Brighton & Hove Accessible City Strategy 2023 – 2028

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Foreword

Accessibility must lie at the heart of how we think and work at Brighton and Hove City Council both as a service provider and an employer, and we will evidence this through systemic change. This means looking at our policies, practice, procedures, and services and challenging ourselves with the questions: 'Are our services proactively accessible and disability-inclusive?', 'What barriers are we creating, how are these impacting those we serve, and what must we do to change and remove these barriers at their root?', 'Are we actively creating equitable voice, outcomes, and value for disabled people who live, work, and visit in the city? If not, why not, and what needs to change?', 'Are we aware of the barriers that may exist for disabled people from diverse backgrounds and preventing and removing those barriers?'.

There is good practice and engagement we can speak to, however we also have significant work to do in terms of accessibility and disability-inclusion. Communities are rightly holding us to account. We need to work as one council and as individual services, alongside communities - not have our communities do all the work for us - to create an accessible city and council.

Councillors and staff alike realise that achieving the vision and the aims of this strategy will take some time; that is why it is important to have a strategic approach setting out where we want to get to and how we plan to get there. This is a continuing journey, and the strategy provides a foundation and a framework for the first five years of this journey. We will keep it under review and expect it to become part of the operating principles of the council for the foreseeable future.

Residents want to see action and change. So do we. We need a considered plan to achieve systemic change ensuring we truly understand accessibility and diverse disabled people's requirements. In this way, inclusive, accessibility-informed

practice is embedded in how we think, work, design and deliver services. We hope this strategy sets us on the right path.

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Cllr. Pumm, Chair of Equality, Community Safety and Human Rights Committee

Introduction

This strategy sets out:

- Our commitment to accessibility, especially to best practice inclusive design approach.
- Our long-term vision and aims.
- Our strategic themes and priority actions to achieve change.
- Our monitoring and reporting on progress.
- Our gratitude to everyone who has and is helping the council on its work to achieve an accessible city and has informed the thinking on this strategy.

It is supported by a set of appendices that:

- Explain the terminology and definitions we are using and the importance of intersectionality.
- Outline how this strategy fits with the council's existing Fair and Inclusive Action Plan and our council values.
- Share the work council services are currently doing to achieve an accessible services and city.
- Feature key data that has informed the strategy.
- Make clear how the strategy can be accessed in various formats and who to contact for more information about the strategy.

We are using the terms [disabled person, disabled people, or a person with access requirements](#) as inclusive terms to recognise the different views, preferences, and attitudes that residents and communities hold. We acknowledge that [disabilities are non-visible](#) (including mental health problems) and visible.

We are aware that some people and communities do not identify as disabled, however they experience barriers to our services because we have not considered or are unable to meet their access requirements, for example, some D/deaf or neurodivergent residents.

We commit to becoming more aware and nuanced in the use of terminology related to disabled people and those who experience access barriers to council services.

Our Vision and Aims

Vision

Our vision is to be a council that is welcoming, inclusive, and accessible, going beyond the legal minimum when providing barrier-free services that promote independence and equity of access, opportunity and representation for disabled people and their diverse identities.

Our councillors and council staff truly understand the varied lived experiences and systemic barriers faced by disabled people who live, work, and visit the city, and we, all, do the necessary work year on year to embed accessibility and disability-inclusion in how we think and act as a service provider and employer.

We are a council that proactively uses its role as civic leader to influence businesses, creatives, visitors, other public services, to make accessibility part of the city's culture and lead by example. The city and we, as the council are a beacon of change to residents, organisations and local authorities nationwide.

Our aims are to be a council that:

- Ensures disability rights are understood and upheld by councillors and council staff, improving decision-making and the council's impact on disabled people with visible and non-visible disabilities.

- Has a council-wide integrated approach to accessibility, establishing it as a minimum standard which we improve upon continuously to go above and beyond the legal minimum. This is so that we are consistently disability-inclusive, and have accessibility embedded and intentionally considered as a matter of course.

- Identifies and addresses ableism, inaccessibility, and inequity in our service delivery and engagement for all diverse disabled people, understanding lived experiences, impact, and who is most excluded. This includes but is not limited to reviewing and addressing outcomes created by ableist policies, practice and culture within the council and the city.

- Prevents the creation of barriers and provides barrier free access to council services, the city's public spaces and areas, facilities, transport, retail, leisure, learning opportunities and other aspects of daily life.

- Adopts an approach based on the social model of disability.

- Provides inclusive adjustments and disability-inclusive, psychologically safe practice as standard.

- Takes responsibility for continually challenging itself, as an organisation, for changing that which is in our control and for challenging others using our role as a civic leader - to lead by example.

- Has a proactive and collaborative relationship with disabled people and disabled people's organisations as standard practice across the council, committed to early consultation and involvement, and to co-production wherever possible. Adopting the approach of 'Nothing without us' to continuously improve how we engage.

- Sensitively and empathetically continues to learn and better understand D/deaf, blind, non-visibly disabled and neurodivergent people's lived experiences, recognising the breadth and diversity of disabled lives and actively and continuously improves our accessibility, inclusion, and support.

- Actively use people's feedback and data to change and improve our systems, policies, and practices to reduce inequity for disabled people.

- Has a rolling programme of work to take us towards our accessible city vision, undertaken by staff and councillors across the organisation; highlighting key service areas where change is prioritised.

- Takes an intersectional approach; recognising some D/deaf, disabled, and neurodiverse people face multiple layers of barriers because of their additional intersecting identities, for example their ethnicity, legal status, class, sexual orientation, faith, gender.

The Accessible City Strategy spans the first five years of our longer-term commitment to disability inclusion. It underpins long-term commitment that enables accessibility and disability to become embedded as part of business as usual along with and equal to our other equality priorities.

Our timeframe realistically recognises what it will take, practically, to create long-term sustainable change across more than 397 services and five large directorates and teams of around 9,000 staff (including schools). This strategy sets a foundation and framework for us to work towards an accessible and disability-inclusive council. From this foundation we can develop focussed actions over a five-year period that build on our accessibility work, knowledge, and skillsets to date.

This strategy intends to identify and address the underlying causes of barriers experienced by all disabled people and seeks to establish a process by which such barriers are identified and removed from existing services, facilities and 'designed out' of new council activities. As we work towards our aims, we recognise change will take time and, in the interim, we will aim to establish alternative approaches to ensuring access is as equal as possible for disabled people as it is for those who don't have access requirements.

We are deeply committed to fulfilling our civic and public sector equality duties and responsibilities, anticipatory or otherwise, working to go above and beyond wherever possible and are setting this strategy up in conjunction with our Anti-Racism Strategy and future equality strategies. This strategy is fully supported by our Executive Leadership Team and integrated with [our Corporate](#) and [Directorate Plans](#) that are published on our website. It is also embedded in our [Fair and Inclusive Action Plan](#) and linked to our [Equality, Diversity, and Inclusion strategy, statement](#).

In developing this strategy, we recognise the reality of full equal access for everyone may not always be possible due to a broad range of issues, and one person's preferred access solution might create a barrier for someone else. However, intentionally inclusive design approaches can often find innovative or multi-layered solutions that provide access for a diverse range of disabled people.

We are seeking to influence for change beyond ourselves, working closely with our statutory partners, commissioned providers, private businesses, community, and voluntary sector, to convey and connect community voice, to promote the adoption of best practice and to encourage proactive inclusive design.

Our Strategic Themes

Through the process of developing the council's Accessible City and Anti-Racism Strategies three key strategic themes for change in the council have been identified and prioritised. These are:

- Engagement: communicating and collaborating.
- Data: collecting and using.
- Policy and practice: reviewing and changing.

Priority actions have been identified under each theme for the council, and for individual directorates, to support the creation of an accessible, disability-inclusive, anti-racist council, and city. These actions are agile with scope to be refined and expanded over the course of the strategy, with many actions having begun.

Our intention is that the strategic themes and priority actions will focus work towards embedding equality, diversity, inclusion, accessibility and intersectional non-silo-ed approaches into business-as-usual practice, mindsets, and service delivery.

We are prioritising critical action, however basic, that identifies and works towards tackling deep-seated root causes. This will create more impactful, intersectional and value adding long-term changes to the experiences of disabled residents and communities living, working, and visiting the city. Ongoing work and consultation will continue to explore 'quick wins' wherever possible within our resource, time and capacity provisions and that does not detract from systemic change.

Detailed action plans with activities over five years of the strategy are being produced in consultation with the Disability Panel and the Wider Reference Group. They will be monitored regularly, internally, to further develop ownership, accountability, and long-term sustainable commitment, in addition to external reporting.

The themes have been aligned with the existing equality, diversity, and inclusion priorities of the council for example the council's and directorates' Fair and Inclusive Action Plan, as well as the British Deaf Association's British Sign Language Charter. This is to avoid confusion, duplication, and increased reporting burden on services.

Strategic theme 1: Engagement: communicating and collaborating.

Through our priority actions we want to create a council that:

- Engages early, accessibly, sensitively, empathetically, flexibly, and innovatively with disabled residents and disabled people-led organisations; creating quality and sustainable dialogue between council services and communities with two-way feedback, and which recognises the burden and

impact of asking for people's lived experience and actively avoids engagement fatigue and harm.

- Improves and builds communities' and residents' trust in the council by centring communities of identity in our equalities work. We do this by taking a nuanced, anti-racist, equitable, and disability-inclusive approach, considering intersectional barriers, impacts and requirements.

Strategic theme 2: Data: collecting and using.

Through our priority actions we want to create a council that:

- Monitors, develops, and enhances our organisational knowledge through data-driven insights and equality, diversity and inclusion-informed data dashboards, including intersectional data about accessibility and adjustments.

- Intentionally collects, learns from, and uses qualitative and quantitative insights to proactively improve council-wide leadership, disability-accessibility diverse representation, skills, retention, success and the experience of our people, residents, communities and service users.

Strategic theme 3: Policy and practice: reviewing and changing.

Through our priority actions we want to create a council that:

- Intentionally and consistently conducts robust Equality Impact Assessments, that proactively considers accessibility and inclusive adjustments, holding

ourselves to account and applying and embedding innovative best practice into the way we think, work and deliver.

- Identifies, recognises, prevents and removes barriers to equity, accessibility and disability-inclusivity, using anti-racist approaches, creating sustainable long-term change by improving inclusive leadership, self-education, and council culture, practice and policies.

Our Priority Actions

Using feedback from the Disability Panel, the Wider Reference Group, from community groups, individuals, and data, three council-wide priority actions have been identified and prioritised for the duration of the strategy.

Each of the council's five directorate have identified their priority actions for how they will take forward the council-wide actions in relation to their work and service delivery. The directorate-level actions will evolve and may change over the lifetime of the strategy, building year on year in response to services' learning, communities' feedback and evaluation of their impact.

Corporate support services, such as the council's communities and equality team, the corporate policy team, and human resources and organisational development working collaboratively will provide advice, guidance, support, expertise, development opportunities, co-ordination and sharing of learning to enable all directorates in the council to build consistent practice and delivery.

