

STRATEGIC EQUALITY PLAN 2016-20

MULTI-AGENCY CONSULTATION

SUMMARY REPORT

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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'

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

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, English 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.

774 responses were received.

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:

³An 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?*

⁴ Available upon request from each local authority

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.

Analysis & Reporting

This report draws heavily on a weighted average technique, referred to throughout as the Average Index Score (AIS). Qualitative data has been analysed by, first, coding responses on the basis of emerging themes; then, offering a synopsis of pertinent codes/themes. Analysis and reporting of results was undertaken by members of the Corporate Policy team at Carmarthenshire County Council⁵

⁵ Kevin Pett, Lesley Rees, Richard Reynolds & Vincent Harries

About Average Index Score (AIS). Sometimes known as a 'weighted average', the AIS is a way of distilling the 'balance and strength of opinion' down into one number. Useful for questions with options to 'strongly agree', 'disagree', etc., the technique is used throughout the report. Values range from 2 (*everyone* strongly agrees) to minus 2 (*everyone* strongly disagrees).

Example

10 people are asked whether they 'strongly agree', 'agree', 'have no opinion', 'disagree' or 'strongly disagree' that Wales will win the six nations.

Results...

3 strongly agree (each response worth 2, so=**6**)

3 agree (each response worth 1, so=**3**)

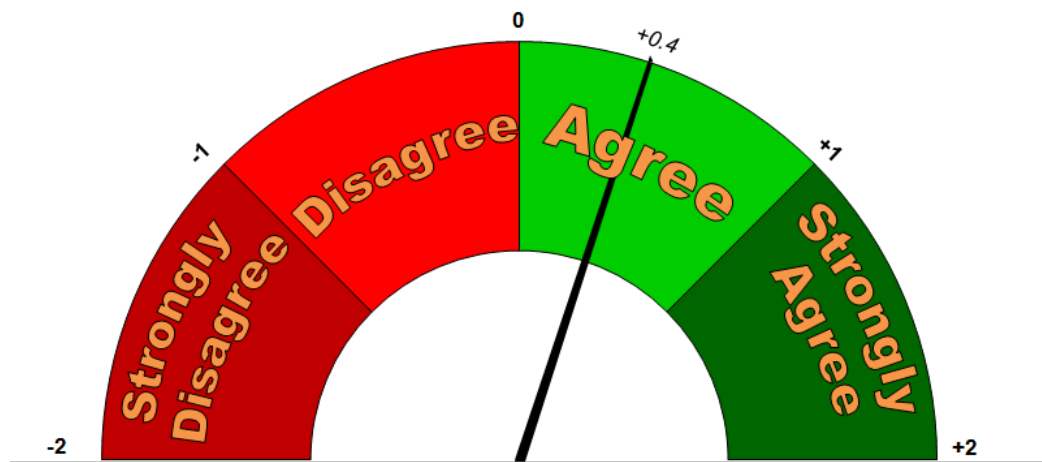
1 no opinion (each response worth 0, so=**0**)

1 disagree (each response worth -1, so= **-1**)

2 strongly disagree (each response worth -2, so=**-4**)

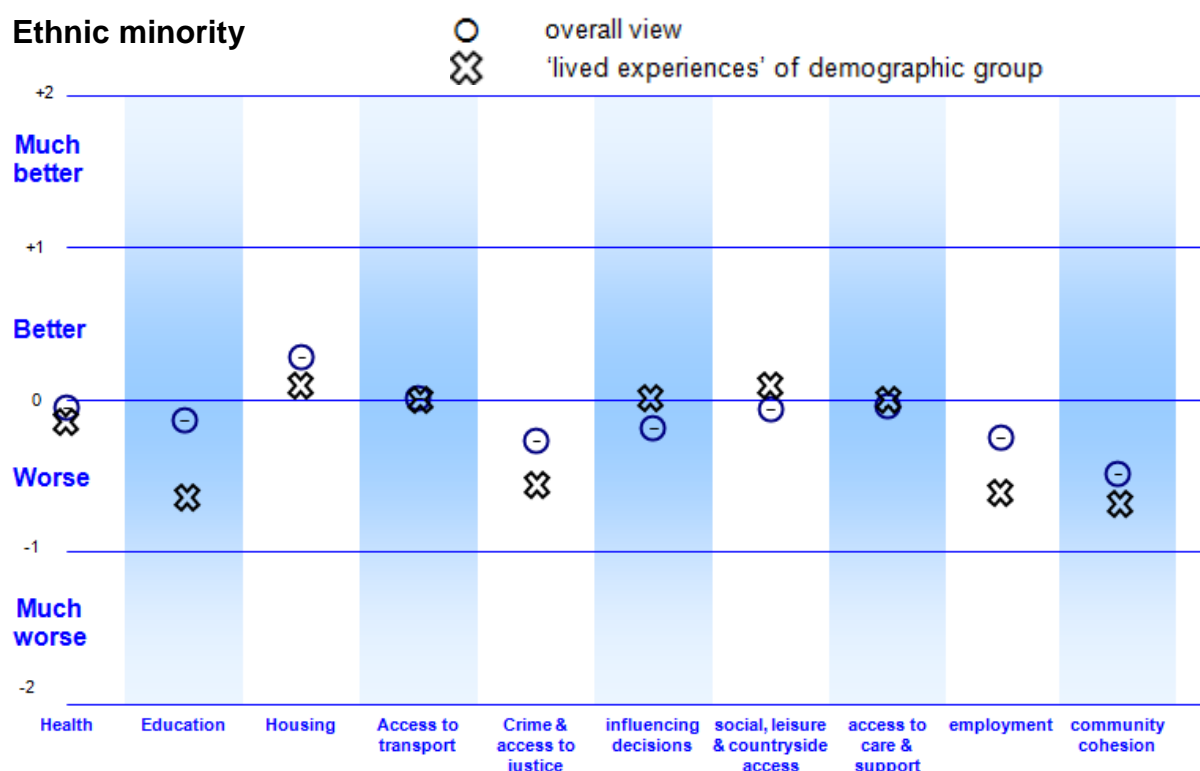
The AIS is calculated by adding all the numbers in bold: so, $6+3+0-1-4=4$;

Then dividing by the number of responses (10 in this case). The average index score is: $4 \div 10 = \underline{\underline{0.4}}$ (shown graphically below)



2) DEMOGRAPHIC PROFILES

This section brings together key population statistics⁶ for a number of demographic groups with the respondent profile of the survey, looking at figures for each of the four counties in order to show how representative the results are of the population as a whole.⁷ These statistics are presented alongside the overall AIS results for each demographic characteristic - depicted in graphical format. Showing the result in this way allows organisations with a specific interest (for example, in disability) to examine how individual groups (e.g., disabled people) fare across each of the 10 domains. In chapter 3, the results are presented by individual domains – not characteristics – together with more detailed (disaggregated) information.



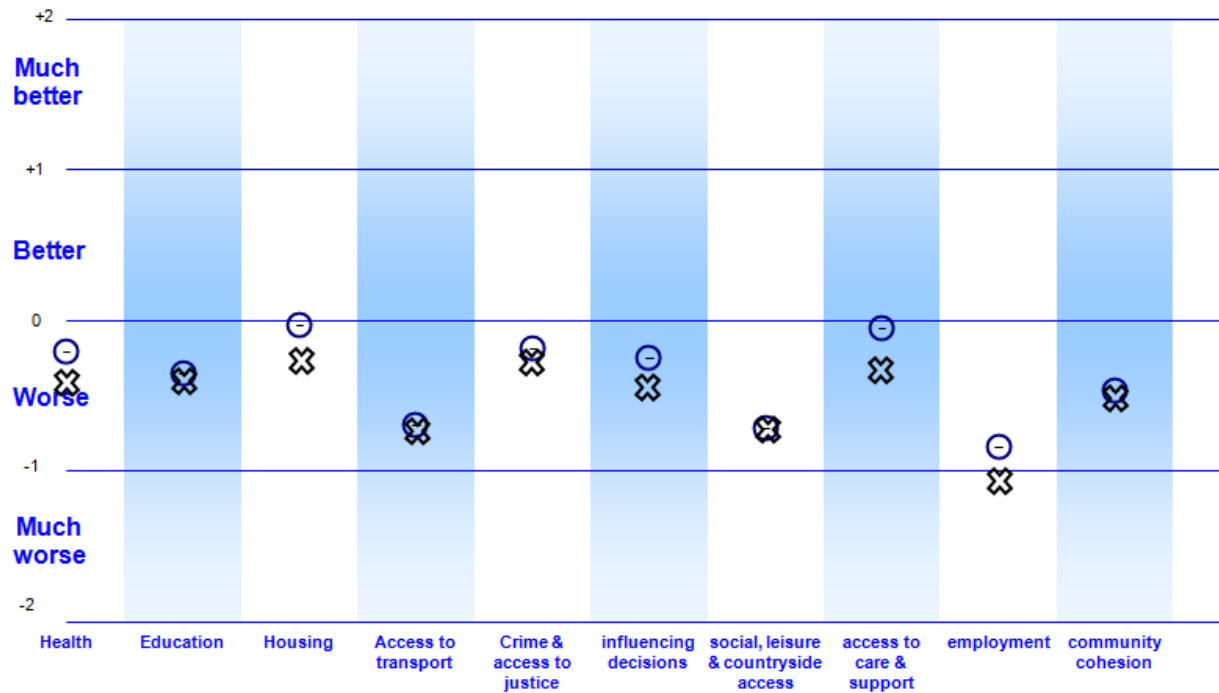
	Overall (survey)	Carms (survey)	Carms actual	Ceredigion (survey)	Ceredigion actual	Pembs (survey)	Pembs actual	Powys (survey)	Powys actual
White	96%	98.1%	98%	94.3%	97%	84.6%	98%	93.4%	98%
BME	1.7%	0.4%	2%	1.9%	3%	9.5%	2%	3.2%	2%

⁶ Statistics are drawn from the 2011 Census, CACI Paycheck data (income) and 2015 mid-year population estimates. N/A denotes information is not available.

⁷ For a more detailed breakdown of the respondent profile, please see appendix xxx. 95% (734) of respondents completed the survey as an 'individual'. The demographic profile of these respondents is as follows. **Ethnicity:** 96% described as white, 2% other ethnicities and 2% preferring not to say (PNTS). **Age:** 2% were under 25, 6% were 25-34, 12% 35-44, 18% 45-54, 22% 55-64, 26% 65-74, 11% 75-84, with 2% aged 85+ (2% PNTS). **Gender:** 61% female, 38% male, 1% PNTS.

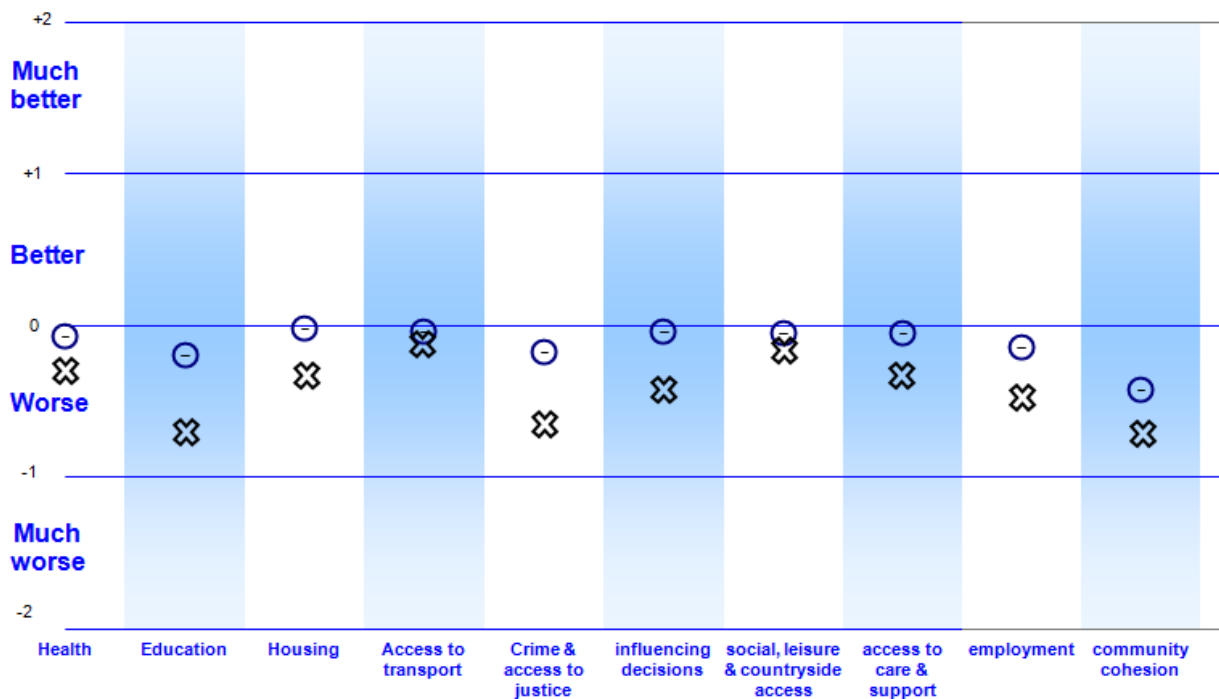
Relationship status: the largest categories were: married 57%, single 12%, widowed 12% and divorced. **Disability:** 22% yes, 76% no, with 2% PNTS. **Religion or belief:** 57% held a religion or belief (Christian was the largest response category), 35% did not and 8% PNTS. **Sexual orientation:** 87% heterosexual, 6% lesbian, gay or bisexual, with 7% PNTS. **Income:** 9% had a household income of <£10,000; 13% £10,000-£14,999; 11% £15,000-£19,999; 12% £20,000-£24,999; 10% £25,000-£29,999; 7% £30,000-£34,999 and 28% £35,000, with 10% PNTS. 18% of respondents identified themselves as a **carer**.

