Officer, Norfolk Fire and Rescue Service

Melanie Forrer – Performance Review Officer/Equalities Officer, South Norfolk District Council

Councillor David Harwood, Member, Norfolk County Council

Mark Heazle - Active Life and Play Officer, South Norfolk Council

Karen Hill – Strategic Housing Manager, North Norfolk District Council

Jennifer Holland - Assistant Director of Community Services (Cultural Services and Head of Libraries and Information)

Stuart Horth – Group Manager Community Fire Safety, Norfolk Fire and Rescue Service

Councillor Graham Plant, Member, Norfolk County Council

Clive Rennie - Assistant Director Integrated Adult Health & Social Care Commissioning Mental Health, NHS Norfolk Mental Health Foundation Trust

Nikki Rotsos – Head of Communications and Culture, Norwich City Council

Karla Symonds – Communications Manager, Great Yarmouth Borough Council Services and Head of Libraries and Information), Norfolk County Council

Appendix 2 – The project group

1. Alex Fox
2. Phil Brown
3. Sue Capps-Jenner
4. Ann Telfer
5. Adam Dean
6. Sabrina Bartram
7. Sandy Bales
8. Ian McAllister
9. Mike Wooster
10. Polly Vaughan
11. Andrew Firth
12. Penny Holden
13. Jonathan Toye

The project was managed by three disabled people;

- | | | |
|--------------------|---|---|
| Michelle Valentine | - | Planning, Performance and Partnerships Officer
Equalities Norfolk County Council |
| Peter de Oude | - | Community Involvement Manager
Norfolk Coalition of Disabled People |
| Waqas Chaudhry | - | Managing Director
DEO Consultancy UK. |

Appendix 3 – Interview Questions

The generic questions that were asked of each interviewee were as follows:

1. Can I begin by asking what does your job role involve?
2. What do you think are the important issues for disabled people around your area of responsibility?
3. The government wants local authorities to involve local residents in the delivery of local services. Can you please share your thoughts and views on how to involve disabled people in your area of work?
4. Do you feel that you are in a position to positively change things for disabled people and how do you do this?
5. Access to information remains a big challenge for many disabled people, are you aware of any steps your department / organisation have taken to provide information to disabled people in accessible formats? What do you think you could do to improve information provision to disabled people?
6. Tell us, what would be the most important thing your organisation can do to make a difference in the lives of disabled people?

The specific questions were as follows:

1. Access to information remains a big challenge for many disabled people, are you aware of any steps your department / organisation have taken to provide information to disabled people in accessible formats? What do you think you could do to improve information provision to disabled people?
2. Considering the tough economic environment how do you think disabled people and councillors should work together to ensure positive and productive working relationships at a high level but also at a local level? Can you explain your ideas about how this might work in the next three years and what needs to change in order to make this happen?
3. Accessible transport is one of the greatest priorities for disabled people in Norfolk. How do you think Norfolk County Council and Members could work more closely with disabled people to improve future transport provision?
4. How can your organisation do more to create good employment opportunities for disabled people?
5. With the reduced budget for local government how do you plan to ensure that disabled people can still access leisure services and

activities?

6. How does your communications plan promote positive images and attitudes towards disabled people and how would you like to promote the positive contribution that disabled people make to the city?
7. How do you ensure that when you and your colleagues give advice to organisations about fire evacuation, that you give appropriate advice about disabled people?
8. What are the plans to make sure that there is more accessible housing in South/North Norfolk?
9. How do you think you could work with disabled people to commission better services in the future and what are your ideas for making sure there are constructive community relationships at the local level?
10. What do you see as the main issues for disabled people in terms of accessing mental health support services and can you share your thoughts on how you like to include people with mental health difficulties, in challenging negative attitudes and stigma in communities?

Appendix 4 – Key issues in relation to the priority areas as identified by the project group during the project.

Number	Priority Area	Key Issues
1	Disabled people need to be able to use public transport easily, whatever their impairment and feel safe when they are using it.	<ul style="list-style-type: none"> ▪ Buses not always available or suitable for disabled people ▪ Disabled people can only use bus passes after 9.30am – time restrictions difficult for working people ▪ Attitudes of bus drivers, general public not helpful ▪ Taxis don't. always have ramps available or allow assistance dogs ▪ Accessible parking bays are not always used only by disabled people ▪ There is not enough blue badge parking in town centres in Norfolk
2	Information about what support, advice, guidance and advocacy services are available to disabled people needs to be much easier to obtain and must be more accessible.	<ul style="list-style-type: none"> ▪ Problems getting information in accessible formats ▪ Public authorities sometimes don't follow standard accessibility guidelines ▪ Not all documents carry Intran logo/ ▪ Not all staff are trained to know and understand Intran. ▪ Not all public websites in Norfolk are accessible and usable for disabled people ▪ Not all disabled people have access to the internet
3	Access to advice and information	<ul style="list-style-type: none"> • There is no combined newsletter from public authorities for disabled people • There are problems accessing legal aid including for people with mental health issues • Need more advice on financial issues i.e. personal debts • Need good free advice on work related issues, private tenancies, accessible leisure facilities, • There should be a list of accessible venues for disabled business people
4	Personalisation in social care must ensure that disabled people get the support they need to live independently.	<ul style="list-style-type: none"> ▪ More clarity around personal budgets ▪ Assessment criteria & eligibility – what happens if you are not eligible? ▪ The parenting role is often not considered within personal budgets ▪ Waiting times can be too long ▪ Use Independent living groups experiences of personal budgets more often ▪ There is a problem getting appropriate support for disabled carers and young carers