Council-wide Priority Actions

Engagement: communicating and collaborating

Increase and improve our communication and engagement with disabled residents, service users, customers, visitors and tenants, aligned to a new engagement strategy being developed for the whole council. Our engagement should be accessible, inclusively adjusted, nuanced and intersectional, and being used proactively to show changes to council policy and practice.

Data: collecting and using

Improve the collection, analysis and application of qualitative, quantitative and intersectional data regarding disabled residents, service users, customers, visitors and tenants to better understand their access and experience of services, using this proactively to inform service improvement.

Policy and practice: reviewing and changing

Identify, review and co-produce key policies, plans, strategieswork, embedding inclusive-design principles to better understand their impact, remove barriers and improve outcomes for disabled people, with intersectional insights. This is done alongside our own intersectional disability-inclusive council-wide learning and development to embed accessibility and anti-racist practice as a default.

The council consists of five directorates:

- Economy, Environment and Culture
- Families, Children and Learning

- Governance, People and Resources
- Health and Adult Social Care
- Housing, Neighbourhoods and Communities

You can find out more about how we are structured and the work we are already doing to listen, work with and deliver more accessible services and city in appendix 5.

Directorate-level Priority Actions

Economy, Environment and Culture Directorate Actions:

1. **Create a Good Practice Design Guidance/Framework to identify opportunities and set out priorities to improve access in and around the city's built environment. Introduce and test this via a pilot, the stages of which will be:**
   - Holistically evaluating the accessibility and intersectional gaps for Brighton city centre (as defined by the Liveable City Centre Guidance). Identify initial priorities for street, buildings, public buildings, signage, recreational spaces, seafrontand facilities etc., working jointly across teams and setting priorities in context of realistic budget constraints.
   - Use the data to engage and develop an Accessible Place Vision for the city and a framework for prioritising targeted solutions to maximise impact for the city centre that will help identify budget priorities – in consultation with the Disability Panel and the Wider Reference Group.
   - Pilot engagement and framework through the Liveable City Centre Supplementary Planning Document.
   - Assess impact, amend framework and roll out to all Economy Environment and Culture directorate with training.

2. **New Equalities Impact Assessment (EIA) approach** – Introduce an iterative and streamlined Equalities Checklist working with the Communities and Equalities Team. This will be focused on preparing and implementing new Economy, Environment and Culture (EEC) Projects and Plans to ensure that equalities, accessibility and intersectional considerations are embedded in projects from the beginning. This will be piloted through the Highway Access Strategy review and update. It can then be rolled out to the whole directorate and the council.

3. **Accessible Services –** Improve access to our services for all equalities groups. Use some whole service Equality Impact Assessments (EIAs) to help us understand more about our service users and to inform service development, including how services are accessed. Improve engagement and visibility of our accessibility-related work, demonstrating where we go beyond national policy and more.

4. **Departmental Training –** Train and upskill our understanding as individuals, leadership team and service via learning and development delivered by the lived experience of disabled people's organisations. The objective of the training is for officers to: better understand diverse requirements, undertake case study learning individually and as a group, develop our first level mediation skills and improve understanding of intersectional and accessibility impacts for diverse disabled people.

Families, Children and Learning Directorate Actions:

1. Evaluate and review current accessibility, engagement, consultation and co-production arrangements across Families, Children and Learning directorate, ensuring it hears from disabled and other not-heard groups. Ensure service delivery and any planned changes, including the development of an inclusion charter for education, are using this learning to improve engagement and accessibility for and with disabled residents.

2. Conduct a review of learning from service and change Equality Impact Assessments (EIAs) to better inform wider service delivery, improving accessibility and equity for diverse disabled people as a focus.

3. Design and implement a programme to review all directorate-wide policy, procedures, and operational guides, including commissioning and the city's Special Educational Needs and Disabilities (SEND) Strategy to ensure the learning from actions 1 and 2 above are acted upon and reflected in our ways of working, becoming more accessible and intersectional in our policy, practice, thinking and culture.

Governance, People and Resources Directorate Actions:

1. Develop understanding of reasonable adjustments across the council and directorate to enable timely adjustments to be put in place for our staff, service users and customers, while we better understand requirements, identify barriers to access and reasonable adjustment provision and develop council-wide solutions.

2. Create accessible documents and communications for our staff, service users and customers, following accessibility toolkit guidelines.

3. Embed disability-inclusivity and accessibility by default in the council's 2023-2028 Corporate Plan.

Health and Adult Social Care Directorate Actions:

1. **Improve the collection and use of quantitative and qualitative data in planning from an accessibility perspective recognising intersectionality:**
   - Increase engagement with disabled communities recognising intersectionality and improving feedback to stakeholders.
   - Ensure all plans that contribute to the delivery of our corporate strategies recognise and respond to health inequalities including those that affect disabled people.

2. **Evaluate and improve accessibility of service delivery and access to services:**
   - Ensure all commissions include accessibility statements and all services must assure us that they meet the accessibility standards required, including considering intersectionality.
   - Review access to information and materials, ensuring content is up to date and suits accessible info standards.
   - Review Direct Payments service based on engagement activity with accessibility perspective.
   - Oversee a review of Public Health commissioned health improvement services, to assess accessibility for people with learning disabilities.
   - Develop and implement a toolkit to encourage businesses to become more accessible for older people and people with dementia.

- Increase resources and uptake of training in how to provide accessibility informed and culturally competent services.

Housing, Neighbourhoods and Communities Directorate Actions:

1. Develop and implement a council-wide engagement strategy, to better understand the views of disabled people, including their intersecting identities, and to facilitate a co-production approach.

2. Improve understanding and use of local data relating to disability (and any intersectional issues) in the context of Housing, Neighbourhoods and Communities (HNC) services, identifying gaps and applying accessibility-informed intersectional approaches to analysing and reporting on HNC data dashboards.

3. Explore cross-connecting work with appropriate Environment, Economy and Culture (EEC) services to create accessibility-informed improvements to the city's built environments.

4. Ensure that Housing, Neighbourhoods and Communities staff are aware of the corporate digital inclusion strategy, networking group and local resources to improve customers digital skills and address digital inequality.

5. Identify best practice in accessible and inclusive council housing design and ensure that this is reflected in our approach to solving maintenance, housing, and building access issues (including day-to-day repairs and capital works, as well as new build,and approach to building design and maintenance).

6. Create an equality, diversity and inclusion (EDI) resource hub with relevant toolkits and resources that supports diverse service providers and advocacy groups, to improve our collective awareness and communications approach as a council.

7. Incorporate the feedback from focus group of staff who are residents into council-wide equality, diversity and inclusion learning and improvements around accessibility.

Monitoring and Reporting

Detailed action plans with measures of success are being developed to implement this strategy.

Performance against our prioritised actions will have community accountability via the Disability Panel and the Wider Reference Group and ongoing engagement with disabled people and disabled people's organisations.

Key highlights of performance, progress and barriers will also be reported to the council's Equality, Community Safety and Human Rights committee and the City's Equality and Inclusion Partnership.

Our progress will be monitored through the council's internal performance management framework. Quarterly performance monitoring is undertaken by our Equality, Diversity and Inclusion Officers acting as critical friend to each of our five directorates. Each directorate provides a progress update to the Corporate Equality

Delivery Group chaired by the Chief Executive that oversees all the council's equality, diversity and inclusion work.

Additionally, each directorate has its own Equality Delivery Group to lead and deliver its equality work, ensuring the directorate continues to embed equality, disability accessibility, anti-racism and intersectional thinking in how it acts and delivers as a service provider and employer.

Actions will also be monitored for leadership through individual staffs' performance reviews with their manager.

More information on action planning and monitoring is available in the appendix 4 to this strategy.

Our Gratitude

The strategy and action plan have been created through dialogue with the disabled people's organisations, disabled people and the council's Disabled Workers and Carers Network.

Thank you to the many individuals and groups that gave their time, energy and resilience to talking with us for the development of this strategy. We are very grateful to:

- All staff, focus group participants and community members who have contributed their thoughts, time and shared their lived experiences with us.
- Our Disability Panel Members:
  Organisations:

- o Amaze
- o Brighton and Hove Deaf Services Liaison Forum
- o DeafCOG (a member of DSLF)
- o Brighton and Hove Speak Out
- o East Sussex Vision Support
- o Grace Eyre Foundation
- o Mind in Brighton and Hove
- o Surdi Brighton and Hove (a member of DSLF)
- o MS Society

Individuals:

- o Chantal Spencer
- o Charlotte Feld
- o Emily Fell
- o Red Fletcher

- Our Wider Reference Group Members:
  - o Assert Brighton and Hove
  - o BADGE
  - o Beach Access Team Brighton and Hove
  - o Campaign4Change
  - o Downs View Life Skills College
  - o East Sussex Sight Loss Council
  - o Hangleton and Knoll Project
  - o Hill Park School
  - o Parent Carers' Council (PaCC)
  - o Stay Up Late
  - o St John's College
- Possability People
- Council staff on the internal task and finish group
- Freeney Williams

Appendices

Appendix 1 – Disability Panel and Wider Reference Group

Disabled people's voices are vital to this work and we have established two engagement groups that are at the heart of developing and implementing our Accessible City Strategy. Our Disability Panel and Wider Reference Group centre the voices of people with lived experience of disability and speak to the disability activist slogan 'Nothing about us without us.' Both are meaningful groups that contribute their expertise and experience to making the strategy as inclusive as possible. As both groups evolve, we are committed to developing our intersectional perspectives and increasing representation from the lived experience of disabled people from Black and Racially Minoritised and LGBTQIA+ groups, faith communities and diverse marginalised communities.

The Disability Panel provides strategic, expert and impartial advice to us on developing, implementing, monitoring and reviewing the Accessible City Strategy and resulting action plans. The Panel is currently chaired by the chief executive of Possability People and Panel membership is made up of disabled individuals and representatives from local disabled people's organisations. The organisations currently represented on the Panel are Mind in Brighton and Hove, Grace Eyre Foundation, Brighton and Hove Speak Out, the MS Society, East Sussex Vision Support, Amaze, Brighton and Hove Deaf Services Liaison Forum, DeafCOG and Surdi Brighton and Hove. Meetings are also attended by our externally engaged disability consultant Freeney Williams. We recruited four disabled individuals to the Panel following a public-facing recruitment campaign and a shortlisting and interview process.

Disabled person's organisations and disabled individuals are paid for preparing for and attending four meetings per year and members provide advice and guidance to

us on relevant topics in relation to the strategy. We recognise that not all people with access requirements identify as disabled, including many Deaf people. For this reason, a representative from our Deaf Services Liaison Forum (DSLF) has a place on the Panel and contributes input from the perspective of deaf community members.

The Chair of the Disability Panel facilitates a feedback loop between the Disability Panel and the Wider Reference Group. The Panel will also monitor and review the Accessible City Strategy. The Wider Reference Group provides critical input and feedback to the Disability Panel and shares experiences of barriers and ideas for solutions, with clear boundaries of engagement established through agreed Purpose and Guidance documents for both groups.

The role of the Wider Reference Group is to provide a safe, inclusive space for local groups and organisations to give their views and take part in discussions on how the city and the council services can become more accessible. The Group is a membership body, open to representatives from disabled people's organisations that support and empower disabled residents of Brighton and Hove – ideally with lived experience of disability themselves. There will be future opportunities for individuals with lived experience of disability to get involved with sharing their views.