Disabled



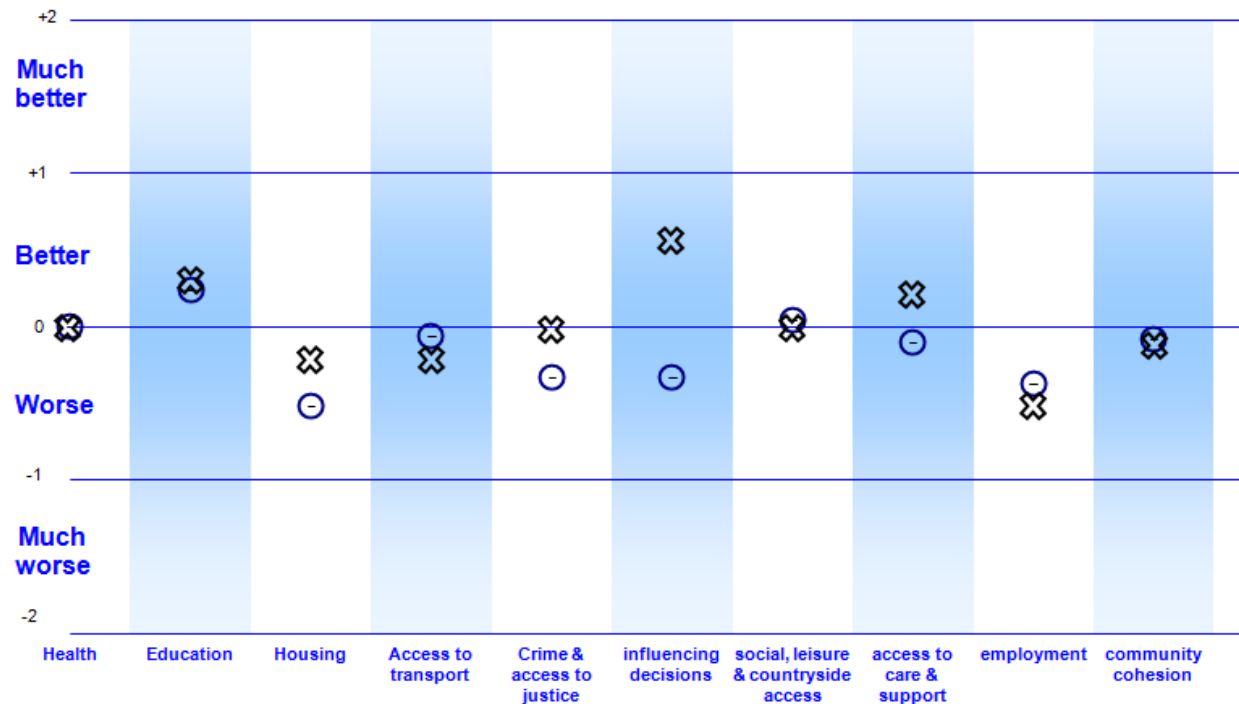
	Overall (survey)	Carms (survey)	Carms actual	Ceredigion (survey)	Ceredigion actual	Pembs (survey)	Pembs actual	Powys (survey)	Powys actual
Disabled	22%	22.9%	N/A	11.3%	N/A	32.7%	N/A	14.5%	N/A

Lesbian, Gay, Bisexual (LGB)



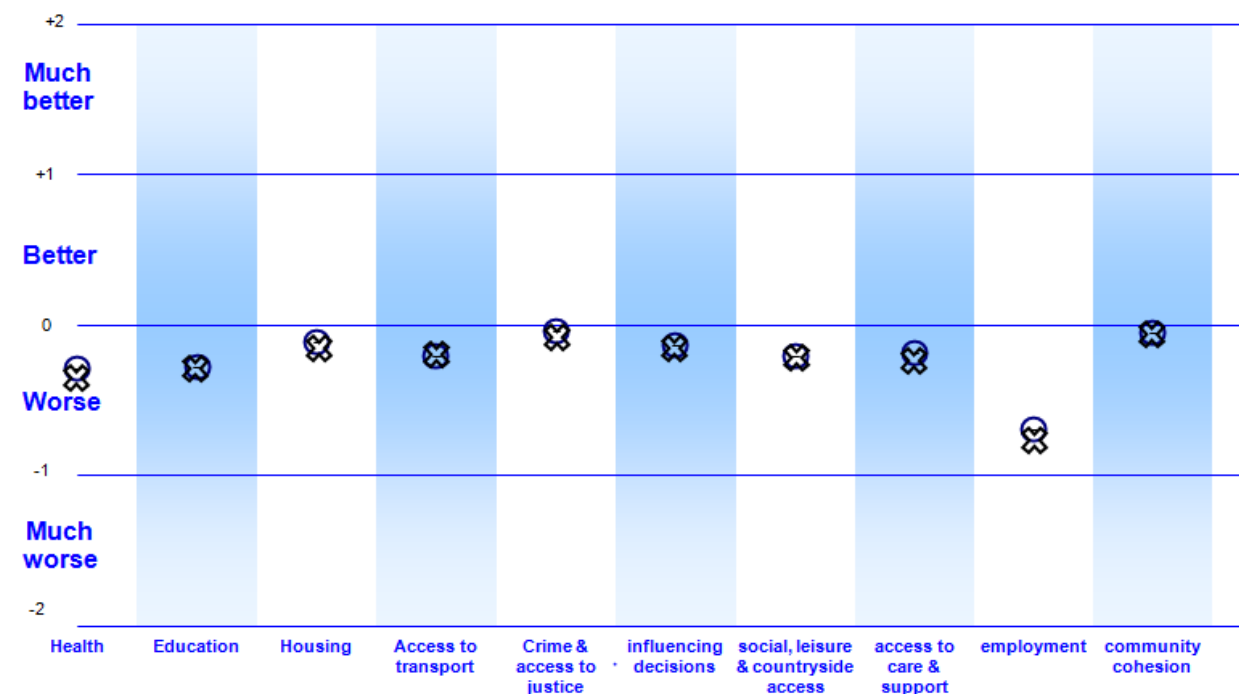
	Overall (survey)	Carms (survey)	Carms actual	Ceredigion (survey)	Ceredigion actual	Pembs (survey)	Pembs actual	Powys (survey)	Powys actual
LGB	6.3%	3.9%	N/A	18.9%	N/A	15.4%	N/A	4.9%	N/A

Younger People



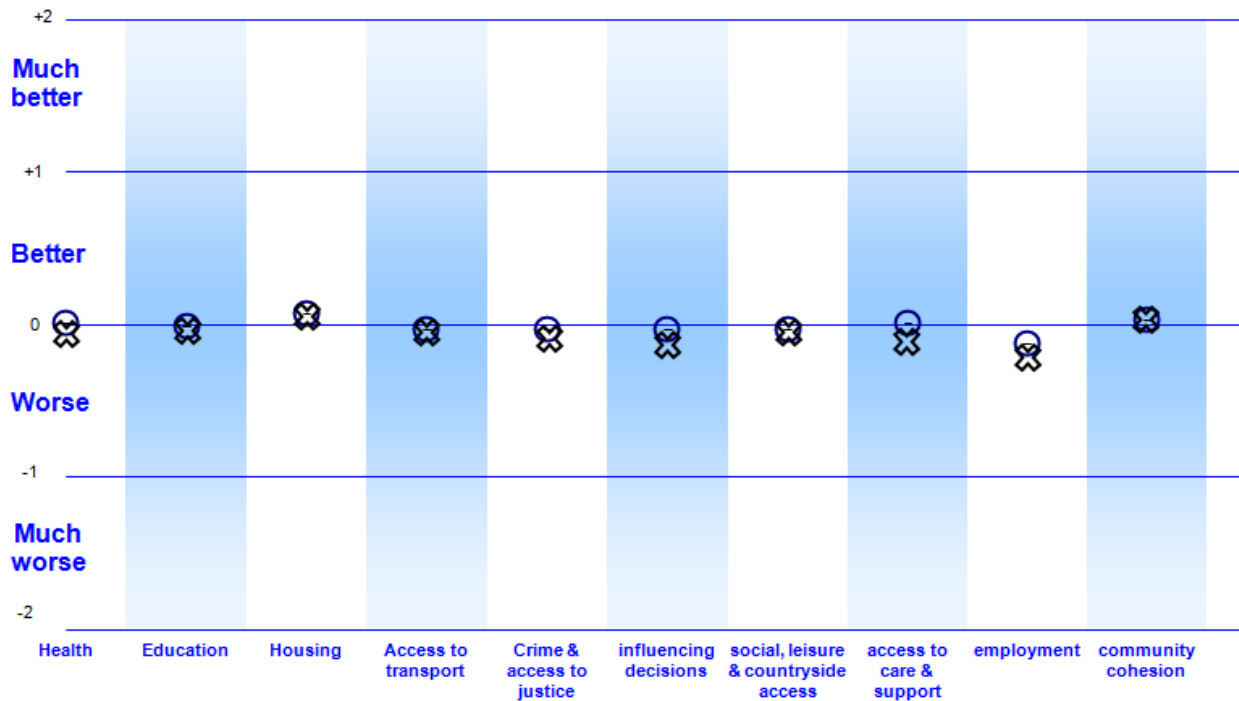
	Overall (survey)	Carms (survey)	Carms actual	Ceredigion (survey)	Ceredigion actual	Pembs (survey)	Pembs actual	Powys (survey)	Powys actual
16-24	1.5%	0.6%	12.4%	0	22.7%	11.8%	12.3%	3.3%	11.3%

Older People



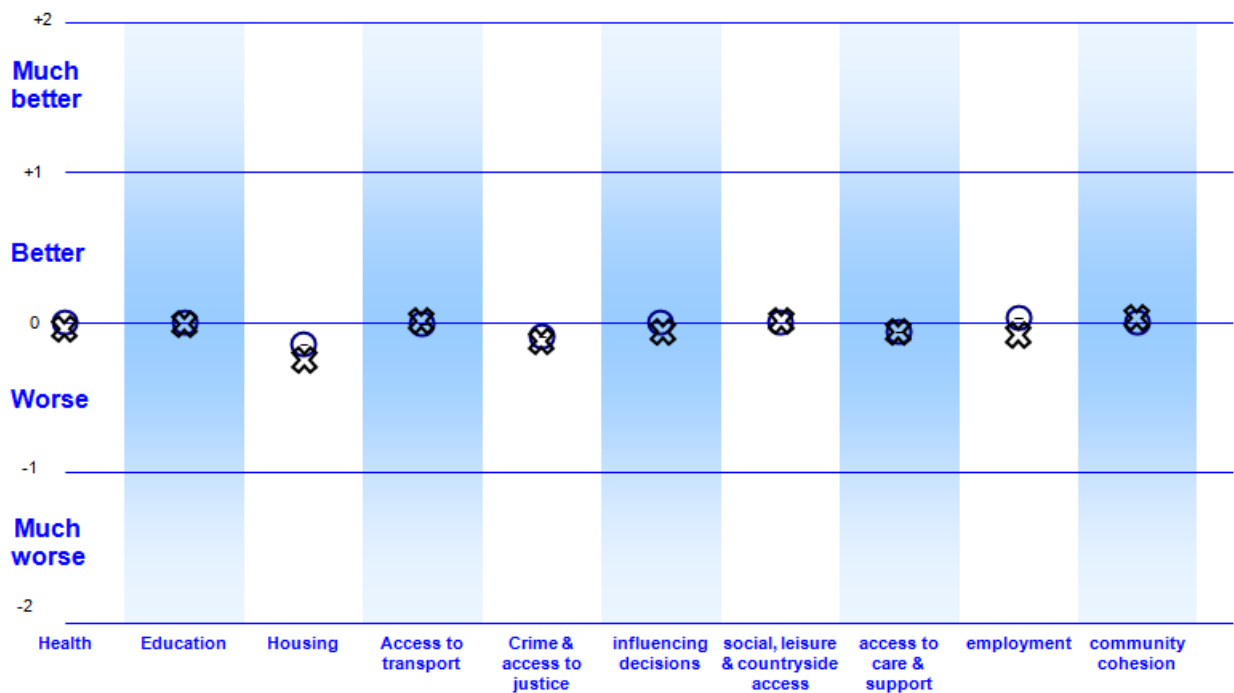
	Overall (survey)	Carms (survey)	Carms actual	Ceredigion (survey)	Ceredigion actual	Pembs (survey)	Pembs actual	Powys (survey)	Powys actual
55-64	21.7%	21.9%	16.4%	26.4%	15.3%	21.6%	16.6%	16.4%	17.3%
65-74	26.4%	33.1%	15.1%	5.7%	14.7%	7.8%	15.9%	3.3%	16.7%
75-84	10.8%	13.9%	8.6%	3.8%	8.3%	2%	9.3%	0	9.6%
85+	1.8%	2.1%	3.6%	1.9%	3.6%	2%	3.7%	0	4%

