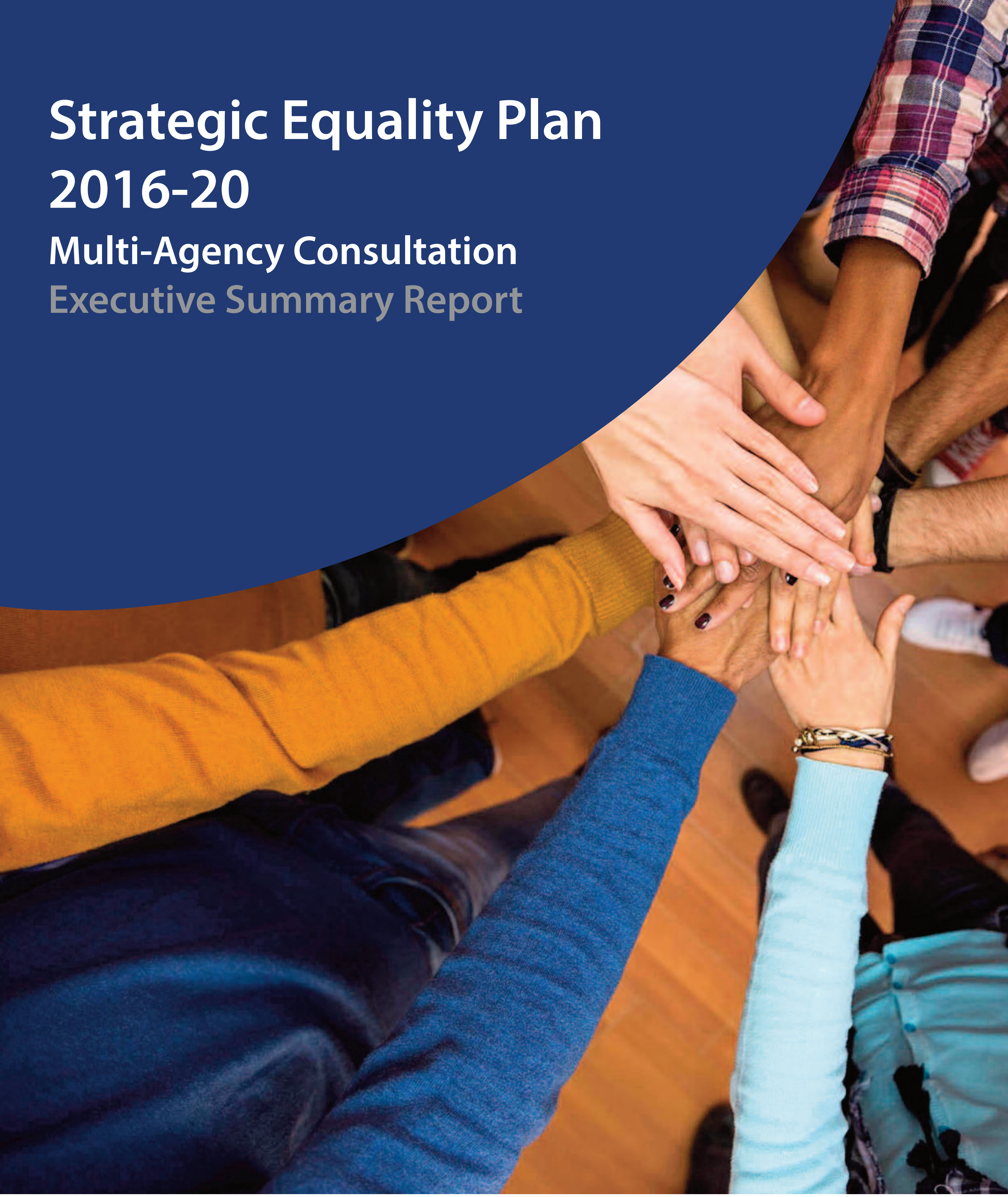
Strategic Equality Plan 2016-20

Multi-Agency Consultation

Executive Summary Report



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Multi-Agency Consultation

1) Introduction: Context And Method

Strategic Equality Plans (SEPs) are important documents that set out how public bodies will consider the needs of groups with 'protected characteristics', as outlined in the Equality Act 2010.[1] This is intended to ensure that all individuals receive just and equitable treatment in respect of service delivery and strategy/policy formulation. SEPs generally contain a set of equality objectives, together with an action plan, which aim to promote equality and fairness.