The strategy currently publishes priority actions only. These will be fulfilled by a number of activities which have SMART (specific, measurable, achievable, realistic and timely) action plans developed internally with relevant council directorates across the 5-year strategy time period. Delivery will be ongoing, and actions and progress will be reviewed regularly through our quarterly internal performance management and reporting framework. Consultation, advisory and other activities will be conducted within the terms of reference of the Disability Panel and the Wider Reference Group specified in Purpose and Guidance documents.

Appendix 2 – Terminology

We are using some key terminology in the strategy to support delivery and creation of an accessible city. Discussions will continue to take place throughout the lifespan of this strategy to ensure language is kept up to date. Any terminology used in this strategy will be reviewed on a regular basis and updated as necessary.

Accessible city

An accessible city is one where people with access requirements, who live, work, and visit the city, have independent, inclusive and barrier-free access to council services, the city's public spaces and areas, facilities, transport, retail, leisure infrastructure, learning opportunities, support networks, health, safety and care provisions.

The Accessible City Strategy impacts all areas of city life such as:

- Social and economic engagement.
- Access to health, wellbeing and social care.
- Independent living.
- The built environment.
- Safe and accessible public spaces and facilities.
- Housing and its suitability for people's access requirements.
- Access to work opportunities, training and education.
- Public services and facilities; and
- Access to involvement in decision-making and participation in all aspects of city life.

Disabled people

We are using the terms 'disabled person', 'disabled people' or 'a person with access requirements' as generic terms to recognise the different views, preferences and attitudes that residents and communities hold. We are aware that some people and communities do not identify as disabled, however they experience barriers to our services because we have not considered or are unable to meet their access requirements, for example, D/deaf residents. This is recognised in our use of the social model of disability and the cultural model of Deafness. We commit to becoming more aware and nuanced in the use of terminology related to disabled people and those who experience access barriers to council services.

Disability

The definition below is taken from the Equality Act 2010[1]:

A person is considered to be disabled under the Equality Act 2010 if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities.

"What 'substantial' and 'long-term' mean:

> (1) 'substantial' is more than minor or trivial, for example, it takes much longer than it usually would to complete a daily task like getting dressed.
> (2) 'long-term' means 12 months or more, for example, a breathing condition that develops as a result of a lung infection. There are special rules about recurring or fluctuating conditions, for example, arthritis".

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[1] From Guidance on the definition of disability on GOV.UK.

Progressive conditions are defined as those that get worse over time. People with progressive conditions can be classed as disabled. However, people automatically meet the disability definition under the Equality Act 2010 from the day they are diagnosed with HIV infection, cancer or multiple sclerosis.

The Equality Act includes [guidance on conditions that aren't covered by the disability definition,](#) For example, addiction to non–prescribed drugs or alcohol.

The social model of disability distinguishes between 'impairment' (functional limitations of mind, body or senses) and 'disability' (disadvantage or restrictions of activity placed by the society). A key concept of the social model is that society disables people by the way things are arranged. Organise things differently, and they are enabled - though the impairment has not changed. The social model regards disability as:

'The loss of or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical or social barriers.'
The above definition focuses on removing barriers that prevent disabled people's participation as citizens.

Disabled people include, but are not limited to, people with:

- Physical disabilities or who find it difficult to move around.
- Sensory disabilities or who cannot hear or see or who find it difficult to hear or see.
- Learning disabilities.
- Mental illness.
- Long-term conditions.

Non-visible Disabilities

A non-visible disability is a disability or health condition that is not immediately obvious. It is estimated that 70 to 80% of disabilities are non-visible and can defy stereotypes of what people might 'think' disabled people 'look' like.[2]

Some non-visible disabilities include:

- Mental health conditions (for example, anxiety, depression, schizophrenia, obsessive compulsive disorder (OCD), personality disorders).
- Cognitive impairment, such as dementia, traumatic brain injury and learning disabilities.
- Physical health conditions, including diabetes, respiratory conditions and incontinence.
- Energy-limiting and/or chronic pain conditions, including fibromyalgia, chronic fatigue syndrome and myalgic encephalomyelitis (ME).
- Sensory processing difficulties.
- Autism, Asperger syndrome and other neurodivergences.
- Hearing, vision and speech impairments.

People with non-visible disabilities may experience a lack of understanding, disbelief and may be assumed by others not to be disabled. Many people with non-visible disabilities report unequal opportunities and difficulties accessing the services and support they need. They have reported challenges in access and inclusion in

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[2] The Disability Unit: Living with Non-Visible Disabilities - The Disability Unit (blog.gov.uk)

employment and in higher and further education. Difficulties accessing other public services and infrastructure, such as transport, parking, sidewalks, mobility aids and health and social care, can also impact disabled people's ability to participate in work and education.[3]

It is possible for people to be disabled visibly and non-visibly, and for the two to be related or unrelated.

Choice of 'non-visible disabilities' as a preferred term to talk about disabilities that are not immediately obvious is influenced by the negative connotations, which can be associated with expressions such as 'hidden disability' (which can suggest that people are purposefully hiding their disability) or 'invisible disability' (this term can imply that the disability doesn't really exist and may be all in an individual's head).[4]

We absolutely recognise non-visible disabilities as having parity with visible disabilities and seek to ensure voices are represented in balance across all forums and for people with marginalised and intersecting identities who are also disabled in multiple and complex ways. We seek to learn from the experiences of people living with non-visible disabilities and to remove barriers to our services and in employment in the council. Our internal disability awareness training will highlight non-visible disabilities and guidance on improving access for people with these conditions and experiences.

Individual rights of disabled people

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[3] UK Parliament POSTnote: Invisible Disabilities in Education and Employment - POST (parliament.uk)
[14] The Disabled Persons Transport Advisory Committee (DPTAC) position statement on non-visible disabilities. Published 8 August 2020. GOV.UK

Disabled people are protected from direct and indirect discrimination under the Equality Act. The council is committed to our legal duty to not discriminate against disabled individuals and our anticipatory duties to consider in advance what we need to do to make our services accessible to our disabled customers, residents, and visitors. We protect and support the rights of disabled individuals. We will listen to and learn from the experiences of disabled individuals. Where discrimination has occurred, we will encourage and support disabled individuals to make complaints. We will work with our colleagues to ensure that their situations are fully explored, mistakes corrected, mitigations made where possible and that lessons learned are applied as deeply and systemically as possible to reduce future experiences of discrimination.

We recognise that disabled people experiencing ableism may also be experiencing sexism, racism, homo-/bi-/transphobia, islamophobia, antisemitism and more. We also recognise that disabled people might experience discrimination in relation to other life experiences or circumstances not covered by the Equality Act. We commit to working as inclusively as we can with disabled individuals experiencing marginalisation and exclusion, above and beyond the legal protections outlined in the Equality Act.

Ableism and disablism

Ableism is discrimination in favour of non-disabled people. Disablism is discrimination or prejudice against disabled people. Both terms describe disability discrimination, but the emphasis is different. Disablism emphasises discrimination against disabled people, while ableism emphasises discrimination in favour of non-disabled people (Scope).[5]

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[5] Read more at Disablism and ableism | Disability charity Scope UK

We live in an ableist society that assumes that the 'normal' way to live is as a non-disabled person, and that views disabled people as 'less than' in various ways. Examples of ableist behaviours, assumptions and stereotypes include:

- Believing that non-disabled people are more valuable to society than disabled people.
- Making assumptions about what a disabled person can or cannot do.
- Assuming that disabled people want or need to be 'fixed'.
- Systems, policies, procedures, practices, mindsets and approaches in society, by governments and organisations, that assume and signal non-disabled people as more capable.
- Stigmatising sickness, ill-health, incapacity and any kind of disability and difference.
- Failing to incorporate accessibility into building design plans.
- Building inaccessible websites.
- Not making inclusive adjustments at work or in service access, experience, and delivery.
- Failing to make information available in an accessible format, such as braille or British Sign Language (BSL).
- Mocking disabled people.

We recognise the complex impacts of ableism and disablism and seek to grow as a council that works against ableism and disablism in all their forms. We have zero tolerance for any forms of discrimination against disabled people.

Audism

The term audism was coined by Tom Humphries in his 1977 doctoral dissertation titled 'Communicating Across Cultures (Deaf-Hearing) and Language Learning'.[6] He defines audism as 'The notion that one is superior based on one's ability to hear or to behave in the manner of one who hears'.

Audism results in a negative stigma toward people who do not hear; like other systems of oppression, audism judges, labels and limits individuals on the basis of whether they hear and speak. Audism takes place in all levels of government and society in the form of direct, indirect, and/or systemic discrimination and discriminatory behaviour or prejudice against Deaf people. [7]

Both Deaf and hearing people can carry out audism; for many Deaf people raised in hearing families who did not learn to sign, audism may be internalised.

Examples of audism include[8]:

- Jumping in to help a Deaf person communicate.
- Asking a Deaf person to read your lips or write when s/he has indicated this isn't preferred.
- Asking a Deaf person to 'tone down' their facial expressions because they are making others uncomfortable.
- Devoting a significant amount of instructional time for a Deaf child to lipreading and speech therapy, rather than educational subjects.

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[6] From [ProQuest's Communicating across cultures (deaf-hearing) and language learning.](#)
[7] From [The Canadian Association of the Deaf on Audism.](#)
[8] From [a YouTube video shared by DeafCog on Audism](#).

- Refusal, or failure to use, sign language in front of a person who depends on sign language to communicate, if you know how to sign.
- Denying accessibilities, like an interpreter or captions.
- Insisting that Deaf and hard of hearing people conform to the hearing community.
- Assuming that Deaf people can't do anything or lowering your expectations in their skills because they cannot hear.
- Approaching Deafness as a tragedy.
- Patronising behaviours, including belittling a Deaf person's voice.

We recognise audism as a distinct form of discrimination and recognise its impact on D/deaf and hard of hearing people. We are committed to increasing our understanding of audism and how to eliminate it. We aim to identify and continuously improve our accessibility, inclusion of and support specifically for D/deaf, deafened and hard of hearing. As signatories of the British Deaf Association's British Sign Language Charter, we pledge to:

- Consult formally and informally with the local D/deaf community on a regular basis.
- Ensure access for D/deaf people to information and services.
- Support D/deaf children and families.
- Ensure staff working with D/deaf people can communicate effectively using British Sign Language.
- Promote learning and high-quality teaching of British Sign Language.

There are also simple things that can improve access for D/deaf and hard of hearing people in our city, including the following:
- 'Deaf friendly' shops with retail shops and cafes displaying a sign in their window making it clear the staff have deaf awareness.

- All city employees and contractors should receive training on how to interact with D/deaf individuals and provide accessible services. This can include training on how to communicate effectively through sign language interpreters, how to use assistive technologies and how to provide accessible customer service.

- Increasing public awareness about the needs and experiences of D/deaf individuals can help reduce barriers and increase accessibility. This can include public education campaigns, targeted outreach to businesses and organisations and hosting community events that celebrate D/deaf culture.