Females



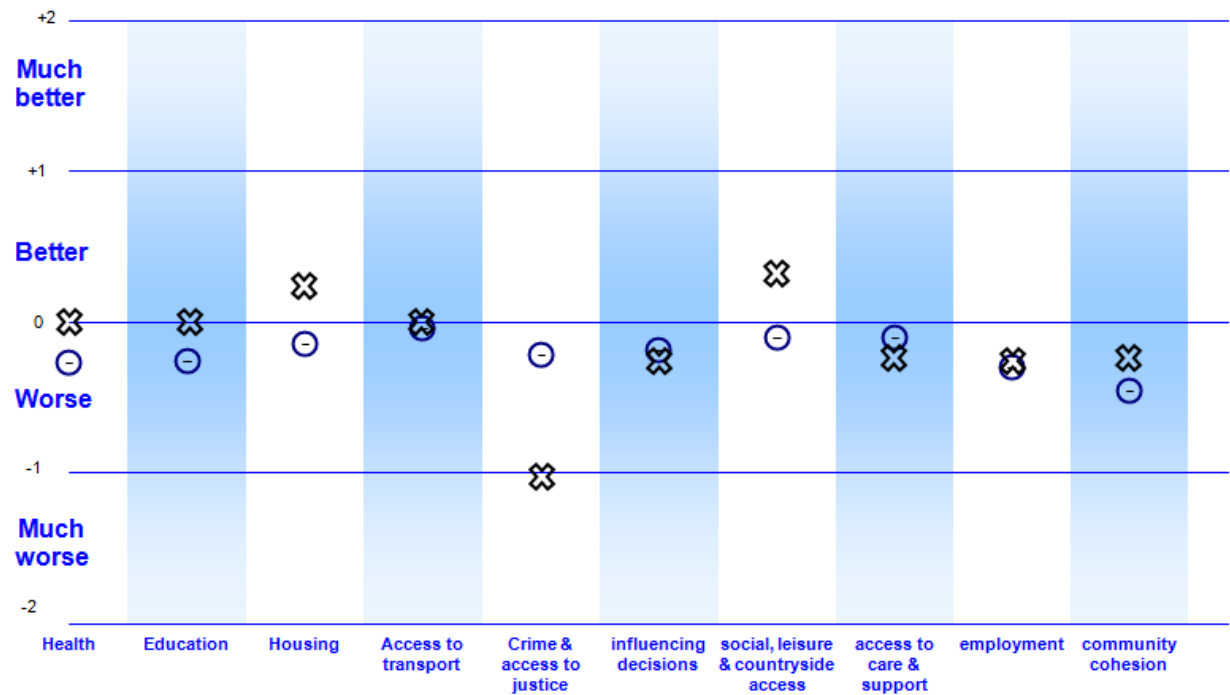
	Overall (survey)	Carms (survey)	Carms actual	Ceredigion (survey)	Ceredigion actual	Pembs (survey)	Pembs actual	Powys (survey)	Powys actual
Female	60.6%	61.4%	51.6%	52.8%	50%	61.5%	51.4%	63.9%	50.9%

Males



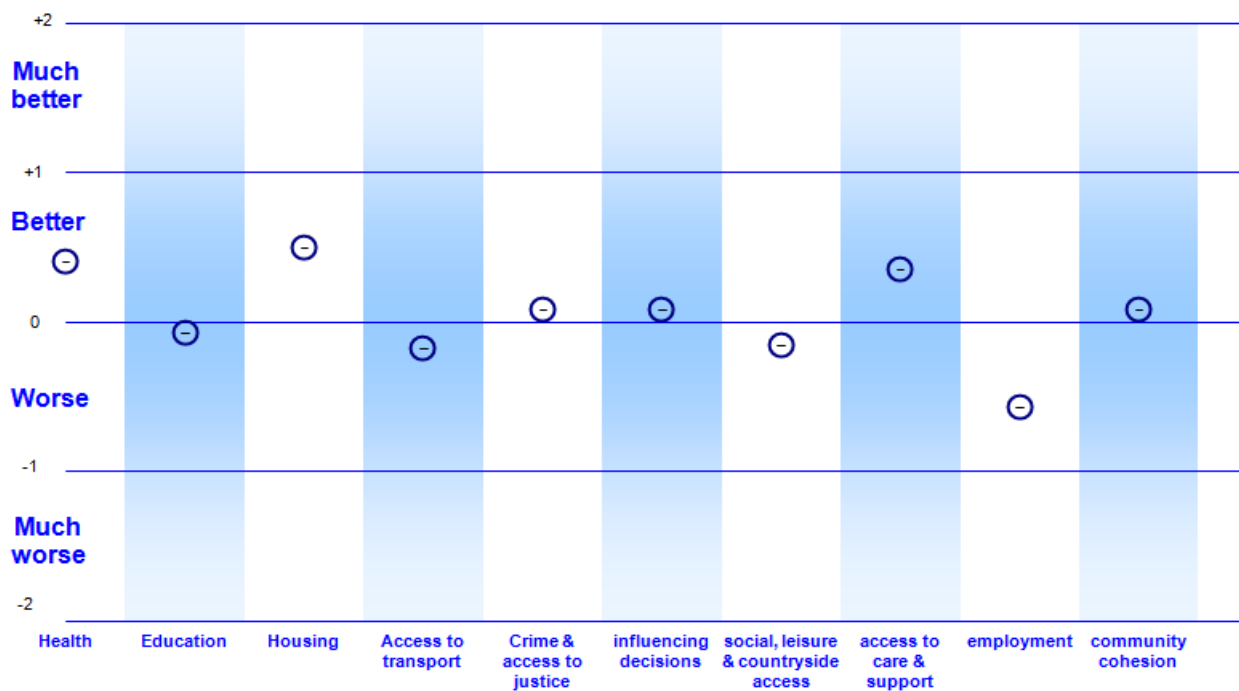
	Overall (survey)	Carms (survey)	Carms actual	Ceredigion (survey)	Ceredigion actual	Pembs (survey)	Pembs actual	Powys (survey)	Powys actual
Male	38.2%	38.1%	48.4%	45.3%	50%	32.7%	48.6%	32.8%	49.1%

Transgender

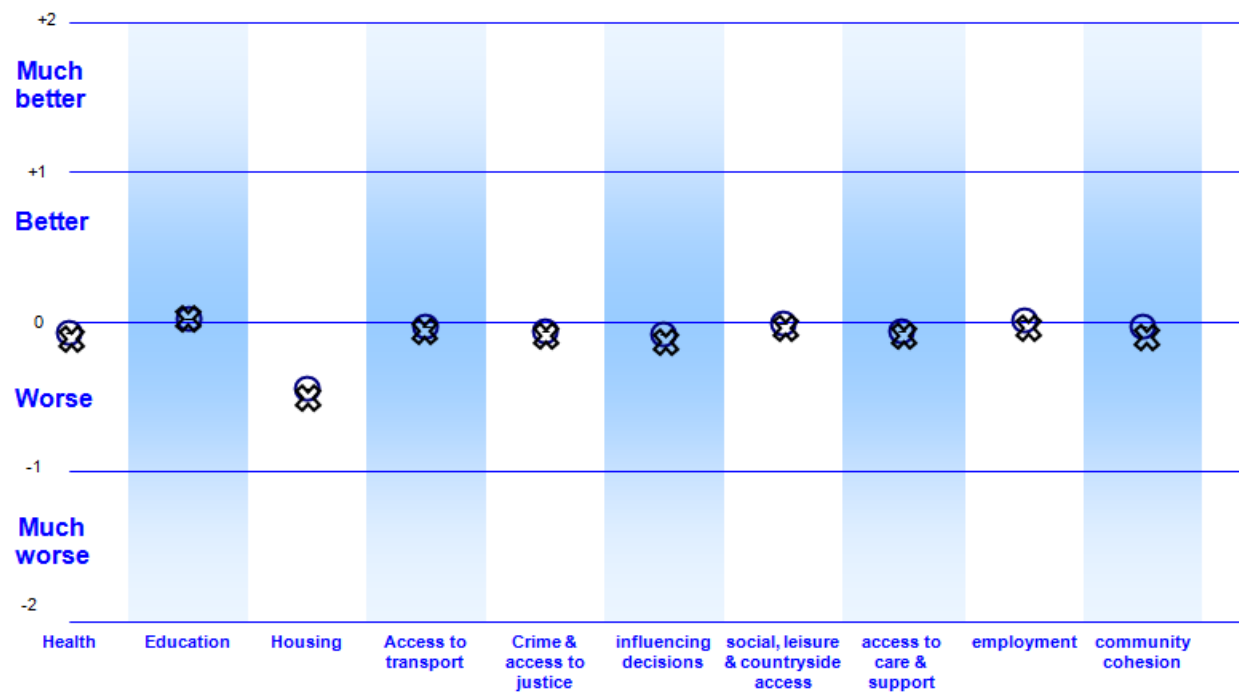


	Overall (survey)	Carms (survey)	Carms actual	Ceredigion (survey)	Ceredigion actual	Pembs (survey)	Pembs actual	Powys (survey)	Powys actual
Transgender	0.6%	0.4%	N/A	1.9%	N/A	2.1%	N/A	0	N/A