Consultation is an intrinsic part of developing a new Strategic Equality Plan, and, as such, public opinion was sought to buttress and strengthen the Plan.

Key organisations operating within Dyfed Powys worked collaboratively to deliver a joint consultation exercise.[2] A mixed methods approach was employed to elicit the views and experiences of stakeholders across Dyfed Powys (comprising Carmarthenshire, Ceredigion, Pembrokeshire and Powys). It was agreed to produce one master survey (and sister versions) and hold local stakeholder events in each of the four regions. This approach increased the robustness of collected data and facilitated comparability of results.

The consultation mechanisms are considered in further detail:

Master survey

Surveys are a well-established research method that provides breadth and depth of opinion at reasonable costs. In developing the survey, local agencies were keen to find out whether people's experiences of their services differed owing to their demographic characteristics. Recognising that equality is paramount across an exhaustive list of services, the survey focused on ten broad domains – health; education; housing; access to transport; crime and access to justice; influencing decisions which affect them; social, leisure and countryside access; access to care and support; employment and getting along together in a community.

Respondents were asked whether people with different characteristics generally have better or worse experiences of a prescribed list of services in comparison to the population as a whole. A likert scale was utilised to establish whether twelve different demographic groups have 'much better', 'better', 'the same', 'worse' or 'much worse' experiences of a particular service.[3] This was useful in recording attitudinal data (how respondents perceive other groups to be treated) and actualities (what those of particular ethnicities, age etc. thought of their own experiences). The latter is possible through filtering/disaggregating responses.

Emphasis was given to identifying respondents' demographic characteristics (age, gender, ethnicity etc.) in order that the views of different groups be reflected in the report.

In addition, the master consultation survey was published in Welsh and Polish, reflecting the demographic composition of the four counties. An instruction sheet also accompanied the survey, so as to offer an accessible, easy read version. Finally, a younger people's version was also developed.

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[1] These characteristics are: Age; Disability; Gender re-assignment; Marriage and civil partnership; Pregnancy and maternity; Race; Religion or belief (including non-belief); Sex and Sexual orientation

[2] Dyfed Powys Police; Hywel Dda University Health Board; Mid and West Wales University Health Board; Welsh Ambulance Service; Carmarthenshire County Council; Ceredigion County Council; Pembrokeshire County Council; Powys County Council and Pembrokeshire Coast National Park

[3] An example question: We are interested to find out if you think people with different characteristics have different experiences of services. Thinking about health, do you consider people in the following groups generally have better or worse experiences, in comparison to the population as a whole?

Stakeholder events

To meaningfully engage in dialogue with a wide range of stakeholders face-to-face, stakeholder events were arranged in each of the four counties. Local authorities assumed responsibility for the events, and worked in partnership with local groups to coordinate and deliver SEP engagement sessions.

The sessions made use of participatory techniques such as 'speed debating' – offering up a number of topics for a timed group discussion – and 'car parking stations' – where attendees were encouraged to post comments on a notice board. Five key themes were deliberated during the speed dating process: wellbeing (health, leisure, care and support); opportunities (education and employment); cohesive communities (crime and access to justice; communities); having your say (influencing decisions) and where we live (transport and housing). For each theme, participants were asked to consider: what is working well; what is not working well and future plans. The results were fed into a stakeholder event report, generated for each county.[4]

Publicity

All partner agencies undertook promotional activities, publicising the consultation by means of press releases; positioning of information online via websites / consultation portals; social media feeds; internal emails to staff and/or use of intranet; display of SEP 'postcards' in libraries, customer service centres, GP surgeries and libraries; information to town and community councils; and, via networks specific to each organisation. The above gives a flavour of the steps that were taken to ensure the consultation was very widely publicised.

In addition to the above, the following consultation channels were used:

Carmarthenshire – Promotion through Equality Carmarthenshire (an umbrella group comprising myriad equality groups/organisations). Furthermore, the consultation survey formed part of the September 2015 mailout to Citizens' Panel (c. 600) and 50+ Forum (c. 2400) members.