- All public spaces, including sidewalks, parks and public buildings, should be designed with accessibility in mind. This includes ensuring that there are clear paths of travel, accessible entrances and appropriate signage. Additionally, all public buildings should be equipped with assistive technologies, such as closed captioning, visual alarms and tactile maps, which can benefit everyone.

To support and explore these and more potential actions and our pledge, the formation of a working group will be explored. This will help bring focus within the wider strategy to the requirements of D/deaf people, while connecting across to wider intersectional accessibility and disability-inclusion work.

Our Deaf Services Liaison Forum (DSLF) brings together organisations that have a stake, expertise and interest in championing and working to increase equality for D/deaf communities in Brighton and Hove. The Forum gathers a range of perspectives, including feedback from D/deaf residents to inform service development and changes and provide an 'expert' panel where changes can be 'tested'. Current DSLF projects include establishing a working group to take forward the Forum's strategic actions which include engagement with the local D/deaf community via an annual open day. A separate working group is developing 'mystery shopping' activities with local services to learn how accessible they are to

D/deaf people, offer feedback and support those services to become more accessible.

Inclusive adjustments

We prefer to use the term 'inclusive adjustments' instead of just 'reasonable adjustments'. This term and approach have been recommended further to consultation with our key stakeholder groups comprised of disabled residents. Inclusive adjustments go beyond just 'reasonable' adjustments. Reasonable adjustments[9] are recommended in law, and it is our anticipatory and legal duty[10] to provide these as an employer, public services provider and local authority. Inclusive adjustments take a holistic view that considers diverse, unique adjustments in addition to reasonable adjustments recommended by law.

Employers and service provides must make inclusive adjustments to ensure disabled workers or customers (with visible or non-visible disabilities) are not substantially disadvantaged when doing their jobs or accessing services. A failure to provide inclusive adjustments, to disabled individuals or to groups[11] and all types of workers (including trainees, apprentices, contract workers and business partners) is unlawful discrimination.

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[9] From ACAS guidance on reasonable adjustments at work, and gov.uk's guidance on reasonable adjustments for workers.
[10] Advice from gov.uk on the legal duty of providing reasonable adjustments and from citizen's advice on the duty to make reasonable adjustments for disabled people.
[11] From gov.uk guidance on reasonable adjustments for those with learning disabilities.

'Reasonable adjustments are changes that organisations and people providing services or public functions have to make for you if your disability puts you at a disadvantage compared with others who are not disabled. They have an anticipatory duty to make these reasonable adjustments. This means they must plan in advance to meet the access needs of disabled people.' [12]

Small adjustments can help treat people equally and fairly because every person is different and requires different changes to feel included and supported. It is a disabled person's right to expect and be able to ask for inclusive adjustments in any space they access and exist in.

Some inclusive adjustments[13] can look like:
- Engagement, communication, and experience:
  - Easy Read information.
  - British Sigh Language translators, braille information provision, translation and interpretation services, information in different languages.
  - Better physical access to enable easy movement to, from, and in a space.
  - Changing the times when events happen.
  - Changing the places where services are to be delivered.
  - Arranging for an advocate, a specialist worker or support, support workers, allowing family members to support (where appropriate) in interactions or in other required ways.

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[12] Advice from Mind.org.uk on making reasonable adjustments and from gov.uk on reasonable adjustments as a legal duty.

[13] From Mencap's easy read guidance on reasonable adjustments, Advice from Mind.org.uk on making reasonable adjustments, and Scope's guidance on reasonable adjustments at work.

- Allowing more time for a face-to-face interview.
- Offering clear written information.
- A longer appointment, an appointment re-organised for a time that is more suitable and ensuring that appointments happen as scheduled.
- A quiet place, private room or sensory-supportive space to wait or get away to.
- A hospital or accessibility passport which tells people all about you, so you don't have to keep explaining or revealing your circumstances, requirements, disability and more.
- Providing preparation time and sending information 24 to 48 hours in advance, for example, in an interview or for another appointment.
- Providing sensory and mobility equipment which is widely and financially accessible and adequately available, for example, loop earplugs that reduce sound intensity and sensory input.
- Exploring a variety of adjustments for people with learning disabilities.[14]
- Physical adjustments to the working environment, for example:
  - Adapted equipment, such as chairs, keyboards or voice recognition software.
  - Changes to the work environment, such as lowering desks, using natural daylight bulbs, modifying entrances.
- Changing work patterns and hours, for example:
  - Flexible working support and options.
  - Working from home.
  - Compressed hours.
  - Going part-time.

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[14] From gov.uk on making reasonable adjustments for people with learning disabilities.

Equity, access, and inclusion

We recognise the difference between equality and equity and as a council we commit to equity for disabled individuals and communities. Lack of access amounts to exclusion and discrimination, resulting in unequal outcomes for disabled people.

Equality is the state of being equal in status, rights and opportunities. This refers to making sure individuals or groups of people are given the same resources or rights to opportunities. Focusing on equality can sometimes result in a 'one size fits all' approach that can exclude marginalised individuals and communities.

Equity differs from equality. Equity occurs when disproportionate barriers to access, opportunity, voice and impact are understood, recognised and removed differently for different groups of people, instead of doing the same things for all people.

Inequity affects many people, but most commonly historically it has marginalised communities such as women, people from Black and Racially Minoritised communities, disabled people, the socio-economically disadvantaged and people from LGBTQIA+ communities. Inequity results in the unequal outcomes for disabled people that are described in this strategy. A National Audit Office report from 2019[15] outlines some of the unequal outcomes disabled people in the UK experience in relation to employment and outlines the Department for Work and Pensions' support programmes to help disabled people overcome barriers to work.

Disabled people earn less if they are excluded from the workplace or from progression within it. They expend their own money, time and labour fighting for

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[15] From the National Audit Office, Supporting Disabled People to Work, 2019 report.

access that others have the duty to provide. Disabled people have worse health outcomes when they are excluded from health services and worse educational outcomes when excluded from education. Exclusion from transport leads to more exclusion from workplaces, healthcare, education, and so on. It is society's failure to provide access that creates and compounds inequality. This is at the heart of the social model of disability.

We recognise that ableism and disablism in wider society and in organisations, including the council, amount to the exclusion of disabled individuals and communities from society in a range of ways. This exclusion is compounded for disabled people experiencing other forms of discrimination in addition to ableism and disablism. This exclusion and lack of access result in the inequal outcomes for disabled people that we have laid out in this strategy.

Social model of disability

The social model of disability, developed over the last 40 years by disabled people, is a radically different model to the traditional medical and charitable approach to disability.[16] It states that some people may have impairments, but that the exclusion and discrimination people with impairments face is not an inevitable consequence of having an impairment, but is caused instead by the way society is run and organised.

The social model of disability holds that people with impairments are 'disabled' by the barriers operating in society that exclude and discriminate against them.

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[16] From Social model of disability | Disability charity Scope UK

Sometimes referred to as a 'barriers-approach', the social model provides a 'route map' that identifies both the barriers that disable people with impairments and how these barriers can be removed, minimised or countered by other forms of support.

Barriers can be physical, like buildings not having accessible toilets, or they can be caused by people's attitudes to difference, like assuming disabled people can't or shouldn't do certain things.

The social model of disability is dynamic and effective in that it focuses on barriers and solutions to such barriers and, in doing so, maps out an approach to inclusion and equality that is of benefit to society, not just disabled people.

The model is not without criticism or challenge. We recognise the use of the term 'impairment' is deeply offensive to some people as it confers the notion of 'less than' and 'others' people from a 'norm'. When using the social model, we will seek to avoid this term and focus on using the model to identify barriers to our services.

We also recognise that for some people who identify as disabled, the medical model is important as they seek better support for their long-term and possibly fluctuating health conditions.

We further recognise that the social model has some limitations and the biopsychosocial model offers a different inclusive framework. We will explore its appropriate application long-term to our work as part of the strategy's implementation.

Intersectionality

Intersectionality is a concept introduced and developed by [Professor Kimberlé Crenshaw](). It means to recognise the complexity of the many parts and identities of each person that co-exist and impact one another, particularly when experiencing inequity and exclusion, and the more diverse lived experiences a person has.

It is important that as a council and a city, our disability and accessibility work is considerate of the multiple identities diverse disabled people hold and how these can create multiple layers of exclusion, barriers and discrimination. These include faith, gender, sexual orientation, ethnicity, including migratised communities and those who appear or present to be outsiders to the United Kingdom, increasing their vulnerability and risk to experiencing inequity, discrimination, barriers and exclusion when also disabled, within the city, disability community, in interactions with local service providers and all other areas of daily life.

Recognising whose voice is missing in the disability space also means recognising who dominates it. The voices which are more often heard include White, middle class, female, people with visible disabilities, parents and older carers. There is an under-representation of young adults, people with non-visible disabilities, Black and Racially Minoritised, LGBTQIA+, young carers and single people.

Creating equity and representation through intersectionality in disabled spaces and groups is important to create equity and culturally sensitive outcomes for all disabled people.

If diverse voices do not have equal power in accessing the council or key spaces/groups, it is critical to intentionally include and diversify any groups the council creates and ensure we are reaching out and working to platform diverse voices.

This is work we have identified and will continue to do through positive action and other efforts.

Allyship

The Anti-Oppression Network describes allyship[17] as an active, consistent and arduous practice of unlearning and re-evaluating, in which a person in a position of privilege and power seeks to operate in solidarity with a marginalised group. They outline it as 'a lifelong process of building relationships based on trust, consistency and accountability with marginalised individuals and/or groups of people' and note that allyship is not self-defined – our work and our efforts must be recognised by the people we seek to ally ourselves with.

As a council we see ourselves as being on a journey of growing our allyship to diverse disabled individuals and communities through our ongoing commitments to:

- Listen to, respond to and amplify the voices of diverse disabled people rather than operate on a mistaken notion that we can work in the perceived 'best interests' of disabled people.
- Acknowledge the position of power that the council has in relation to diverse disabled communities and seek to use this power to improve accessibility and disability inclusion at every turn.
- Recognise where our systems and practices exclude disabled people and remove these barriers.

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[17] From The Anti Oppression Network on Allyship

- Build our capacity to receive criticism, to be honest and accountable for our mistakes.

We do not expect awards or special recognition for confronting issues that disabled people have to live with every day. If we do receive such recognition, we redirect attention to the groups we are supporting and the issues they face.

Latham Thomas, who coined the term 'optical allyship',[18] describes it as "allyship that only serves at the surface level to platform the 'ally', it makes a statement but doesn't go beneath the surface and is not aimed at breaking away from the systems of power that oppress". We strive for our allyship to be non-performative and to operate with integrity and humility as we foster a culture of allyship within the council and in connection to our disability and anti-racism work.

Micro-aggressions and micro-incivilities

Micro-aggressions are commonplace daily verbal, behavioural or environmental slights, whether intentional or unintentional, that communicate hostile, derogatory or negative attitudes towards stigmatised or culturally marginalized groups, including disabled people. Micro-aggressions are often thought to be intentional compared to incivilities; both can have a significant impact on those affected and can amount to harassment.