Pregnant or recently given birth

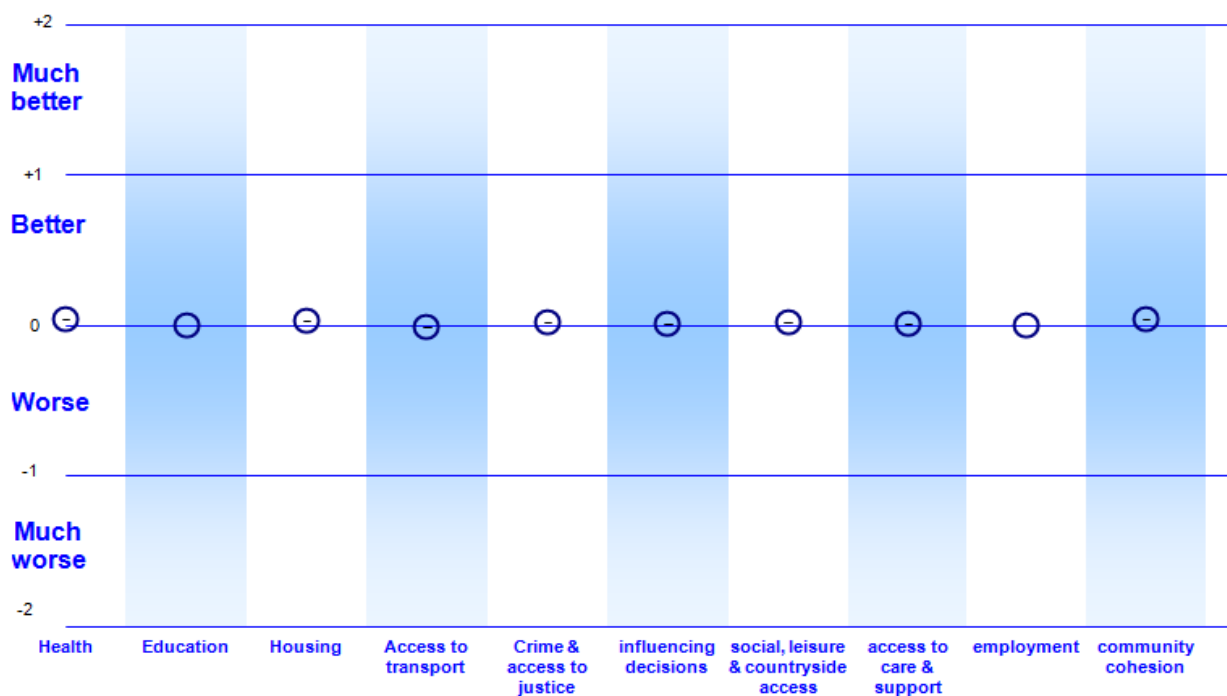


Single



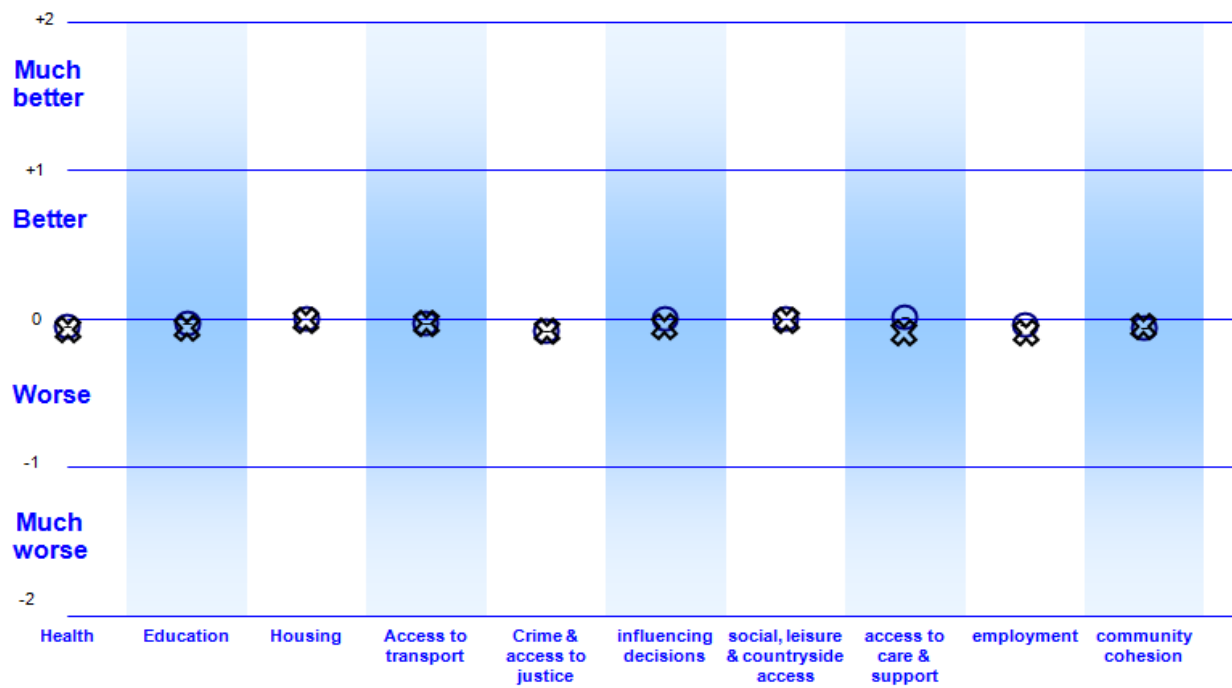
	Overall (survey)	Carms (survey)	Carms actual	Ceredigion (survey)	Ceredigion actual	Pembs (survey)	Pembs actual	Powys (survey)	Powys actual
Single	11.9%	11.4%	29.5%	15.7%	38.7%	12.5%	28.4%	14.8%	28.2%

In a relationship



	Overall (survey)	Carms (survey)	Carms actual	Ceredigion (survey)	Ceredigion actual	Pembs (survey)	Pembs actual	Powys (survey)	Powys actual
In relationship	62.8%	60.2%	49.6%	66.7%	43%	66.8%	50.5%	75.5%	51.3%

Hold religion or belief



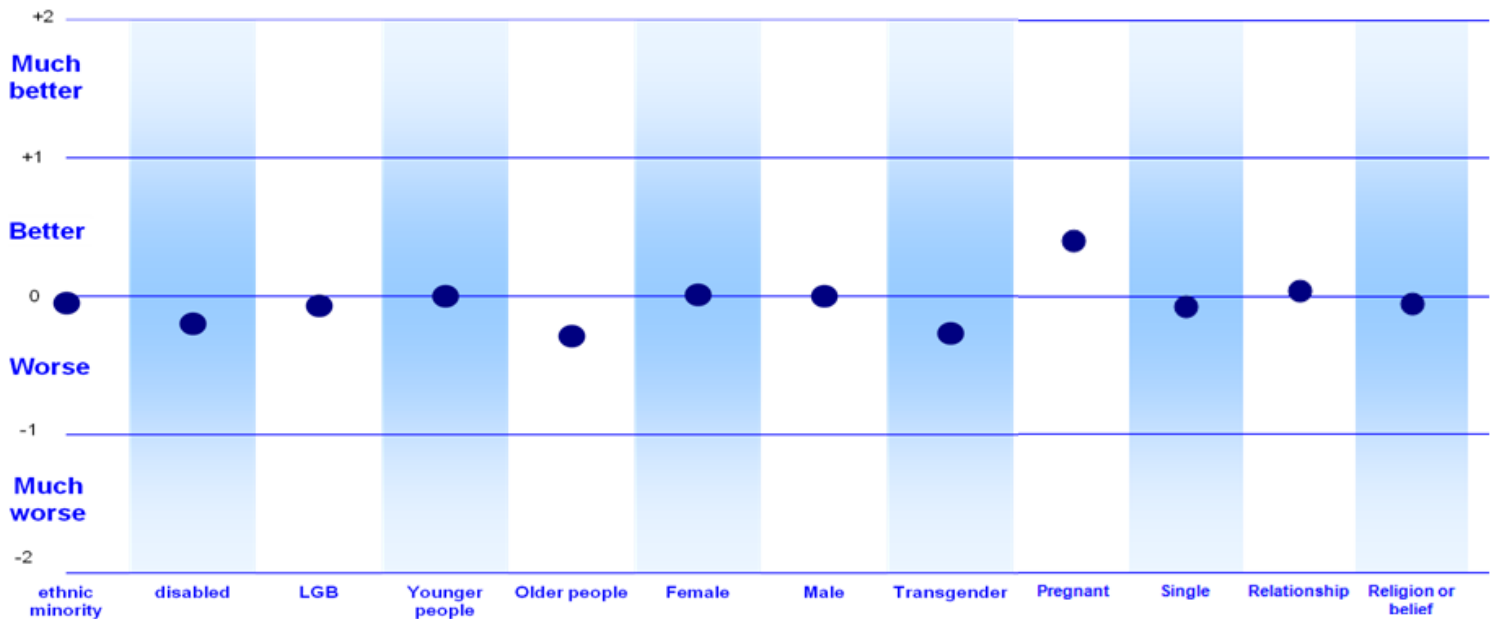
	Overall (survey)	Carms (survey)	Carms actual	Ceredigion (survey)	Ceredigion actual	Pembs (survey)	Pembs actual	Powys (survey)	Powys actual
Hold religion	57.1%	59.8%	71%	64.2%	69%	48%	73%	33.9%	72%

3) RESULTS BY DOMAIN

This section considers results for all ten domains, in turn, and a common format is used. Each domain starts with a ***summary sheet***, which brings forth key points from:

- i) Analysis of quantitative data – the overall AIS results for all demographic groups are depicted in graphical form, accompanied by a short explanation and interpretation of key statistical findings/trends
- ii) Comments from survey –common threads from respondents' comments are identified, and a précis offered. This supplements the analysis of quantitative data that precedes it by highlighting possible reasons for better/worse experiences
- iii) Organisation responses – specific references are made to the opinions of organisations who participated in the survey
- iv) Feedback from stakeholder events – views expressed by stakeholders during round-table discussions are summarised

HEALTH



- As shown, people's experiences of health are seen to vary considerably according to their demographic characteristic
- Of all listed groups, disabled people (AIS of -0.2); older people (AIS of -0.29) and transgender people (AIS of -0.27) were perceived to have particularly worse experiences of health in comparison to the population as a whole. Examining in more detail the experiences of older people, carers put forward a well supported view that older people have notably worse experiences of health (AIS of -0.43, as seen in the disaggregated AIS table, is lower than the overall AIS for older people – as such, this is an important finding)
- Pregnant women or those recently given birth were upheld as having better experiences of health services (AIS of 0.41). This result is a notable outlier given the high positive AIS and its position in comparison to other demographic groups
- Respondents consider the experiences of other demographic groups to be fairly similar to the population as a whole (AIS scores closely clustered around neutral 0 value). Any differences are said to be marginally worse/better.

Comments from survey:

- ❖ A number of comments made regarding access difficulties for disabled people. Also, mental health and learning disability were identified as areas where services could be improved
- ❖ It is suggested that there is a prevailing attitude that older people need to accept illness in older age; are 'low priority' in hospitals and that judgements are informally made amongst staff concerning the cost of treatment versus likely life expectancy
- ❖ A view that there is a lack of awareness or understanding of the physical and social aspects of being transgender. Stigmatization also perceived to be apparent.

Organisation responses:

- Diverse Cymru – evidence suggests health inequalities for LGBT, disabled and BME groups. Poor staff understanding of religious/cultural beliefs. Holistic approach required to redress balance. Wider issues (e.g., poverty and social status) should be brought into conversation with ‘protected characteristics’
- Welsh Ambulance Service – on balance, fair treatment for all, with some groups (e.g., disabled) rightly receiving additional support to fully cater for their needs
- SWAT Pembrokeshire (Save Withybush Action Team) – reorganisation of Women’s and Children’s services in 2014 has disadvantaged Pembrokeshire residents, particularly young people and pregnant women
- Town and Community Council (Carmarthenshire) – standards of care lower for disabled and elderly

Key issues arising from stakeholder events

Working well:

- Hywel Dda’s commitment to mental health services reform
- Access to rehabilitation officers
- Some community care projects

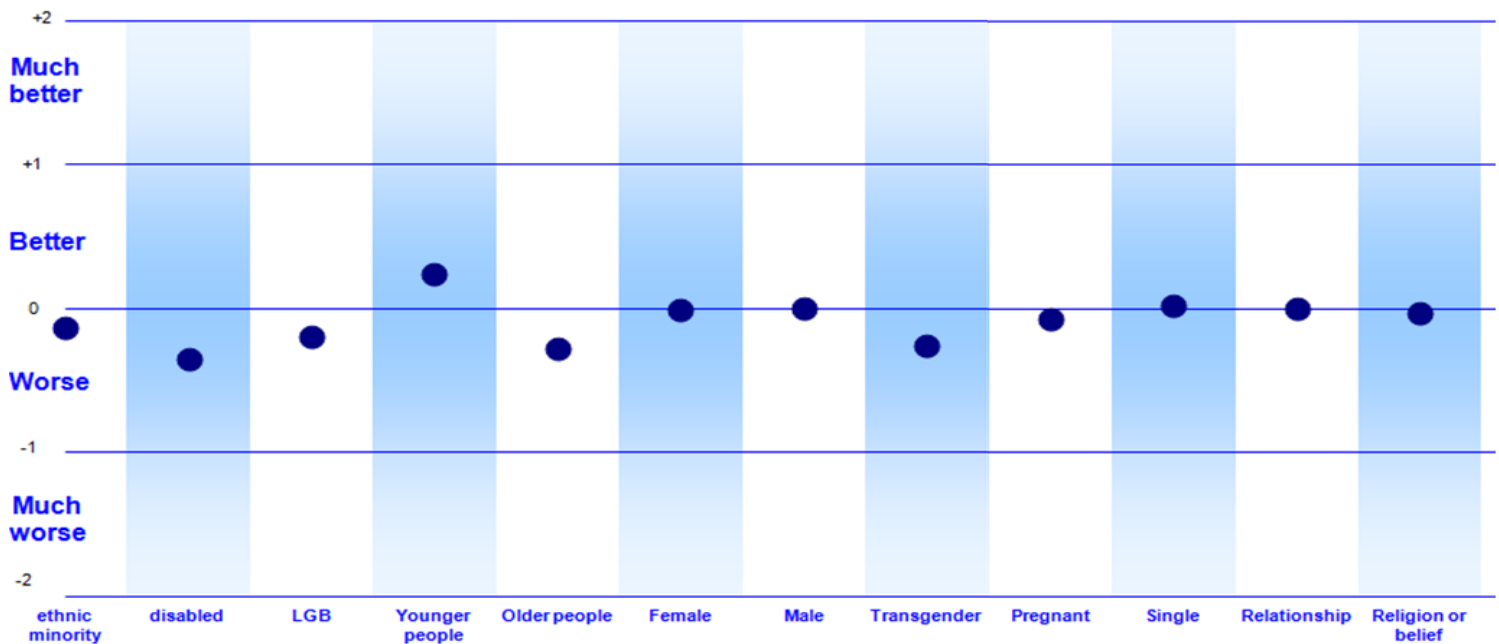
Not working so well:

- GP appointments and the lack of doctor awareness of medical history
- Carers rights not fully acknowledged within hospitals
- Co-ordination of care packages
- Lack of holistic approach towards mental and physical health
- Support for breastfeeding needed as doctors can be dismissive of mothers
- Counselling services not always accessible
- Public transport (especially rural) to hospital
- Services no longer available at local hospital – disproportionate impact on some groups who may lack mobility in its broadest sense

Future considerations:

- GP opening times to suit the needs of patients
- Time lag between assessment and provision of support
- Better understanding of the patient story in hospitals (not simply presented need)
- 24hr crisis centre for physical and mental health issues
- Sharing of good practice between GP surgeries
- Improved commitment to families and services working together for better health
- Improved awareness of communication issues for front line health staff
- Access audits for all GP surgeries

EDUCATION



- Whilst many demographic groups are viewed as having similar experiences of education when compared to the population as a whole – males, females, single people to name but a few – in a small number of cases it was felt that the experiences of groups with particular characteristics differed from the norm
- Disabled people (AIS of -0.35); older people (-0.28) and transgender people (-0.26) attained the lowest AISs – denoting that these groups are perceived to have worse experiences of education. Similarly, BME groups were said to have slightly worse experiences (AIS of -0.13)
- Younger people are deemed to have better experiences of education in comparison to the population as a whole. An AIS of 0.24 – the highest across all groups – confirms this result

Comments from survey:

- ❖ It was acknowledged that homophobia/transphobia is prevalent in many schools, and can result in extreme forms of bullying
- ❖ A belief that that language and cultural barriers prevent BME children from fully assimilating into their school
- ❖ General agreement that adult education has borne the brunt of cuts to further education and the adult skills budget, severely restricting the provision of suitable courses for adult learners. This was noted to have a detrimental impact on gaining employment in old age
- ❖ Other issues raised include lack of faith schools; lack of male teachers acting as a role model for young boys, and concerns about the impact of pregnancy on school / study time given the challenges of balancing family / work commitments.
- ❖ It was accepted that younger people should have better experiences in education, as the education system is – justly, in the view of many respondents – tailored towards this cohort

Organisation responses:

- Disability Sport Wales – education generally affords good experiences. Important to ensure there are sufficient support staff for pupils with Additional Learning Needs (ALN).