Number	Priority Area	Key Issues
5	Disabled people need better access to leisure, sports and other community activities, to improve general health and well-being and to combat feelings of isolation	<ul style="list-style-type: none"> ▪ There needs to be accessible and accurate information about tourist areas ▪ There should be an up-to-date database of accessible leisure services ▪ There should be more networking and peer support groups ▪ There should be more confidence building and self esteem building training for disabled people ▪ There needs to be more encouragement for independent groups – peer support and socialising including ‘safe space’ for younger disabled people
6	Disabled people and their families need better choice of housing options and access to appropriate housing	<ul style="list-style-type: none"> • There should be more engagement with disabled people in the development of future housing strategies ▪ There is not enough accessible social housing ▪ Not many public authorities follow the Lifetime home standard ▪ Assessment processes are not always sensitive to the needs of disabled people ▪ There is too long a waiting time for equipment/home adaptations i.e. disability facilities grant
7	Disabled people need better employment and career opportunities	<ul style="list-style-type: none"> • There is not enough support to get into and stay in work and/or training • There is not enough work experience for all impairment groups
8.	There is a need to change attitudes towards disabled people, and better understanding of barriers faced by disabled people and how to tackle them.	<ul style="list-style-type: none"> • There needs to be more positive portrayals of disabled people including using positive images and stories of local disabled people, maybe a public awareness campaign • There is not enough proactive challenge of patronising behaviour towards disabled people • Disabled people don’t feel they are always taken seriously by service providers
9.	Education	<ul style="list-style-type: none"> • Current teacher training does not include enough disability awareness • Not enough financial support for disabled children • There is not enough effective action to deal with bullying and harassment of disabled children in schools • Some disabled children are still excluded from activities e.g. sports because of physical and learning disabilities. • Not enough specialist teaching provision e.g. learning Braille or teaching British Sign Language

Number	Priority Area	Key Issues
10	Health	<ul style="list-style-type: none"> • GP practices, improve access and approaches • NHS patient transport sometimes does not carry carers and assistance dogs • Health service to ensure all providers (GPs and Dentists) meet the needs of disabled people • New GP commissioning system – needs to include the views of disabled people
11	Mental Health	<ul style="list-style-type: none"> • Agencies need to work with each other more to deliver services • There is too much stigma for people with mental health problems
12	Policing	<ul style="list-style-type: none"> ▪ There needs to be more disability awareness training for police officers ▪ Agencies need to ensure that their staff make disabled people that are being taken seriously.
13	Disability related hate crime	<ul style="list-style-type: none"> • There needs to be more awareness raising with disabled and non-disabled people • There needs to be more capacity building with Disabled People's Organisations (DPOs) to act as third party reporting centres • There needs to be more third party reporting centres • Safer school partnership officers need to try and prevent bullying of disabled children in schools
14	Fire & rescue	<ul style="list-style-type: none"> • There needs to be more awareness raising of fire safety with disabled people i.e. working smoke alarms • There needs to be more suitable evacuation plans • There needs to be more support given to hard to reach disabled people i.e. older people • Occupational therapy & social services assessments could include fire safety
15	Involve disabled people in the design and delivery of services	<ul style="list-style-type: none"> • There needs to be effective strategies to involve disabled people in the decision making process • There are too many assessments, • There needs to be an increased use of equality impact assessments • There should be more focus / advisory groups • There needs to be an outreach strategy for disabled people who may not use online services
16	Effective monitoring	<ul style="list-style-type: none"> • Disabled people should test if systems put in place for disabled people really work • There needs to be Improvement in the accessibility and usability of web based services • Organisations should use disabled people in mystery shopping exercises • There needs to be more work to ensure staff use access guides (Accessibility Matters 1,2 and 3) • There needs to be work done to ensure all contractors meet the needs of disabled people

Further Information

For more information about this project please contact:

Michelle Valentine
Planning, Performance and Partnerships Officer
Norfolk County Council
Martineau Lane
Norwich

Tel: 01603 224196

Email: michelle.valentine@norfolk.gov.uk.

Norfolk Ambition

The sustainable community strategy for Norfolk, 2003-2023

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If you have any questions about this report or need it in large print, audio, Braille, alternative format or in a different language please contact Tim Pearson on 0344 800 8020 or 0344 800 8011 (Textphone).