Disability related micro-aggressions are a form of discrimination and ableism, and include[19]:

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[18] From Latham Thomas, a Visiting Professor of the Practice of Gender & Sexuality Studies at Brown University on meaningful allyship.
[19] From the Royal Pharmaceutical Society on disability related microaggressions.

- Insisting people behave in neurotypical ways, for example, maintaining eye contact, and considering them to be rude if they don't or judging social interaction and introversion more harshly.

- Making a 'fuss' about needing to make and accommodate adjustments.

- Accusing disabled people and/or those with accessibility requirements of being difficult.

- Making casual remarks that trivialise disability.

- Assuming people with a learning difference are incompetent.

- Assuming disabled people are not equally as capable.

- Assuming someone with a disability wants advice.

- Assuming all disabilities are physical and visible.

- 'Otherisation' – seeing having a disability as 'abnormal'.

As a council we recognise the impact of micro-aggressions and recognise that they can constitute discrimination and harassment. We seek to eliminate unlawful discrimination by building a disability-inclusive culture in the council through training, case study learning work and supporting positive behaviours.

Neurodiversity

Neurodiversity is an umbrella term used to describe many ways in which our brains are wired - the infinite variation in neurocognitive functioning within our species.[20] [21] It is an essential form of our human diversity[22], although it is still quite a new and

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[20] From The Local Government Association on Neurodiversity.
[21] From The Brain Charity on 'What is neurodiversity? Explaining how some people's brains work differently'.
[22] From AutisticUK.org on Neurodiversity.

often misunderstood and overlooked facet of diversity, both in the workplace and in society in general.

Neurodiversity is the concept that there are many ways in which our brains function and process information.[23] It is not a trait which can or cannot be possessed by a person, as, by definition, an individual cannot be diverse or have diversity. [24]

Neurodivergence is the term used to describe individuals whose brains function differently in one or more ways than it is considered standard or typical according to dominant societal norms (neurotypical). The term was initially used to specifically refer to autistic people, but it is used in much broader sense now.

Neurotypical people's brain is characterised by functions, behaviours and processing which is expected by society and can be considered standard or typical. It is estimated that around one in seven people in the United Kingdom (more than 15%) are neurodivergent.[25]

There are many different types of neurodivergence:
- Autism or autism spectrum conditions.
- Dyslexia.
- Dysgraphia.
- Dyscalculia.
- Dyspraxia or Developmental Coordination Disorder (DCD).
- Attention Deficit Hyperactivity Disorder (ADHD).

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[23] From VerywellMind.com on 'What is Neurodivergence and What Does It Mean to Be Neurodivergent?'
[24] From Neuroqueer.com and the writings of Dr. Nick Walker on 'Neurodiversity: some basic terms & definitions'.
[25] From NHS Cambridge University Hospitals on 'What is neurodiversity?'

- Attention Deficit Disorder (ADD).

- Misophonia or other hearing sensitivity.

- Tourette's syndrome.

- And a range of other neurodivergent experiences.

In the past the idea of one 'correct' style of neurocognitive functioning and one 'normal' or 'healthy' type of neurotypical mind or brain, which falls within dominant societal standards, was unfortunately common. The medical or psychiatric classification of neurodivergence as pathology or abnormality, which should be 'cured', reflects cultural prejudice and oppression.[26] The concept of neurodiversity steers away from interpreting differences as deficits and builds on the social model of disability, which considers people to be disabled not by their differences or impairments, but by society's failure to accommodate their needs. Neurodiversity applies this concept to our brains.[27]

Health and Adult Social Care Directorate (HASC) recruited a commissioning lead for autism, whose focus will be initially on developing the council's strategy for autistic adults without a diagnosis of a learning disability. The Autism Partnership Board for autistic adults, carers, and their representative organisations was lunched this year. Council is committed to raising awareness and improving our understanding of neurodiversity, building on neurodivergent individuals' strengths and creativity in the workplace, and anticipating and meeting their access requirements with the aim of finding better ways of working and serving the neurodivergent community of Brighton and Hove.

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[26] From AutisticUK.org on Neurodiversity.
[27] From The Brain Charity on 'What is neurodiversity? Explaining how some people's brains work differently'.

Learning Disabilities

The Department of Health and Social Care (2001)[28] defines a learning disability as 'a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning), which started before adulthood'. It is a lifelong incurable condition, affecting a person throughout their whole life, however early implementation of right kind of support and therapy can help individuals to become as independent as possible in later life. People who have a learning disability experience difficulties in learning new things, developing new skills, doing everyday activities, interacting with others, and communicating. The level of support required by a person to live independent, full, and rewarding life depends on the individual and the degree of learning disability, which can be classified as mild, moderate, severe, or profound. [29]

The most up to date data from Mencap[30] estimates that there are approximately 1.5 million people with a learning disability in the United Kingdom, including over 950,000 adults aged 18 or over. The figures on have been calculated using learning disability prevalence rates from Public Health England (2016) and population data

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[28] From The Department of Health and Social Care's Valuing People – A New Strategy for Learning Disability for the 21st Century on gov.uk.
[29] From MENCAP's guidance on 'What learning disability means'.
[30] From MENCAP's 'How common is learning disability?'.

from the Office for National Statistics (2020). The number of working age adults with a learning disability in Brighton and Hove has been estimated at around 5,000.[31]
It is essential to understand that having a learning disability is a different experience for everyone affected and no two people with learning disability are the same. You can hear people with learning disabilities talking about what it means to them [here](.).[32]

A learning disability is different to a learning difficulty, which affects specific areas of learning (reading, writing, spelling, mathematics, physical coordination) and includes conditions such as dyslexia, dyscalculia, dyspraxia and attention deficit hyperactivity disorder (ADHD). It is possible for an individual with a learning disability to also have one or more learning difficulties.

People with learning disabilities are one of the most vulnerable, socially excluded, and disadvantaged groups in our society.[33]

They encounter various inequalities, barriers, and challenges in everyday life, such as[34]:

- Inequalities in access to healthcare, worse health outcomes, and shorter life expectancy than their non-disabled peers.[35]

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[33] From [Brighton and Hove City Council's Learning Disability Strategy](.).
[32] From [MENCAP's guidance on 'What learning disability means'.](.)
[33] From [The Department of Health and Social Care's Valuing People – A New Strategy for Learning Disability for the 21st Century on gov.uk](.).
[34] From [Public Health England guidance on Learning disability.](.)
[35] From [MENCAP's 2012 report titled 'Death by Indifference: 74 deaths and counting. A progress report 5 years on'.](.)

- Poorer physical health.[36]

- Poorer mental health.[37]

- Fewer housing options[38] and limited employment opportunities.[39]

- Loneliness,[40] isolation and difficulties in forming meaningful relationships caused by societal and organisational attitudes. People with learning disabilities are often perceived as 'innocent' or 'child-like' by wider society and sometimes also their own families, which makes finding romantic and sexual partners difficult. Rigid staff rotas and set bedtimes can reduce opportunities for those who live in care to meet people, go out in the evenings, and stay out at night-time.

- Labelling and assumptions being made about abilities, capacity, quality of life and choices of people with learning disabilities.

- Hate crime, bullying and discrimination.[41]

- Living in poverty.[42]

- Use of disrespectful, outdated language, both when talking about people with learning disabilities or when communicating with them.

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[36] From King's College London's 2021 Learning Disability Mortality Review (LeDeR): Learning from Lives and Deaths - people with a learning disability and autistic people.

[37] From NICE's 2016 guideline on Mental health problems in people with learning disabilities: prevention, assessment and management.

[38] From The Department of Health's 2009 - 2010 Summary Report on 'Valuing People Now'

[39] From Public Health England guidance on Learning disability.

[40] From Public Health England guidance on Learning disability.

[41] From The British Association of Social Workers (BASW) 2015 review of evidence on changing attituded to learning disability.

[42] From The Department of Health and Social Care's Valuing People – A New Strategy for Learning Disability for the 21st Century on gov.uk.

- Lack of accessible information which reduces the opportunity for people with learning disabilities to make informed choices and decisions about actions that affect them, including their health, social care, housing, employment, education, voting and using council services.

A situation when a learning disability is also a non-visible disability can increase challenges and barriers to access and inclusion.

Inequalities faced by people with learning disabilities can be further intensified by the effect of intersectionality, for example the needs of people with learning disabilities from Black and Racially Minoritised communities are often overlooked'.[43]

Council believes that people with learning disabilities should be treated with dignity and respect, seen as individuals who are able to make their own choices and their diversity and uniqueness should be celebrated.

Removing barriers and improving accessibility in Brighton and Hove, especially enhancing communication by providing information in accessible form like Easy Read, can maximise the inclusion and participation of people with learning disabilities, help to involve them as much as possible in their own care and in community life, allow individuals to achieve independence, live ordinary, fulfilling lives, make informed choices, realise their potential and be a valued part of the community. Inclusion should always have key principles of respect, independence, and choice and at its heart.[44]

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[43] From The Department of Health and Social Care's Valuing People – A New Strategy for Learning Disability for the 21st Century on gov.uk.
[44] From The Department of Health and Social Care's Valuing People – A New Strategy for Learning Disability for the 21st Century on gov.uk.

Health and Adult Social Care Directorate (HASC) launched the [Adult Learning Disability Strategy: The Big Plan 2021 – 2026](#), which aims to improve the lives of people with learning disabilities in the city by ensuring that they and their families get the advice, support, and services they need. The Big Plan is based around six priority areas: relationships, friendships and feeling safe; health and wellbeing; activities, work, and learning; housing and support; transitions; and information and advice.[45]

Appendix 3 – Council Values and Accessible City Strategy

Our values connect strongly with our commitment to place accessibility and the requirements of diverse disabled people at the heart of the way we design and deliver our services. Our values shape the way that council staff review their own conduct and the performance of others. Each member of staff has a Performance and Development Plan which sets out their current work objectives so that they, their manager, and the organisation are clear on what they are being asked to achieve and that they have the relevant training and support not only to do this, but also to develop as people and professionals. We believe strongly in a motivated workforce that feels ownership for their individual roles and wider aims of our organisation. We aim to develop and strengthen internal accountability to ensure long-term sustainable change.

Below are our core values with a description of how they connect to prioritising accessibility in every aspect of our work as your council.

Collaboration: Work together and contribute to the creation of helpful and successful teams and partnerships across the council and beyond.

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[45] From [Brighton and Hove City Council's Learning Disability Strategy](#).

- Our Equalities Team, Corporate Equality Delivery Group (CEDG) and Directorate Equality Delivery Groups (DEDGs) are involved in supporting council teams and services to intentionally centre accessibility at the heart of their work. We engage with our local D/deaf, disabled, and neurodiverse communities, our LGBTQIA+ and Black and Racially Minoritised communities to learn about how we can best meet their access requirements.

Efficiency: Work in a way that makes the best and most sustainable use of our resources, always looking at alternative ways of getting stuff done and asking, "How can I improve that?"

- Our leadership, Directorate Equality Delivery Groups (DEDGs) and the services that they represent work hard to identify and implement sustainable and efficient ways to reduce barriers for disabled people and those with access requirements.

Respect: Embrace diversity with kindness and consideration and recognise the value of everyone.