Key issues arising from stakeholder events

Working well:

- Some third sector organisations are offering good support, including the 'You Can Do It' charity.
- Some courses offered by Coleg Ceredigion have direct links to community based supported employment schemes
- Universities support for foreign students

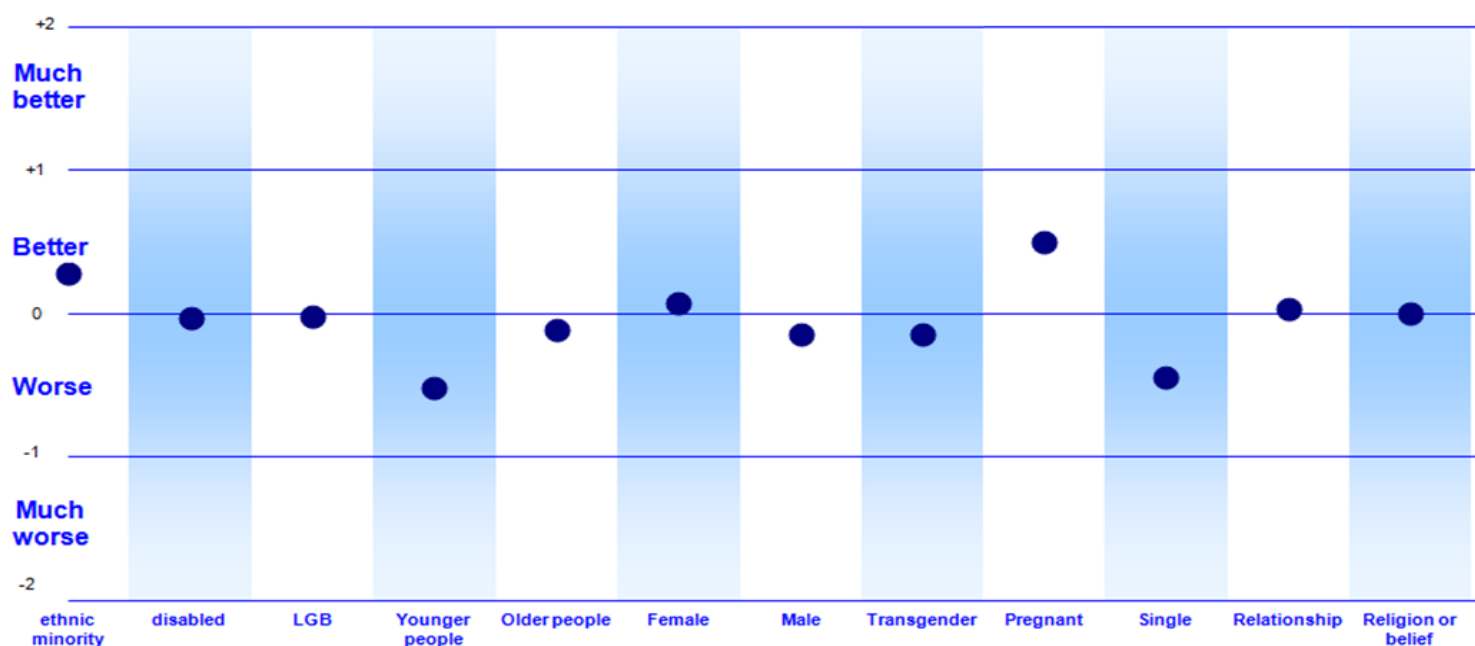
Not working well:

- Lack of fully accessible college campuses
- Education needs to become more person centred
- Opportunities exist though there may be a lack of awareness
- More needs to be done to ensure fairness in employment
- Older, younger and carers are disadvantaged in getting jobs
- Disabled people may find it hard to gain employment at a level suited to their qualifications (particularly deaf people); available opportunities may have restricted scope
- Prejudice against employing disabled people
- People with protected characteristics may be isolated
- Lack of opportunities encouraging young people to move out

Future considerations:

- Greater awareness for students in relation to same sex relationships and disability, (including mental health and learning disability)
- A need to build life skills as well as academic qualifications
- Transport provision is important in encouraging post-16 education
- Transition services for pupils with additional learning needs
- Development of rural schools as community hubs

HOUSING



- Looking at the housing domain, there are considerable variances in the experiences of different demographic groups (denoted by pattern of peaks & troughs in the above chart): some are believed to better experiences, some worse, whilst several groups are perceived to have similar experiences in comparison to the population as a whole
- An AIS of 0.5 for pregnant mothers/those recently given birth confirms a strong view that this group are thought to have better experiences of housing. Ethnic groups were upheld as having slightly better experiences (AIS of 0.28). An AIS of 0.08 for females suggests a slight positive position
- A number of demographic groups are seen to have worse experiences of housing. In particular, low, negative AISs were recorded for two groups – signifying markedly worse experiences – namely, younger people (AIS of -0.51) and single people (AIS of -0.44)
- The experiences of disabled people (AIS of -0.03), LGBs (-0.02) and those holding a religion or belief (0) are not seen to differ greatly from the population as a whole

Comments from survey:

- ❖ A prevailing view was that pregnant mothers/those recently given birth and ethnic groups are given preferential treatment in respect of social housing, often resulting in better/quicker access. Some discussion on whether this was warranted. Many felt this was a case of 'positive discrimination', in fear of likely consequences.
- ❖ It was widely recognised that the current housing stock does not meet the needs of the younger generation, inhibiting home ownership amongst younger cohorts and giving rise to 'generation rent' – high numbers privately renting a property. Similar challenges also noted for single people, with additional comments that the 'points system' for social housing is not a fair and equitable system for single people, with their needs seen as less important
- ❖ Mention was made of the good work being undertaken to support the housing needs of disabled and older people (adapted housing; provision of bungalows), but,

against the backdrop of ageing population, it was felt more work was required. This sentiment is perhaps reflected in the neutral AIS for disabled & older people.

Organisation responses:

- Unity into the Community – housing doesn't always satisfy requirements of ethnic minority or disabled, possibly owing to overcrowding, accessibility and/or lack of cultural awareness
- Merlins Bridge Community Council (Pembrokeshire) – preferential treatment for some groups evident

Key issues arising from stakeholder events

Working Well:

- Rent support for disabled people and carers
- The services of Care and Repair
- Sheltered accommodation schemes for elderly and disabled people
- Hwb in Llanelli is a good source of information, including the support offered by Shelter
- Time banking and volunteering on social housing estates

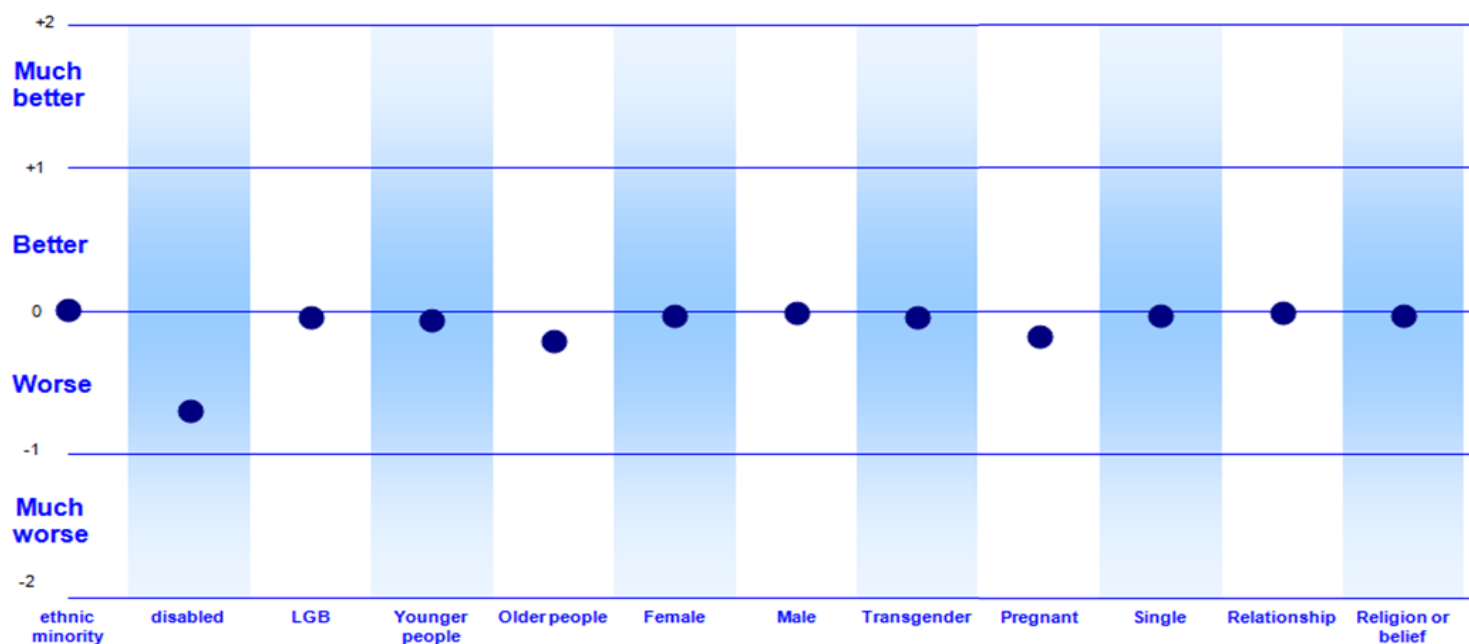
Not working well:

- Some communities (including Gurkhas in Llanelli) have barriers to purchasing affordable housing
- There is less assistance for private owners than people in social housing
- Empty housing should be brought back into use
- Home Improvement Scheme for social housing not immediate (Ceredigion)

Future considerations:

- Increase the supply of affordable housing
- Speed up the process of undertaking housing adaptations

ACCESS TO TRANSPORT



- On balance, it was felt that most demographic groups have relatively similar experiences in respect of access to transport when compared to the population as a whole – borne out by the tight clustering of AISs around the neutral value of 0
- The AIS for disabled people (-0.69) is a significant outlier: access to transport is upheld as being particularly worse experience for disabled people. Low AISs also recorded for older people (-0.2) and pregnant mothers/those recently given birth (-0.17) – suggesting that they have slightly worse experiences. Carers held a strong view that older people have worse experiences in respect of accessing transport (AIS of -0.41 can be seen in the disaggregated AIS table for older people)
- No group was thought to have distinctly better experiences: an AIS of 0.01 for ethnic groups – the sole positive AIS – suggests a very weak perception that ethnic minorities have better experiences in respect of accessing transport

Comments from survey:

- ❖ A wide range of comments. A general point was made on the availability of public transport, which, whilst applicable to all groups, was seen to disproportionately impact on older people, disabled people and younger people as they are likely to have a higher level of dependence on public transport. Social isolation and lack of access to employment opportunities or health services were suggested consequences of reduced public transport services, particularly in rural areas and during the evenings when bus services were perceived to be non-existent
- ❖ It was noted that that access to public transport is very difficult for disabled and older people as not all buses are adapted to ensure they are accessible and many coaches do not have the necessary facilities. Similarly, respondents acknowledged that raised platforms/steps can cause difficulties for people with prams/pushchairs
- ❖ Among the other issues raised: BME groups may encounter difficulties understanding and knowing where to obtain timetable information; costs of purchasing and maintaining a private vehicle increases younger people's reliance

on public transport; and, a view that that there is no additional transport scheme to support single people, under the state retirement age, and claiming benefits (eg ESA)

Organisation responses:

- Age Cymru Powys & Community Luncheon Club (Powys) – public transport to key destinations (including Cardiff and Swansea) infrequent and unreliable. Travelling to GPs, hospitals and social occasions remains an issue for older people

Key issues arising from stakeholder events

Working well:

- Bus passes for people with a disability (and their carers), as well as discounted train fares
- Generally good service, based on equality awareness, from bus drivers
- Dial a ride service in rural areas