Ceredigion – Consultation tabled at meetings of the Ceredigion Disability Forum; Ceredigion Voice for Equality; 50+ Forum; Children's & Young People's Partnership and Ceredigion Carers Alliance

Dyfed Powys Police – Consultation shared with Independent Advisory Group members

Hywel Dda – Disseminated to GPs, Pharmacies and Siarad Iechyd/Talking Health members

Pembrokeshire – Information sent to members of Pembrokeshire Voices for Equality

Powys – Awareness raising via Powys Disability; Women's Equality Network; Older People's forum; PAVO; Cartefi Cymru and Powys Carers.

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[4] Available upon request from each local authority

2) Summary

The engagement exercise has yielded very specific and detailed information in relation to each protected characteristic, and each 'domain'. Interpretation of the data has been aided through the use of surveys and events, which have produced complementary information.

A particular innovation in respect of this research has been the way in which it has been possible to get a better understanding of perceptions of the experiences of various groups, and being able to compare this against the lived reality of the groups in question. This gives the participating organisations the ability to identify instances where unhelpful stereotypes (perhaps supported in media) could usefully be countered. A good example of this is in relation to housing, where respondents in general thought BME people had better experiences, in contrast to the views of BME respondents themselves.

In summarising the results by protected characteristic, the following can be said:

Disabled people appear to have the worst overall experiences across the ten domains, though particularly in relation to access to transport, social, leisure and countryside access and employment. Furthermore, the overall result is generally close to the result from disabled people themselves, suggesting widespread understanding of the issues disabled people may face.

Males, females, single people,[5] those in a relationship and those holding a religion or belief are generally considered to have experiences that are no better or worse than the population as a whole.

No group appears to have better overall experiences, though younger people are considered to have better experiences of education, and pregnant women or those who have recently given birth are considered to have better experiences of health, housing, and access to care and support.

The following can be summarised in relation to the ten domains:

Health: older, transgender and disabled people are the groups considered to have the worst experiences. LGB people self-report worse experiences than public perceptions. Significantly, respondents with caring responsibilities thought both disabled and older people had worse experiences than the overall results suggested.

Education: disabled, older, transgender, LGB and BME people are considered to have the worst experiences. When considering lived reality, BME and LGB people reported significantly worse experiences than the perception of other respondents. Comments suggest issues with prejudice, and access barriers.

Housing: there is a perception that BME people and those who are pregnant (or with young children) have better experiences. Younger and single people are considered to have the worst experiences. When considering self-reported experiences, those for disabled and LGB people are significantly worse, suggesting poor experiences for housing for these two groups.

Access to transport: disabled (in particular) and older people are thought to have poorer experiences, whereas other groups are considered to have experiences no better or worse than the population as a whole. Carers believe that older, and disabled people have worse experiences than respondents as a whole.

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[5] An exception is that the results show single people may have worse experiences of housing.

Crime and access to justice: a number of the protected characteristics are thought to have worse experiences; in particular, younger, BME and transgender people. In terms of self-reported experiences, the results for BME, disabled, LGB and transgender people are all worse than the perceptions of respondents taken as a whole.

Influencing decisions: younger, disabled, transgender and BME people are thought to have worse experiences of influencing decisions. Considering self-reported experiences, the position for disabled, LBG, and transgender people, is worse than the perception of respondents taken as a whole.

Social, leisure and countryside access: Disabled and, to a lesser extent, older people are seen to have worse experiences, while the result for most groups shows little variance from the position for the population as a whole. The prevailing theme to emerge concerned accessibility issues for disabled people.

Access to care and support: older people were considered to have worse experiences, with pregnant women or those with young children having better experiences. The self-reported results showed variance in some cases, with much worse experiences reported by disabled, LGB and transgender people. Carers were much more likely to think disabled and older people had worse experiences.

Employment: the results show a number of groups may have poorer experiences – with disabled, older, and those pregnant / with small children faring the worst. Only men and single people are thought to have experiences no better or worse than the population as a whole (all others being worse). Considering self-reported results, BME, disabled, LGB, younger people, women and transgender all have worse experiences than the perception of respondents as a whole.

Getting along together in the community: BME, disabled, transgender and LGB people are all thought to have worse experiences. This is also true of the self-reported results for these groups. Key themes included: unwillingness to mix and fear of difference; access issues; and communication difficulties arising from language (including competence in English and Welsh, and BSL).