- We recognise the value of all people and are keenly aware of stigmatising societal stereotypes that often represent disabled people as 'less than', including presuming them to be unproductive, helpless, unable to care for themselves or unable to make their own decisions. We actively challenge these stereotypes and value the diversity of all city residents and council colleagues.

Openness: Share and communicate with honesty about our service and ourselves, whenever appropriate.

- Our Equalities Team is committed to providing psychologically safe and inclusive spaces where we can support council teams and services to interrogate their views and approaches to accessibility and explore solutions to reduce barriers for disabled people. This work is supported by our Corporate Equality Delivery Group (CEDG) and Directorate Equality Delivery Groups (DEDGs) including various leads undertaking specific equalities and inclusion work across every directorate across the council.

Creativity: Have ideas that challenge the 'tried and tested', use evidence of what works, listen to feedback, and come up with different solutions.

- We are committed to hearing and learning from creative suggestions from our disability engagement groups – our Disability Panel and Wider Reference Group. Both groups prioritise listening to the voices of people with lived experience of disability, who can share with us their experiences of what does work well and what does not in terms of access, and what their ideas for access improvements are.

Customer focus: Adopt our customer promise 'We will make it clear how you can contact or access our services. We will understand and get things done. We will be clear and treat you with respect' for colleagues, partners, members, and customers.

- We seek to meet these commitments in every interaction with our internal and external stakeholders, and to remove barriers to equal access for all our disabled customers, ensuring our consultation and engagement becomes accessible. We can access British Sign Language translation, including SignLive, for our D/deaf customers, and are working to make Easy Read versions of our work more widely available and facilitate Braille printing where

we can. We are also reviewing how residents and visitors make contact and find their way to the services they seek.

Appendix 4 – Our Council Directorates

Housing, Neighbourhoods and Communities (HNC) Directorate

About this Directorate

Housing, Neighbourhoods and Community (HNC) provides a range of different services to people living in, working, and visiting the city. HNC works to strengthen our communities, improve wellbeing, and make a difference to people's lives and the neighbourhood they live in.

HNC helps people access housing. It provides a landlord function to over 11,500 council tenants and is increasing the supply of housing in the city. HNC provides an award-winning library service. HNC supports and helps develop the city's voluntary and community sectors via the Communities, Equality and Third Sector Team. This team not only has responsibilities for community engagement, but also plays a key role in promoting equality, diversity, and inclusion – for example, by developing the Accessible City and Anti-Racism Strategies. HNC also regulates the city (through services such as Environmental Health, Licensing or Trading Standards) and helps keep our city safe through the Community Safety Team.

Data and the Community Voice

As the city's landlord, HNC is aware not only of the housing shortage and the need to increase supply, but also the need to maintain and improve the quality of existing council housing. This work will be informed by the requirements of the Social Housing Regulation Bill[46] placing more responsibility on social landlords to engage

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[46] From the research briefing on The House of Commons Library titled 'Social Housing Reform in England: What Next?'

with their tenants. The residents' voice, captured through the consultative structures, continues to place an emphasis on good quality accommodation and safer communities. The supply of affordable homes is a key priority for the council. Providing the homes that meet our residents' needs including for disabled people and ensuring that accommodation across all tenures is safe and secure is essential and will require data on what those needs are. Given the demographic changes within the city too, the need for accessible and good quality housing for people is recognised as a priority issue. We recognise that the cost of living and housing affordability is challenging for many, often made worse for people with intersecting identities. Our work on affordable housing provision will explore what 'affordability' looks like for diverse disabled people in our city.

There are currently more than 17,900 social rented properties in the city. The council's social landlord duties cover approximately 11,700 rented properties and 2,900 leasehold properties and the council remains the largest social landlord.

- Housing sees approximately 4,000 homeless households each year who need help with housing. Early intervention and prevention work is reducing levels of homelessness however demand for assistance for homeless households remains high in the current year.
- Numbers of households in temporary accommodation is high but reducing slowly.
- Currently license 3,710 Houses in Multiple Occupation (HMOs) across the city.
- The Private Sector Housing team received 2239 Requests for Assistance during the first half of 2022/23.
- A total of 497 homes are projected for completion between April 2019 and March 2023, including 343 already completed. Specialist housing provision includes a commitment to treble Housing First units for homeless people with complex needs.

- We continue to work toward our target of bringing over 160 empty private sector homes back into use each year.

- Annual HRA rents and service charges of £63.9m per year; capital programme of around £29.8m a year improving homes; let approx. 600 homes (over 50 per month), proposed investment pipeline of £270m investment in new homes over the next three years to 2025/26 the majority of which requires committee approval; average of over 2,000 repairs per month / 66 repairs every calendar day in normal circumstances.

Community Engagement is at the heart of the directorate, and its Communities, Equality and Third Sector Team has led on the engagement workshops to develop the Accessible City and Anti-Racism Strategies. Likewise, as landlord, the housing service has developed consultative structures to better engage with residents, with focus groups being held within minoritised communities to widen representation and engagement. Following the return to face-to-face meetings after the pandemic, the Tenant Disability Network has gathered momentum, with a City-Wide Conference held in 2022 to relaunch the network and to promote the themes of accessibility and engagement. Given the importance of community involvement within HNC, the Accessible City Strategy action plan prioritises the need to develop an engagement strategy to fully ensure a co-productive approach.

Libraries have long promoted the importance of digital inclusion, supporting the Digital Brighton and Hove project. Despite many services moving online due to the COVID-19 pandemic, many people in the city remain digitally excluded and it is estimated that just over 7% of the local population do not use the internet and just over half the population do not have the essential digital skills for life. As technology develops, bringing with it greater opportunities to improve health and wellbeing, be that domestic apps or telecare and telehealth, it is essential that any plan on accessibility incorporates and prioritises technological and digital solutions.

- Network of 14 libraries across the city.

- 93% of users tell us our library services are excellent or good.

- On target for nearly 1 million visits to libraries 2022-23. Last year achieved 680,072 visits. Pre Covid achieved 1.4 million visits.

- On target for over 1 million items loaned 2022-23. Last year lent 952,963 items, close to pre-Covid levels.

- On target for 1.3 million visits to library web pages 2022-23.

- 73% of all library transactions last year were online (i.e., joining, reservations and renewals).

- Volunteers contributed 3,125 volunteer hours in 2021-22, and an increase to over 5,000 hours is expected 2022-23.

- An expected 21,000 people will take part in libraries events or outreach activities in 2022-23.

- BIPC (Business and Intellectual Property Centre) Sussex has worked to deliver advice and information to businesses: it supported 1,083 businesses in 2021/2022 (exceeding the target of 500).

Safer Communities provides a broad range of services including environmental health and protection, licensing and trading standards, food safety services and emergency planning as well as services to directly support the community safety plan such as violence against women and girl's services, anti-social behaviour casework, and the government's Prevent and Channel programmes.

- Over 85% of the 3,200 food businesses in the city rated 3 or above on the national Food Hygiene Rating Scheme.

- Community Safety Casework Team, Anti-Social Behaviour and hate incidents –533 initial reports and enquiries dealt with between January and October 2022.

- There was a 19% increase in all hate incidents and crimes (any type) recorded by the police in 2021/22 compared with 2020/21. In 2022/23 there was a 6%

increase (1,096 incidents and crimes) on the number recorded in 2021/22. An increase was seen in each of the types of hate separately. Compared with 2021/22, the number of racist incidents and crimes increased marginally by 0.6% in 2022/23 (from 644 to 648 incidents and crimes), religiously motivated incidents and crimes rose by 11% (from 57 to 63), sexuality hate incidents and crimes increased by 9% (from 305 to 331), disability hate incidents/crimes increased by 19% (from 72 to 86), and transphobic incidents and crimes increased by 36% (from 61 to 83).

- 80% of people affected by domestic violence and abuse felt safe upon leaving refuge.

- 1,400 premises licensed venues and 278 gambling premises licensed in the city. 1200 licensed taxi drivers. 580 Hackney Carriage and 370 private hire vehicles licensed.

- 2323 noise complaints including both domestic and commercial requiring investigation between January and October 2022.

- Obtained £51,000 worth of refunds and compensation for vulnerable consumers between April and September 2022.

Corporate Equality, Diversity and Inclusion - the corporate e Equalities Team works across the whole council. It works in partnership with Human Resources and Organisational Development, individual directorate Business Managers and key leadership teams. It also works with the council's corporate and directorate equality delivery groups and representatives. It influences for change and for equity, accessibility, anti-racism, and intersectionality to become a central consideration in how we as a council engage, what data and voice we listen to and look at, and how we think, work, and deliver services to the public we serve. Equalities work is decisively supported by our chief executive and senior leaders across the council with an extremely strong appetite and commitment given to all inclusion work.

As a new team established in March 2022, the team will be focussed on further developing its intersectional skillsets, knowledge, and embedding equalities and inclusion considerations and principles across all directorates and teams within the council. Equalities work has been growing year on year. We have dedicated resources committed to this work in addition to the organisation-wide resources. We continue to build capacity and invest in recognising the importance of this work.

Some ongoing foundational work includes:

- Establishing and improving our key council-wide equality processes to enable and ensure a one council approach, cohesive working, and behaviours across all our directorates and services.

- Re-vamping and enhancing Equality Impact Assessments to improve internal accountability and to drive more equitable outcomes through process. This will address inconsistencies in practice which we recognise exist.

- Establish improved ethnicity and equality monitoring data standards.

- Re-scoping and improving our language translation and interpretation framework and support is critical to ensuring we have tools that enable more culturally and disability-sensitive practice.

- Developing lived experience and resident-informed co-produced case study-based workshops. These will help further learning for council staff across all directorates on how to understand and value intersectionality to make nuanced decisions and considerations for different protected characteristics. The aim is to help convert equalities training and law into action, and increase equitable decision-making, thinking, language, and more consistent practice.

Families, Children and Learning (FCL) Directorate

The Families, Children and Learning Directorate brings together different services for children and young people as well as services for adults with learning disabilities (LD) and support for skills and employment.

We are committed to working as one Families, Children and Learning Directorate to deliver safe and whole family services, with a focus on improving outcomes and delivering inclusive, accessible, and intersectional provision. The voice of children, young people, their families, and those of adults with learning disabilities is at the heart of everything we do. Our staff are our greatest resource, and we are committed to supporting them and their professional development.

To achieve this, we:

- Promote, support, and deliver high quality educational and skills provision.
- Promote whole family working with a focus on reviewing Early Help provision and developing Family Hubs to improve outcomes for disadvantaged and vulnerable people.
- Deliver a safe and effective social work service which responds to changing needs of children and their families.
- Work to support adults with learning disabilities to live independent and positive lives.
- Work with young people and other partners to deliver high quality youth services across the city.
- Co-produce and continue to improve Special Educational Needs and Disabilities (SEND) provision and services in the city.
- Manage effective budget arrangements across the directorate.
- Improve the diversity of the workforce.

There are three key branches in the directorate together with a performance and safeguarding service that ensures that we meet our duties and provides quality assurance plus a policy and programme management unit. The key branches include the following areas of service delivery:

Education and Skills

- Early Years, Youth and Family Support (including Children's Centres).
- School Organisation and Access to Education and Hidden Children.
- Education Standards and Achievement.
- Skills and Employment.
- Virtual School for children in care and those previously in care.
- Stronger Families (Troubled Families programme).
- Ethnic Minority Achievement Service and Traveller Education Service.