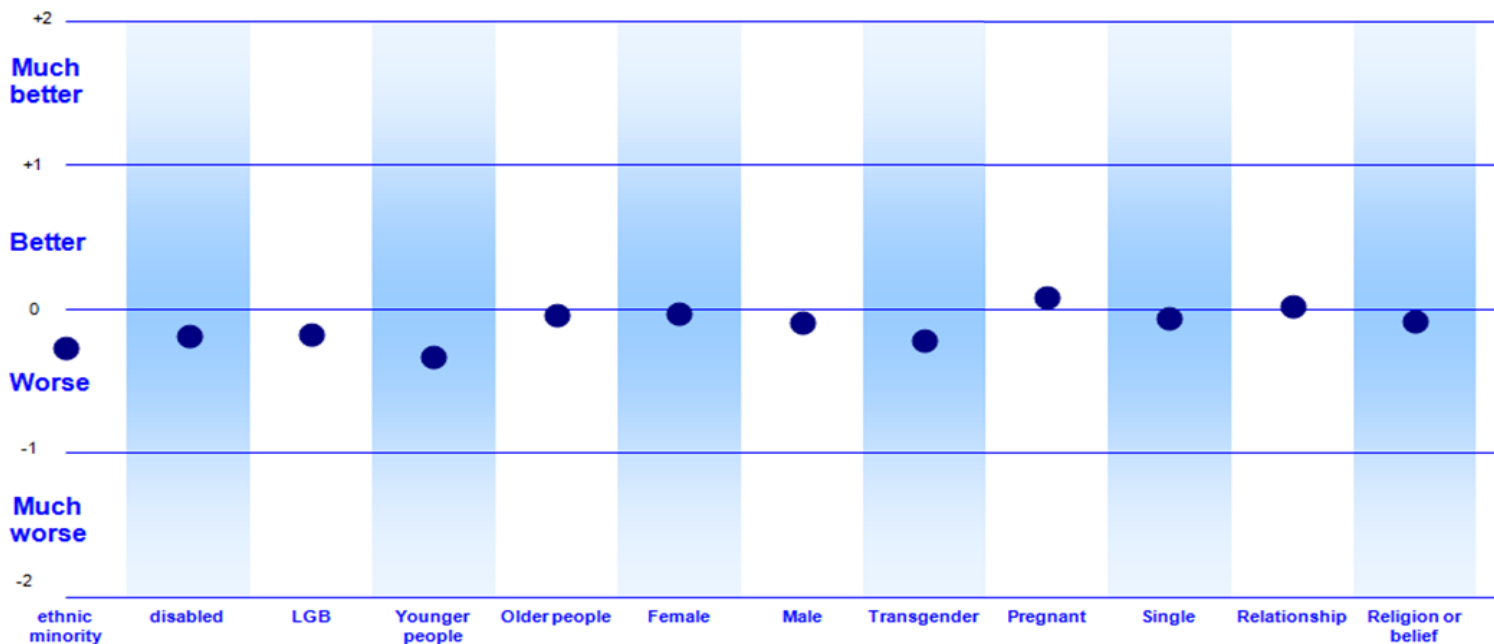
Not working so well:

- A general lack of public transport that integrates with work and health services. This is particularly so in rural areas
- Lack of visual and audio information on buses, particularly relevant to the announcement of stops
- Housing areas often lack amenities and public transport services
- Country Cars and other community transport schemes often lack volunteer drivers
- A feeling that taxi firms are applying artificially high fares for wheelchair users

Future considerations:

- The importance of ensuring assistance for disabled people at both ends of the train journey
- Improvements to accessibility would be welcomed
- Availability could be improved during evenings and in rural areas
- Audio and visual displays on buses need to be improved
- Build on the awareness of disability issues by bus drivers to ensure consistency
- Sufficient provision of disabled parking spaces (Aberystwyth town centre cited as lacking disabled spaces)

CRIME AND ACCESS TO JUSTICE



- In comparison to the population as a whole, a number of demographic groups are thought to have slightly worse experiences of crime and access to justice
- Of all listed groups, respondents consider younger people to have the worst experiences of crime and access to justice (AIS of -0.33). Similarly low AISs were recorded for ethnic minorities (-0.27) and transgender people (-0.21)
- The experiences of older people, females, males, single people, those in relationship and those holding a religion/belief are not thought to differ greatly. The AIS for these groups confirms respondents' view that they have 'similar' experiences
- Pregnant mothers/those recently given birth are said to have marginally better experiences of crime and access to justice (AIS of 0.09)

Comments from survey:

- ❖ It was suggested that younger people and ethnic minorities – groups which recorded the lowest AISs – were more likely to attract the attention of the police, thus leading to worse experiences. Furthermore, it was felt that they may be reluctant to access the criminal justice system (as victims) due to perceived prejudices
- ❖ BME, disabled, LBGs and transgender people were identified as high risk victims of hate crime. Some pointed to the beneficial role of police hate crime support officers, others put forward a view of a lack of action against perpetrators
- ❖ Communication was seen to be a barrier for ethnic minority (language) and disabled people (British Sign Language and those with a learning disability)
- ❖ Though the AIS for older people confirmed only a slight negative position (-0.04), respondents recognised that older people may be an easy target for criminals and,

further, may be discouraged from reporting a crime against them owing to the assumptions others have about older people

Organisation responses:

- Ceredigion Community Safety Partnership – evidence suggests disabled and LGBT persons are at an increased risk of hate crime. Under 25's more likely to be a victim of Violence Against the Person offences
- Town & Community Council (Carmarthenshire) – concern expressed that the reduction in availability of legal aid has had a disproportionate impact on certain groups, particularly single parents in the family court
- Unity into the Community – within Criminal Justice System there is low awareness of gypsy travellers as a protected characteristic
- Mind Aberystwyth – more needs to be done to improve relationship between police and individuals with mental ill-health

Key issues arising from stakeholder events

Working well:

- Police are keen to record incidents
- Police and fire services engage with communities and groups (e.g., deaf clubs). The Police Independent Advisory Committee (involving members of the protected characteristics) works effectively
- The Pegasus scheme is seen as successful; as are home fire safety audits undertaken by the Fire Service
- Victim support services are thought to work well

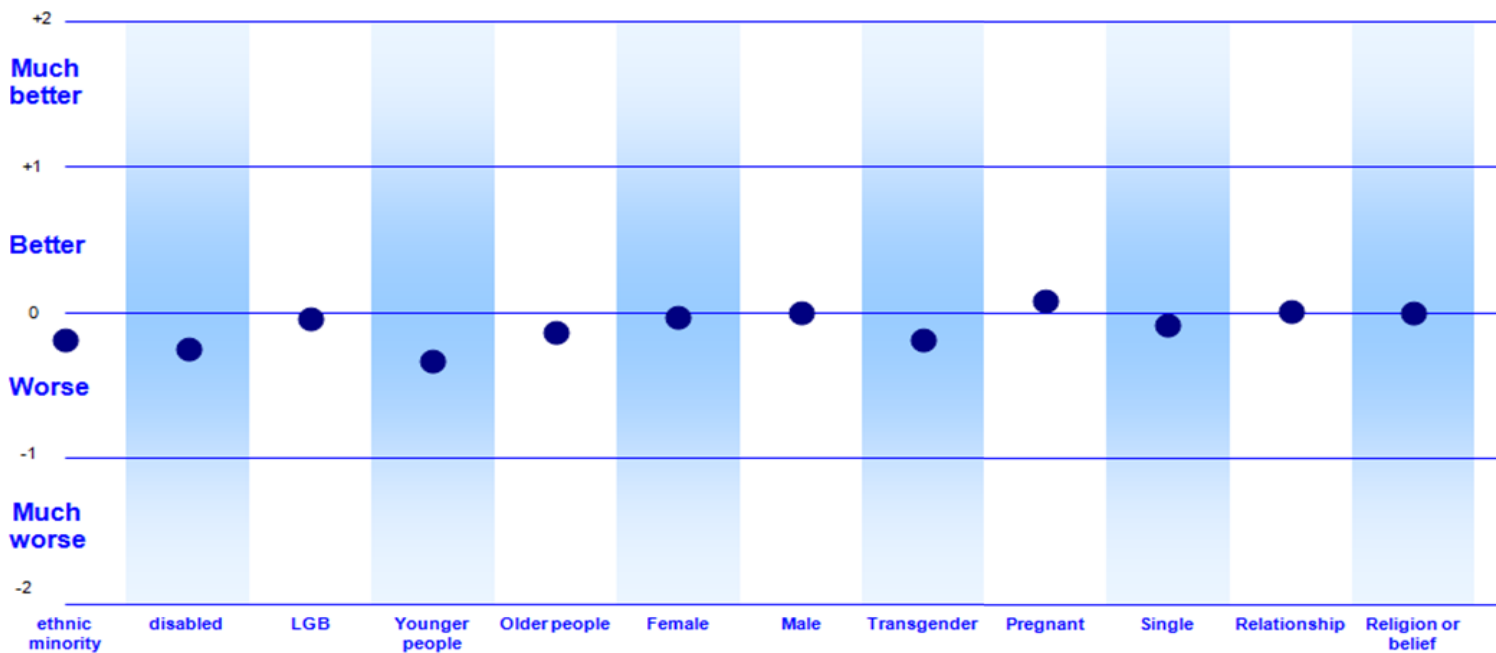
Not working well:

- The court system is discouraging to people seeking justice and there may be access issues due to language or disability
- Police willingness to record hate crime does not always translate into further action
- Issues relating to the withdrawal of legal aid in many instances
- Awareness of mental health issues could be improved

Future considerations:

- The need for early intervention to prevent criminality
- Build on good work, such as the Independent Advisory Group
- Continue to build on staff awareness of equality issues and the needs of people from different protected characteristic groups
- Greater awareness of mental health issues
- The need for a text version of the 101 non-emergency number

INFLUENCING DECISIONS



- In many cases, people's experiences of being able to influence decisions are seen to vary according to their demographic characteristic
- The lowest recorded AIS was for younger people (-0.33), suggesting a perception that this cohort are often unable to, or face difficulty in, influencing decisions. Disabled people (-0.24), transgender and BME groups (both -0.18) are also thought to have worse experiences in comparison to the population as a whole
- The experiences of other groups – males, females and those with a religion/belief to name but a few – are deemed to be relatively similar to the population as whole. No discernible disparity on the basis of gender

Comments from survey:

- ❖ A widely held view that groups such as younger people, transgender and BME are more likely to be marginalised and may not be afforded respect or listened to. It was also noted that these groups may lack understanding of how to influence decisions
- ❖ Comments that disabled people may be disempowered by having decisions made for them, rather than giving the person a voice through use of advocates. Similar views expressed for the 'oldest old', alongside a counter narrative that older people have greater political clout due to their propensity to vote
- ❖ Some comments made reference to a male/female divide –women having a weaker voice and white middle class men having notable influence in the decision making process – though this is not borne out in the statistical findings

Organisation responses:

- Unity into the Community – poor literacy or grasp of English language can inhibit participation in the decision making process (ethnic groups cited as an example)
- Mind Aberystwyth – no established consultation mechanisms for engaging with people with mental ill-health
- South Cefncaeau Family Centre (Ty Enfys) – younger people not afforded respect nor routinely involved in decisions that affect them

Key issues arising from stakeholder events

Working Well:

- All agencies are understood as keen to listen, though change can be slow
- Avenues are presented for people to have their say (events, surveys, etc)

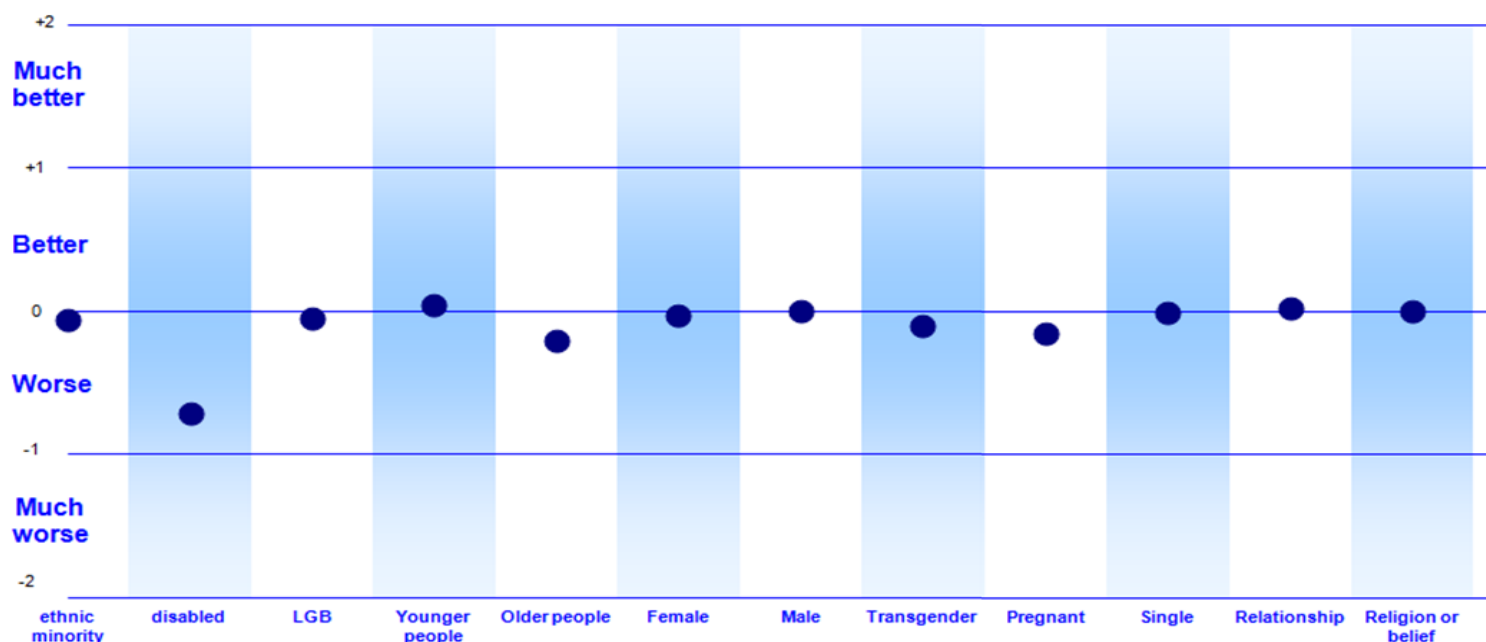
Not working so well:

- A perception that decisions have sometimes been reached in advance of consultation. Considered a 'tick box' exercise.
- Specific examples where people have been unable to have enough influence (e.g., decision to charge Blue Badge users in car parks)
- Some views discounted because person is young or old
- Some organisations may avoid questions on occasion
- Few individuals from protected groups occupy senior positions
- Pace of change, and the lack of feedback can affect the relationship between organisations and the public
- 'clutter': too much information competing for attention (e.g., GP surgeries)

Future considerations:

- A need for people to see that their engagement has brought about positive outcomes. Feedback is considered equally important (whatever the result)
- Ensure all engagement is inclusive to all people, and that mechanisms are put in place to ensure it happens
- Decision makers need to be open to public scrutiny
- Greater diversity amongst senior managers would help ensure better understanding of the issues faced by people from protected groups

SOCIAL, LEISURE AND COUNTRYSIDE ACCESS



- In the main, different demographic groups are thought to have broadly similar experiences in respect of social, leisure and countryside access – the majority of AISs are tightly clustered around the neutral zero value – with any perceived differences in experiences considered to be marginally worse or better
- Disabled people are one notable exception to the rule. Respondents' recognised that disabled people have significantly worse experiences of social, leisure and countryside access in comparison to the population as a whole – borne out by an AIS of -0.71
- Older people (-0.2) and pregnant mothers/those recently given birth (-0.15) were also seen to have slightly worse experiences of social, leisure and countryside access
- It was thought that no particular group had markedly better experiences; the AISs for younger people (0.04) and those in a relationship (0.02) confirm only a very slight positive position

Comments from survey:

- ❖ Most comments pertaining to disabled access mirrored the strong, overall negative AIS for disabled people. A prevailing view was that access to open countryside can be problematic for people with mobility issues given the rugged terrain, hostile climate, travelling distances and remoteness. However, note was made of ongoing efforts to improve the rights and opportunities of disabled people, with enhancements such as metalled footpaths and better access to public buildings commended. Suggestions for further improvements also raised
- ❖ Similar sentiments for older people: limited mobility can inhibit access. The importance of older people staying involved in social activities was stressed as a means of avoiding isolation

- ❖ Restricted access also upheld as an issue for mothers with young children given the difficulties of using a pushchair and accessing changing and toilet facilities in the countryside
- ❖ Inadequate provision of single-sex activities such as swimming noted to limit take-up of leisure opportunities for BME groups, particularly women of some cultures or religions

Organisation responses:

- Disability Sport Wales – Accessible paths , transport and sport specific clubs (e.g. for wheelchair users/ visually impaired, such as Powerchair Football) are limited

Key issues arising from stakeholder events

Working well:

- n/a

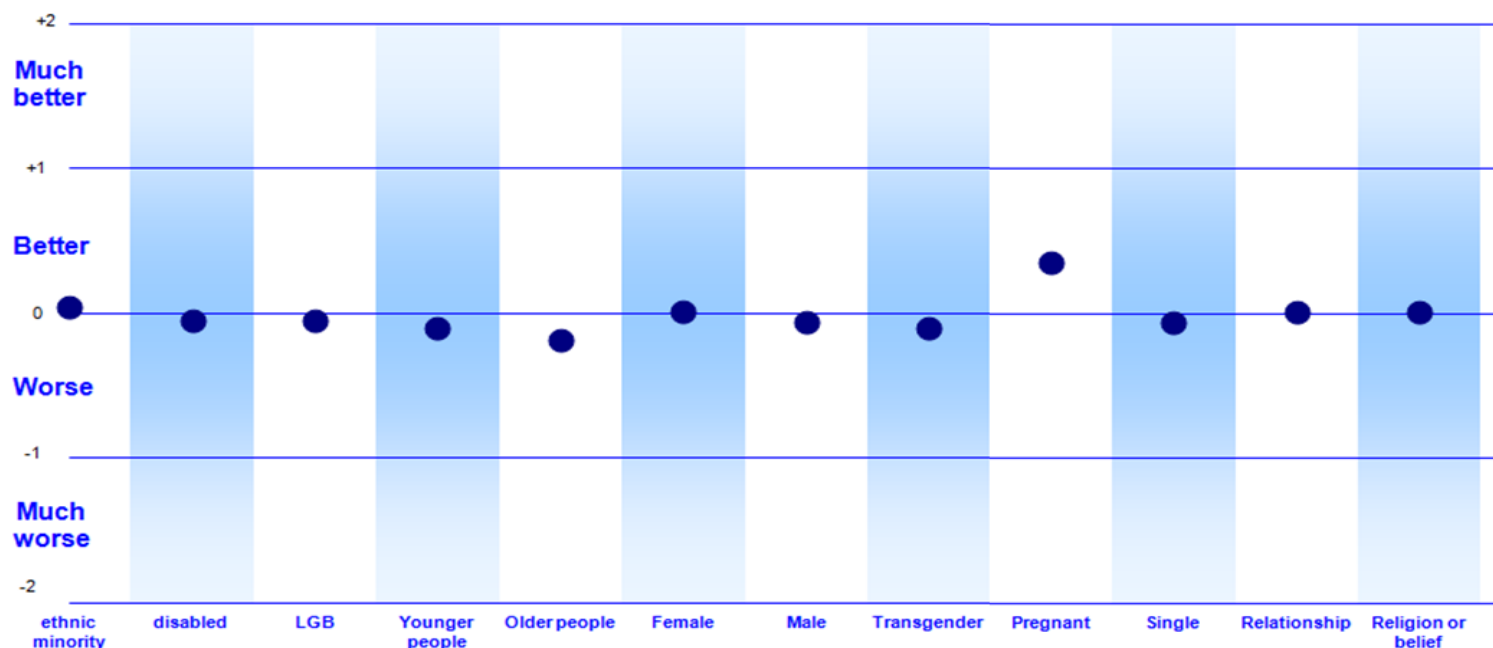
Not working well:

- Few opportunities for disabled people to socialise
- Improvements could be made to parks, open spaces and play opportunities
- Lack of affordable and accessible activities for young people. Youth clubs provide a useful function and their loss could trigger further youth disengagement
- Not enough information on social and leisure activities within talking newspapers

Future considerations:

- More social and leisure activities for disabled people
- Develop more activity that will help prevent ill health – in line with the Social Services and Wellbeing Act

ACCESS TO CARE AND SUPPORT



- When accessing care and support, the experiences of many different demographic groups are thought to be fairly consistent with the experiences of the population as a whole – as depicted above by the congregation of AISs around the middle point (zero). See, for example, AISs for ethnic minorities, LGB, females and males to name but a few
- Of all listed groups, older people are deemed to have the worst experiences. However an AIS of -0.18 suggests that their experiences are not perceived to be markedly worse. Carers, however, thought older people had much worse experiences – as corroborated by a disaggregated AIS of -0.34
- The AIS for pregnant mothers/those recently given birth (0.36) is an important finding: this group are believed to have better experiences in respect of accessing care and support. This high AIS is an outlier and runs counter to the statistical trends observed for the ‘access to care and support’ domain

Comments from survey:

- ❖ Widespread acknowledgment of the status quo: that health and social care resources are under extreme pressures – impacting availability and frequency of services. Waits for care packages and difficulties in securing packages stressed
- ❖ A number of comments suggesting disabled people have a worse experience of care and support and often have to suffer longer to get treatment
- ❖ A view that the experiences of males and females differ due to social tendencies: women are more likely to form mutual support networks and seek support, whereas males may be more reluctant to seek medical help
- ❖ A belief that health and social care services may not adequately cater for needs of BME, LGB and transgender people

Organisation responses:

- South Cefncaeau Family Centre (Ty Enfys) – access to equipment that facilitates independent living is variable
- Tumble Family Centre – sexuality and religion impact experiences of care and support

Key issues arising from stakeholder events

Working well:

- Direct Payments and Personal Independence Payments
- Talking books and newspapers

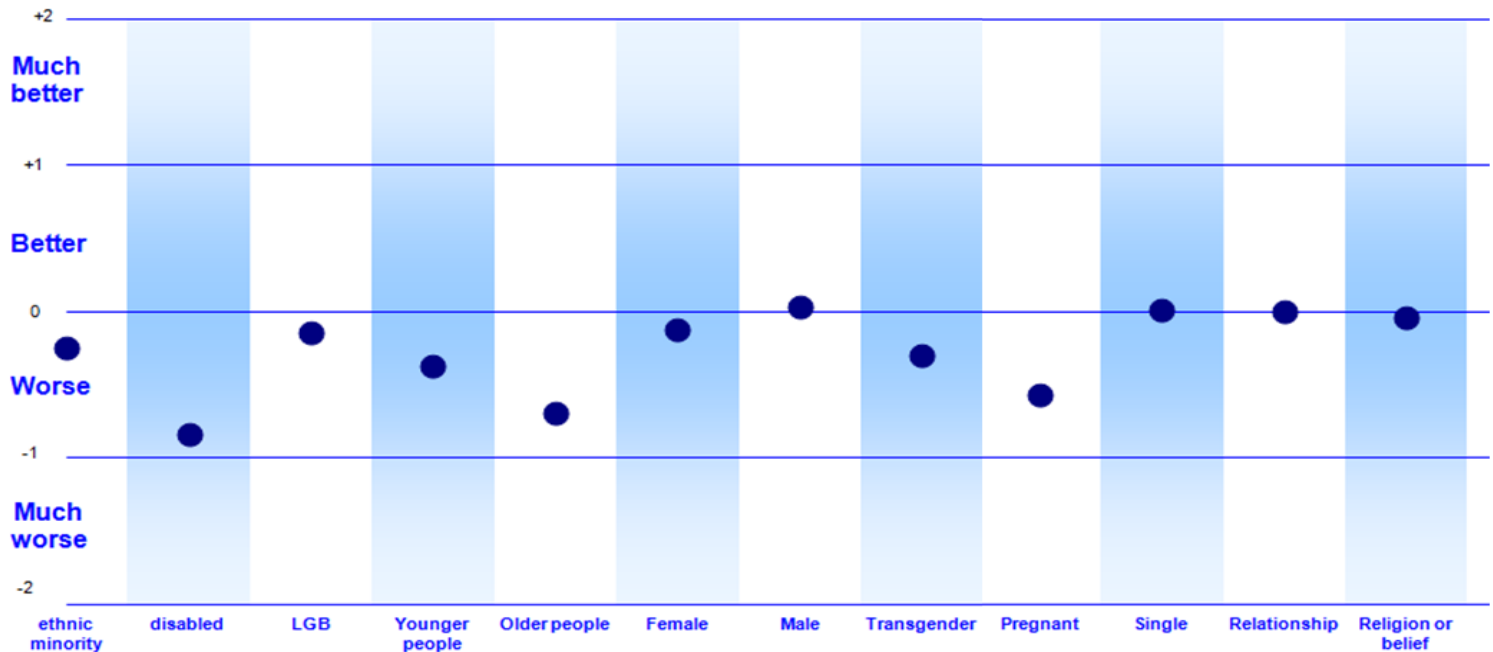
Not working so well:

- Older people are concerned about having to pay for care
- Accessing care through assessment can seem bureaucratic
- Respite opportunities are limited, but carers need breaks
- Pre-crisis support is very limited

Future considerations:

- Further publicity and development of Direct Payments as it brings benefits for individuals and employment
- More 'person-centred support
- Better integration with health