Health Special Educational Needs and Disability Services

- Inclusion Support Services for Schools including Education Psychology services and Schools Wellbeing services.
- Special Educational Needs services.
- Social work and early help support for children with a disability.
- Residential, short break and respite provision for children with a disability.
- Assessment, social work, behaviour support and health services for adults with learning disabilities.
- Council residential and day activities services for adults with learning disabilities.

As part of the Youth Service Grant Programme 2021-25 an annual grant is provided to three equality groups for youth provision, including young people with SEND, particularly targeting autistic young people with complex needs.

All commissioned youth providers are required to have equality, diversity and inclusion embedded in their activities, governance, and management arrangements with plans on how they will promote inclusion within their service, with progress on this being reported on regularly.

Area youth providers are working in partnership with specialist agencies to provide specific youth groups for autistic young people with less complex needs and support into mainstream youth groups/programmes.

Children's Safeguarding and Care

- Fostering, family placement and permanence services.
- Children in need and child protection social work services.
- Children in care and leaving care services.
- Unaccompanied asylum-seeking children services.
- Adolescent and youth offending services.
- Front Door for Families which includes MASH (Multi Agency Safeguarding Hub).
- Multi-disciplinary Partners in Change Hub including Early Parenting Assessment Programme.

Contact and Family Group Conference Services

Our current situation is that we are facing significant increase in demand for our services, especially around special educational needs, and the requirement for

social care support. This is alongside a requirement to manage our services with a reducing budget. Our key partners across the city are facing the same challenges and therefore families in need of support are experiencing a reduction in help. We have a rising number of Unaccompanied Asylum-Seeking Children and asylum-seeking families in the city which is having and will continue to have an impact on the demand pressures on our services.

However, as part of our ongoing work we have identified some key areas of focus to better support families in need. These include our SEND Strategy, our Educational Disadvantage Strategy, our Anti-Racist social work practice programme and our disadvantage strategy framework, A Fairer Brighton and Hove. These co-produced initiatives help us better understand the residents we are most wanting to support and consider where our resources most need to be directed. Our action plan for the Accessible City Strategy complements and further supports this work.

Data and the Community Voice

Users of Families, Children and Learning Services

The directorate provides a range of different services from universal to those targeted at small groups of people with very high levels of need and/or where we are required to fulfil a statutory duty. Some of the key groups of users we interact with are as follows*:

- 31,654 children attend city's school (January 2022).
- 16,944 contacts were received by the Multi Agency Safeguarding Hub/Front Door for Families during the year ending September 2022, of these 3,152 were safeguarding concerns that required follow up work.
- 7,790 parents/carers applied for school places (2021-22 academic year).

- 6,061 children receive SEND support in maintained schools (including 1,352 children who have an Education Health and Care plan) (January 2022).
- 6,834 children are eligible for free school meals (January 2022).
- 663 individual unique children attending children's centre nurseries between April 2021 and March 2022.
- For children's centres, a total of 1093 case work interventions were started by Brighton and Hove City Council staff in 2021/22, for 1,024 children aged five and under (compared to 2020/21: 1,392 started, 856 children).
- 1,013 families supported by Early Help teams April 2021 to March 2022.
- 1,545 children aged under 18 are supported by social work to be safe September 2022.
- 297 children are on a child protection plan (as of 30th September 2022).
- We act as Corporate Parent to 385 children in care and 392 care leavers aged between the ages of 18 and 25 (September 2022).
- We help support 42 unaccompanied asylum-seeking children (September 2022).
- 486 pupils in Brighton and Hove are educated at home (30th June 2022).
- There are 192 in–house Foster Care Households as of 30th September 2022 including 18 Supported Lodging Households.
- 6 children have been adopted in the last 12 months.
- 743 Adults with a learning disability aged 18-64 in receipt of Adult Social Care as of 30th September 2022.

*Please note these figures are a mixture of snapshots in time or usage over a set period and are shared with the intention of being illustrative.

We have a directorate-wide commitment to community voice. We work hard to ensure this is embedded across our service including youth participation, advocacy

for children in care, robust consultations for school place planning to coproducing services for children with special educational needs and disabilities.

Governance, People and Resources (GPR) Directorate

Governance, People and Resources (GPR) supports council services to ensure that staff work as one council to better serve our customers, councillors, and staff, as well as optimising resources and ensuring robust governance.

- **Policy and Communications -** support staff and councillors in developing, co-ordinating and overseeing the implementation of effective policies, strategies, and partnerships. They ensure the council is effective in 'place leadership', that it understands and respond to national policy developments and new legislative requirements and effectively lobbies for local policy priorities. Our Communications team connects the council and its services with the city, communicating news and information to improve our engagement.

- **Customer Modernisation and Performance** provide project management support to plan, deliver and drive change to improve services to our residents/customers. They support the delivery of programmes and projects to modernise the council, helping officers and councillors to continuously improve the council's performance and manage risk. The service provides advice and regulation around collecting and processing of information such as Freedom of Information Requests and Subject Access Requests.

- **Finance services** ensure that the council uses public money only for approved purposes and in accordance with regulations. We also provide advice and support councillors and staff to manage finances effectively, achieve good value for money and within the financial controls.

- **Human Resources and Organisation Development (HR & OD)** support the management of council employees, including health, safety, wellbeing, learning and development.

- **Information Technology and Digital (IT&D)** provide, develop, and support the council's technology infrastructure and digital capabilities, creating better access for staff, councillors and customers that meets accessibility regulations, while ensuring business continuity for the council's services.

- **Legal services** offer expert advice to all staff and councillors across the council on a full range of council responsibilities and public sector duties. Our Democratic Services team ensure the smooth and efficient running of the decision-making processes of the council.

Community engagement and accessibility work we have been doing includes:

As part of our Fair and Inclusive Action Plan (FIAP), we have been working proactively to understand, engage with, and respond effectively to our city's diverse population.

IT&D services are running a pilot with Microlink (supplier) to provide disability assessment support/training for Assistive Technology users. Additionally, services across Governance, People and Resources (GPR) are delivering mandatory customer experience training for new council employees that includes equalities to meet users' needs and requirements, as well as encouraging all staff to complete equalities monitoring forms to increase % of known data.

As a council, we value diversity and the unique individuality of our workforce. Our aim is to create the best possible working environment that enables and supports

each team member's skills, talents, abilities, and experience to contribute in a meaningful and impactful way.

We are committed to reducing inequity in employment and aspire to achieving a more diverse workforce that reflects the economically active population within our city and developing a disability-inclusive and anti-racist workplace culture in which everyone can thrive and reach their full potential. We recognise the areas of work we need to maintain focus on to address disproportionate outcomes. We have a Disability Confident scheme on our jobs pages, which offers an interview to disabled applicants who meet the minimum essential criteria for the job.

Our Human Resources services is also creating a more inclusive recruitment process including more accessibility-informed and disability-supportive guidance and mechanisms. In December 2022 the council launched a pilot called Microlink which supports staff with reasonable adjustments. The council is a member of the Business Disability Forum, and we have increased our Learning and Development offer, including training courses about neurodiversity, disability awareness and D/deaf awareness.

Communications and IT&D services have been creating awareness about the importance of digital inclusion as many residents in the city remain digitally excluded. We have an Information Technology and Digital (IT&D) Accessibility programme of work. The council also recently re-launched its internal website providing a wide range of information and resources to staff in a more accessible way.

Data and the Community Voice

As part of its Public Sector Equality Duty, the council carries out regular equalities monitoring in respect of various aspects of employment such as workforce composition, recruitment and retention, access to learning and development opportunities, and employee satisfaction.

However, we are aware of the challenges where it comes to collecting data on equalities from our customers and residents.

We have very limited data on equalities overall as it's optional for people to provide this. However, we do capture workforce equalities, directorate data, workforce pay band data, recruitment data, and staff survey data which is used to inform our Fair and Inclusive Action Plan and work across the council. We will continue to work together with partners and communities to better explain why this data is important and helpful to improving services, how we will store and use the data.

Currently, community engagement is under-taken by individual services about their own specific areas of responsibility/work. This can lead to inconsistency of approach to and quality of engagement. Therefore, we are proposing as part of this strategy we refresh the council's Community Engagement Framework.

Economy, Environment and Culture (EEC) Directorate

The Economy, Environment and Culture Directorate works with city and regional partners to develop and deliver services that support low carbon economic growth and maintain an attractive, connected, and well-run city for residents, businesses, and visitors. EEC helps to shape Brighton and Hove's unique identity, support community cohesion and position the city as a distinctive place to live, work and visit. EEC leads on a programme for the city to become carbon neutral by 2030, introducing long-term solutions to safeguard the planet for future generations. Decarbonisation is an important driver for EEC's work and there is a strong focus on measures that reduce carbon emissions from council buildings, land, fleet, city developments and transport infrastructure.

Accessibility and inclusivity of services and the city are a key priority for the directorate, and we recognise we must do more. This includes improving our accessibility-informed services and insights, ensuring we give weight to intersectional requirements when shaping policies and projects; and embedding disability-inclusive principles in how we work, think, consult, co-produce and deliver our services. We also recognise the need to maximise opportunities for cross-council work with other directorates. For example: collaborating on accessible housing delivery with our Housing, Neighbourhoods and Communities Directorate, and considering data on health and disability from our Families, Children and Learning, and Health and Adult Social Care Directorates to make Active Travel and other initiatives more disability-inclusive and accessible.

- **City Environmental Management Services** – delivers statutory waste, recycling, and street cleansing functions for the city, and manages the city's tree stock, rights of way, parks, and open spaces. The service also offers paid-for waste collections and delivers a graffiti reduction service

and the council's fleet strategy, leading the way on decarbonising council vehicles.

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- **City Development and Regeneration Services** – fulfils the statutory Planning Authority role by shaping city developments through the City Plan, ensuring city strategies are delivered through new development and regeneration. That there is good urban design and place-making, accessible places, sustainable development, and protection of heritage assets. Building Control ensures, and compliance with building regulations including accessibility to new buildings. The service collects contributions from developers called 'Section 106' and 'Community Infrastructure Levy' payments to deliver investment in infrastructure, manages major regeneration projects, and develops new affordable homes. The service also leads the council's work with city and regional partners to develop strategies, support activities and deliver interventions that build a strong and sustainable economy. It manages the council's Carbon Neutral 2030 Programme, the Circular Economy Plan, and the Living Coast Biosphere work to deliver on key sustainability commitments.

- **Transport** – delivers a safe and sustainable city transport network that supports economic growth and carbon reduction, by maintaining and improving the resilience of the city's highway infrastructure. This includes managing flood risks and protecting coastal structures, and working closely with the Department for Transport, Transport for The South-East and Coast to Capital Local Enterprise Partnership to deliver major transport infrastructure projects such as Valley Gardens. The service also manages the transport network by regulating traffic and parking, influencing people's travel choices to reduce congestion, delivering improvements in air quality, and providing sustainable

transport options, including significant enhancements in public transport provision and Active Travel.