EMPLOYMENT



- A person's demographic profile is perceived to profoundly impact their experiences of employment
- As shown, individuals with certain demographic characteristics are considered to have particularly worse experiences of employment, chiefly: those with a disability (AIS of -0.84); older people (-0.69) and pregnant mothers/those recently given birth(-0.57)
- Younger people (-0.37), transgender (-0.3) and minority ethnic groups (-0.25) were also identified as having generally worse experiences of employment in comparison to the population as a whole
- A male and female disparity is also prevalent, with AISs of 0.03 and -0.12 respectively, denoting that females have slightly worse experiences in respect of employment. Males seen to have marginally better experiences
- Single people, those in a relationship and individuals holding a religion or belief are deemed to have similar experiences to the population as a whole

Comments from survey:

- ❖ Groups with low AISs were reported to have adverse experiences of employment, both in terms of seeking employment and in work (e.g., day-to-day experiences and promotions) . General consensus that disabled people are disadvantaged in employment, often owing to misconceptions about their ability; that they will take a lot of time off work; will be a problem to accommodate and may be inclined to make a complaint of discrimination.
- ❖ Equally , a number of comments suggested that prejudice and (covert) discrimination against older workers was pervasive
- ❖ Mention was made of possible discrimination against expectant mothers, though this was largely seen to be confined to the private sector

- ❖ Other issues raised: inequitable and unjust experiences for BME groups as employers may favour visibly 'British' staff; acknowledgment that women are less likely to hold senior positions; a consensus that there is a lack of opportunities for younger people and a perception that being explicit about religious beliefs is discouraged in a work-related context

Organisation responses:

- Ceredigion Community Safety Partnership – disability can preclude individuals from certain employment opportunities

Key issues arising from stakeholder events

Working Well:

- n/a

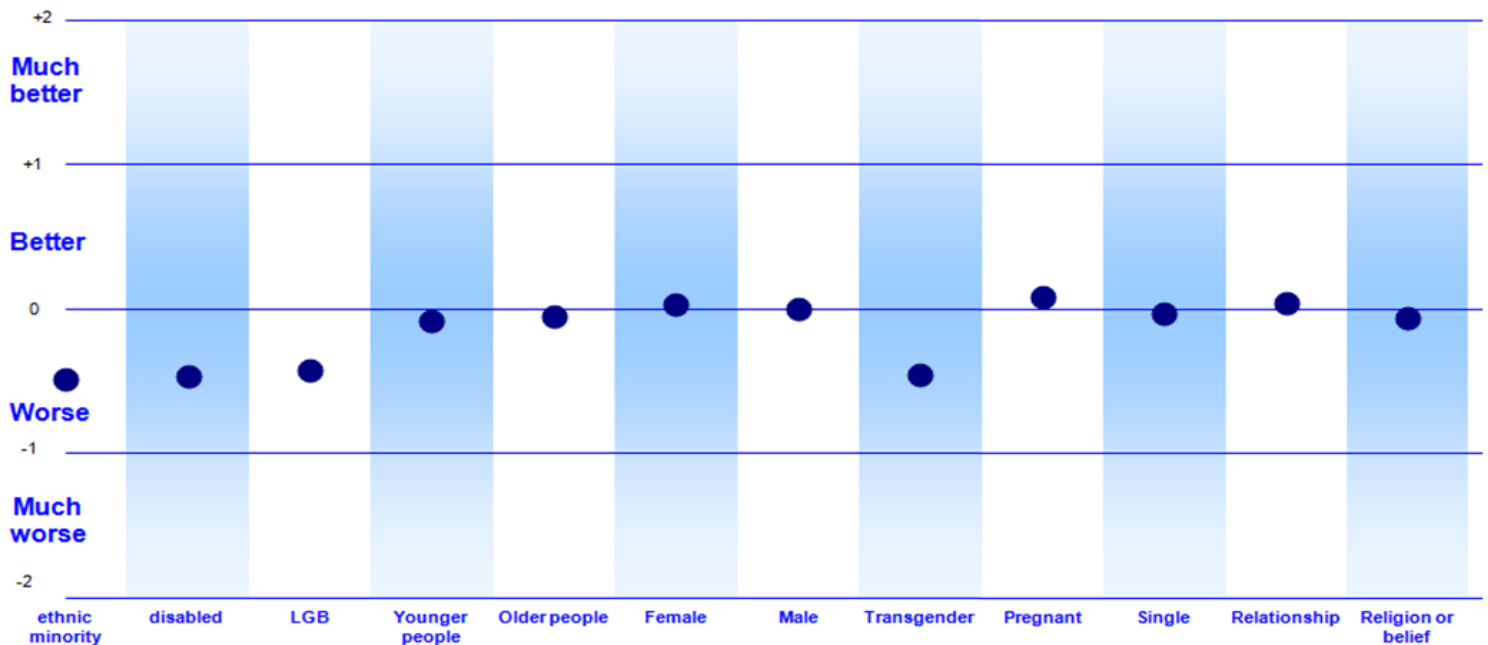
Not working well:

- More needs to be done to ensure fairness in employment
- Older, younger and carers are disadvantaged in getting jobs
- Disabled people may find it hard to gain employment at a level suited to their qualifications (particularly deaf people); available opportunities may have restricted scope
- Prejudice against employing disabled people and women of childbearing age
- People with protected characteristics may be isolated
- Lack of opportunities encouraging young people to move out
- Lack of opportunities means students lack the motivation to excel at school

Future considerations:

- More support and encouragement for disabled people in developing their careers
- Employment recruitment processes – ensure inclusive approach taken
- Working environments to focus on what people can do (not what they can't)
- Action to tackle job segregation (e.g., women as carers, men as refuse workers)

GETTING ALONG TOGETHER IN A COMMUNITY



- Eight of the twelve demographic groups listed are upheld by respondents as having fairly similar experiences of getting along together in a community, when compared to the population as a whole. These include but are not limited to: younger people, older people, females, males and single people
- Respondents consider four demographic groups to have markedly worse experiences, with the AIS for ethnic minorities (-0.48) being the lowest recorded result. This is closely followed by disabled people (-0.46); transgender (-0.45) and LGBs (-0.42)
- The AISs for pregnant mothers/those recently given birth (0.09); those in a relationship (0.05) and females (0.03) confirm a very slight positive position (suggesting marginally better experiences). However, given their proximity/closeness to the middle point (zero), any differences may be considered negligible.

Comments from survey:

- ❖ In respect of BME, LGB and trans people, it was felt that the general population lack socio-cultural awareness and understanding of the issues faced by these groups. In addition, it was thought there may be less acceptance of people who are different from the community at large
- ❖ It was suggested that BME groups 'stick together' and thus may isolate themselves from others. This was seen to be uncondusive to community cohesion. Language barriers also seen to prevent BMEs from successfully integrating in their community
- ❖ A number of comments suggested it can be harder for disabled people to be part of the community, as a result of physical access, but also due to prejudice or hostility
- ❖ Turning to groups with slightly positive AISs, having young children was regarded as a good opportunity to socialise. Respondents also maintained that communities

look out for young mothers. On a similar note, it was felt that females are more likely to join groups and become entrenched in the community

Organisation responses:

- Town & Community Council (Carmarthenshire) – closure of luncheon clubs for older people reduces opportunities to socialise

Key issues arising from stakeholder events

Working Well:

- n/a

Not working so well:

- hate crime may be increasing
- Community venues may not be fully accessible to all
- Some people still have prejudice to particular groups and assumptions are made which can be wrong. Media coverage can worsen the issue
- young people not empowered to take risk, which affects their social development

Future considerations:

- Businesses, including banks, often have effective approaches to accessibility and engagement (mini-com, text-phone, physical access to branches, etc.). Similar approaches could benefit the public sector in some instances
- Educate the public to assist the changing of prejudicial attitudes
- More collaboration between the public and organisations (e.g., Equality Carmarthenshire)
- Encourage the development of further opportunities for different people to come together
- Encourage people in communities to take ownership of improving their place for all its residents
- Develop dementia friendly communities to help inclusion

4) SUGGESTIONS AND COMMENTS

This section summarises responses to the final two questions of the survey.

Q 35 asks for comments specifically relating to each of the participating organisations. Responses for each organisation are detailed in turn. For ease of reporting, general comments made earlier in the survey are also detailed here.

In relation to Q 35, the following themes were raised about to Dyfed Powys Police (132 comments):⁸

- The police provide a very good service (most frequent theme)
- The need for the police to be more visible and accessible – on the beat and through police stations. The lack of local police station numbers was noted
- Police incident response very good, though follow up less so
- A perception that there are not many minority ethnic or disabled PCSOs or police officers
- Some comments on decisions taken by the Commissioner, including the decision to discontinue funding for CCTV systems
- Police may benefit from training on equality issues. An example was given of a young person with autism mistaken as having taken illicit drugs

68 comments were made about Mid and West Wales Fire and Rescue Service:

- The Fire Service provides a very good service (most frequent theme)
- Many report that the Service provide very fair treatment
- The need for greater collaboration (including third sector involvement) for better outcomes is stressed
- Home fire safety audits are seen as good practice, and there is support to expand the programme
- Comments questioning whether there is enough diversity amongst the workforce (older, and LGB people are specifically referenced)

Considering next health boards (177 comments):

- A range of comments on performance; the balance agreeing that the Health Board do a good job in difficult circumstances (most frequent theme)
- A number of comments regarding mental health services. It was suggested these were of a poor quality with a long waiting list and insufficiently tailored to user needs. It was further commented that the service was under-funded, and support organisations were used insufficiently
- Some suggestions that older people are a low priority in hospital. Reference was made to the need for older people having help eating and drinking.
- The need for awareness training, covering disability and age, to help improve customer care and respect for patients

- The closure of local health services has a disproportionate impact on those least mobile (for reasons including physical limitations, cost, or those with caring responsibilities)
- Long waiting lists disproportionately affect people who are disabled, older, or have poor mobility

164 comments were made about councils:

- As with the Health Board, a number of comments were made on the standard of service delivery, with many suggesting councils do a good job in the face of reducing budgets⁹
- Health and social care systems are suggested as hard to navigate, and it is often at a time when the older person is in a vulnerable position
- More support should be given to young people who are leaving care
- Housing allocation – reallocate if excess to the occupiers present requirements
- Community education – often very good, though threatened by cuts. Insufficient emphasis on the skills and employability of older people
- Rural areas are disproportionately affected by cuts to highways and public transport. The least mobile in these areas suffer the greatest impact
- The need for improved collaboration on the equality agenda to ensure equitable service provision

46 comments were made in relation to Pembrokeshire National Park:

- Many comments supporting the work undertaken by the National Park
- Comments pointing out the physical limitations of the countryside that restrict access for people with mobility difficulties
- Some remarks concerning the emphasis on maintaining the beauty of the countryside, to the detriment of people and businesses

Further education attracted 56 comments, with the following themes apparent:

- It was suggested that provision is generally during the day, meaning those who work are unable to attend
- More classes should meet the requirements of those 50 or over
- The success of students could be celebrated to a larger extent
- A range of views on the extent of Welsh language provision

Q 36 asked how fairness could be improved, and gave an opportunity for further comments. 331 comments were received. The most frequent theme to emerge concerned the need for all organisations to ensure **fairness**. The following issues were raised under this theme:

- Services should be flexible enough to meet individual needs
- People should be treated with respect

⁹ A number of comments were received which are beyond the scope of this consultation exercise

- 'Positive discrimination' should be used only selectively and with clear justification. A number of comments were made that the best person for the job should be selected.

The **Culture** of organisations was also raised:

- Open to scrutiny; accessible to the public
- Need for accessible consultation
- Organisations must listen to people and users of services
- A diverse workforce, including all the protected characteristics
- The importance of following policies and procedures, which exist to ensure fair treatment

A series of comments related to **attitudes, prejudice, awareness, tolerance**:

- Staff training on equality and different needs, to ensure considerate and competent service delivery
- Educate those with ignorant attitudes; value of working with school children to establish positive attitudes at an early stage
- Nurture strengths rather than focus on what a person cannot do

Other issues to arise included:

- Comments for and against the promotion of the Welsh language. Some stress the need to protect the integrity of Welsh speaking communities, while for others, inclusion of non-Welsh speakers is emphasised
- It is important to recognise the multiple identities people have
- Categorising people into groups can be helpful, but not if it leads to assumptions and stereotyping
- Mental health needs greater recognition, more support services and a more balanced media image
- Socio-economic position has a great bearing on life chances. The education system must give people the best chance of succeeding
- Greater support needed for pupils with special needs
- Special encouragement to men to become teachers, particularly in primary schools
- Buildings open to the public must be accessible to all, including disabled people
- Including older people by making sure there are public toilets and seating

The following emerged as key general themes from the engagement events:

Communication: between organisations and between organisations and the public. This will ensure people are aware of the services available to them and know how to become involved in the work of organisations. The method of communication needs to be suited to the needs of people, particularly in relation to languages (including BSL) and alternative formats

Accessibility: in relation to buildings, services and information. The issue

emphasises the need to consider how inclusive public organisations are

Staff awareness: is key in making sure people from protected groups have positive experiences of services.

Working together: communities and organisations collaborating to help achieve a more cohesive community

5) 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,¹⁰ 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

¹⁰An exception is that the results show single people may have worse experiences of housing.

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.

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)