- **Property –** the council's property and land portfolio include assets such as council offices, town halls, heritage sites, schools and leisure centres, commercial properties, and agricultural farmlands. The service leads the council's property strategy and delivers corporate and commercial property maintenance services with an emphasis on an investment approach that delivers new revenue streams from the council's assets while keeping them safe and fit for purpose. A key driver is contributing to housing delivery, the carbon neutral agenda and community wealth. The service is responsible for the delivery of the 100-year City Downland Estate Plan, which is essential for promoting natural capital investment, supporting biodiversity, and tackling climate change.

- **Culture, Tourism and Sport** – focuses on the recovery and growth of the city's unique arts, culture, museums, events, and tourism sectors, working extensively with cultural partners. The service supports people's health and wellbeing by progressing the ten-year plan for revitalised sports facilities and investing in key leisure assets, including the new development 'Kingsway to the Sea'. It supports the city's multi-million-pound visitor economy, using council assets such as the Brighton Centre, seafront, and the Visit Brighton service. Managing a calendar of outdoor events in the city also promotes the city's reputation as a leisure destination and supports cultural recovery, tourism and fundraising by charities and community groups.

- The Sports Facilities Investment Plan 2021-31 sets out key principles for investing in our sports and leisure facilities, one of which is to ensure

that they are all fully accessible and inclusive. We want our facilities to provide opportunities, reduce barriers and encourage more people to be more physically active. We want all our residents, including disabled people and residents with long-term health conditions, to experience improved physical and mental health and wellbeing outcomes through increased participation in sport and physical activity.

The steps we are taking to make our city and services more accessible and inclusive include:

- Installing dropped kerbs on our footways to support accessible pedestrian crossing points and tactile signals for blind and partially sighted people.
- Keeping the pavements clear of obstructions through responding to reports of overgrown vegetation, tree roots, and regulating A-boards, skips, scaffolds and tables and chairs on the highway.
- Installing accessible cycle hangars and ensuring cycle lanes are wide enough to support adapted cycles.
- Working with bus operators to ensure bus stops are well lit, include raised kerbs/boarding zones and investing in real-time information displays with audio facilities for those with visual impairments, learning or reading difficulties.
- Issuing more than 11,000 blue badge passes annually for disabled car users in the city and more than 6,500 concessionary travel passes for disabled bus users.
- Offering assisted waste collections for people who are physically unable to move their bins and boxes.
- Providing accessible play equipment as part of the city parks' playgrounds.
- Supporting training for city parks' café tenants on providing a dementia-friendly café environment.

- We are improving accessibility to the seafront through a range of projects. Blue Badge parking has been improved, with the new road layout at Madeira Drive adding 27 additional parking spaces. Additional Blue Badge bays are also being planned for the seafront near the King Alfred Leisure Centre. The Black Rock boardwalk has proved extremely popular with residents and visitors since it opened last year, while the Kingsway to the Sea project will provide a new fully accessible route running the full length of the park. Near Palace Pier, a wheelchair accessible area has been created on the lower prom, directly below the Brighton Centre. A new wheelchair accessible beach pathway at Saltdean is now completed. At Brighton's Seafront Office, three beach wheelchairs are now available to borrow at no charge. In addition, a new all-terrain electric wheelchair, designed specifically to cope with steeply shelving shingle beaches, is currently being trialled with the help of a local disability support group.
- Installing Changing Places facilities to provide accessible public conveniences.
- Providing a pool hoist at the city's leisure centres to enable independent access to the swimming pool, with trained staff supporting use of the system.
- Digitising parking services encouraging most residents to apply for and renew their parking permits online, while continuing to support people who cannot access the service online.
- Providing consultation materials in accessible formats, including Easy Read, Braille, and British Sign Language (BSL).
- Engaging directly with disabled community groups and representatives in the design of transport and public realm improvements.

We recognise there is always space to consider innovative and co-produced solutions that intentionally factor in accessibility and disability-inclusive requirements. Our prioritised actions, process, practice improvements and planned upskilling inform our commitment to this strategy, and to becoming more inclusive.

Data and the Community Voice

As a directorate we connect with our city's disabled community in a variety of ways to ensure our services are as inclusive as they can be. We do this by working to provide accessible consultations; engaging directly with representative groups on known issues and co-designing solutions; commissioning targeted engagement, research, and accessibility audits; and having various community engagement forums.

We are currently listening to community voice through:

- The Disabled Car Users Advisory Group – a group of organisational representatives, disabled individuals and Parking service managers exploring and resolving issues faced by disabled people and their families and carers in accessing the city by car. The purpose of the group is to improve communication and dialogue between the Parking service and disabled residents.

- The Active and Inclusive Travel Forum – bringing together stakeholders with an interest in healthier, low carbon and accessible modes of transport. The forum includes disability representation and focuses on identifying user experiences that can inform future transport schemes and practical solutions to problems, offer views on ways to influence travel behaviour, and encourage partnership working on active and inclusive travel projects. Accessible cycle parking and storage for adapted cycles, wider cycle lanes, footways clear of obstructions, inclusive signage, drop kerbs, and audible and tactile indicators at crossings, are all areas of focus that are important for disabled people.

- The Beach Accessibility Working Group – representatives from the Beach Access Team Brighton and Hove (BAT) and the Seafront Team. The group

aims to improve beach access and provide safe and independent access over the shingle beaches and down to the shoreline for people who use mobility aids. to During recent years, BAT has collated a significant evidence-base from those living with, or whose lives are impacted by, disability and additional needs to inform the focus of the working group.

- The City Parks Accessibility and Inclusivity Forum – enabling disabled representatives to provide guidance to the City Parks team on key project work including playground refurbishment, dementia-friendly park cafes and accessible citywide benches. City Clean is also looking to establish a similar arrangement to inform the work of the rest of City Environment.

While we have established mechanisms for garnering voices from our disabled community, we recognise these need to be further developed to provide richer dialogue as one part of wider engagement activity we need to build on. We know that we need to improve not only community insight but also our qualitative and quantitative data that will further help to shape service delivery and decisions.

Health and Adult Social Care (HASC) Directorate

Our mission as a directorate is to promote and improve health and wellbeing, reduce health inequalities, and support people to live independent and fulfilling lives. We are strongly committed to developing and embedding accessibility and intersectional approaches, and continuing to improve our disability-inclusion and support to those who may be at most risk of being excluded and impacted.

The directorate's main responsibilities include:

- Improving health, preventing ill health, reducing health inequalities, and protecting the health of our residents.
- Providing information, advice, and advocacy.
- Carrying out individual care needs assessments.
- Commissioning, providing and/or arranging services to promote independence and improve health and wellbeing, including for adults with eligible care and support needs and their carers.
- Producing the Joint Strategic Needs Assessment (JSNA) and providing public health advice to the NHS and its partners.
- Safeguarding adults at risk of abuse or neglect.

Our Public Health team, work with residents and organisations in Brighton and Hove to promote health and wellbeing. The Joint Health and Wellbeing Strategy, set out the ambitions we have: Brighton & Hove Joint Health and Wellbeing Strategy 2019-2030.

Adult Social Care work day-to-day supporting a range of different people including:

- Disabled people (physical, sensory, and acute brain injury)

- Older people, including those with dementia.

- People with learning disabilities.

- People with mental health conditions.

- Neurodiverse people, for example, autistic people

We commission services to meet the care and support requirements detailed in care and support plans. We engage with stakeholders to optimise the commissioning of services to have the right support in the right place at the right time for people considering value for money. The main areas currently being reviewed include home care, extra care, care homes, supported living and community support.

Some examples of recent work across the directorate include:

- Achieved approval for the new Knoll House supported living development, which will provide specialist support for disabled people (physical disability) and residents with Acquired Brain Injuries enabling them to live independently in the city.

- Re-designed the city's community equipment service, with better access to the service and equipment.

- Begun an end-to-end review of the provision of Direct Payments for adults and children; looking at all elements asking what is working well, and what needs to be improved?

- Recruited a commissioning lead for autism, who will initially focus on developing the council's strategy for autistic adults without a diagnosis of a learning disability and creating the Autism Partnership Board for autistic adults, carers, and their representative organisations.

- Worked with NHS Sussex partners to commission new services for people with needs arising from their mental health.

- Launched the Adult Learning Disability Strategy, which aims to improve the lives of people with a learning disability in the city.

- Provided a Health Trainers Service to support people to eat healthy, increase physical activity, stop smoking, and reduce alcohol intake.

- Worked with over 50 local sport, dance and exercise providers on our Active Forever and Dance Active events showcasing opportunities for all ages and abilities to get and stay active.

- Provided a weekly programme of over 40 free or low-cost Active for Life sessions and volunteer-led Healthwalks, including special Healthwalks for priority groups, such as lesbian, gay, bisexual, trans, queer/questioning people and people with learning disabilities; supporting everyone to improve their physical and mental health through active lifestyles.

- Used national funding to commission healthy weight support for people with learning disabilities.

- Launched a citywide Strength and Balance campaign aimed at supporting older people to reduce their falls risk.

- Developed a Dementia Friendly Toolkit to support community groups and organisations in the city.

Data and the Community Voice

Population data indicates in Brighton and Hove:

- There are over 50,900 adults (22%) aged 20+ with two or more long-term physical or mental health conditions in the city - with a strong link with deprivation (54% with one or more condition).

- 18,500 (8% of adults) have mental and physical health conditions.

- Without scaling up prevention, there will be over 10,500 more adults with two or more conditions by 2030.

- 4.2% of 65+ year olds have a record of dementia.
- 82 in every 100,000 65+ year olds (32 people) have age-related macular degeneration (preventable sight loss).
- 4.8% (8,300) people are unemployed and employment rates are lower for those with: long-term conditions; a learning disability; and those in contact with secondary mental health services.

In 2021/22 Adult Social Care supported 3,131 people through long-term funded services:

Long-term funded clients by category 2021/2022	18-64	65+
Physical and sensory support	672	1439
Support with memory and cognition	21	408
Mental health support	329	151
Social support	82	29

We gain insight and feedback from our service user and carer surveys, as well as focused work with community groups. The last surveys feedback captured the following key themes, which we have ongoing work for, some of which is part of our prioritised actions for this strategy:

- Information and advice
- Experience of assessment services
- Doing things you value and enjoy
- Importance of specialist support
- Importance of equipment and assistive technology
- Mental health support
- Direct payments
- Individual needs

- Importance of continuity, timeliness, and quality of care
- Communication and Involvement
- Digital exclusion
- Financial Information and financial hardship
- Difficulty maintaining employment
- Social isolation
- Respite
- Worries about sustaining caring role

You can see the details of these findings and what we have done here: Health and Social Care Feedback

Appendix 5 – Consultation and Action Planning

Consultation

We have undertaken a detailed engagement and consultation programme with local disabled people's organisations (DPOs) representing the city's disabled people, as well as with a range of individuals with lived experience of disability.

This research identified several key themes we have used to better understand what the strategy needs to deliver through our strategic themed areas of work which gives structure to how we will deliver and create an accessibility city (through our focussed actions by every directorate) through this strategy as part of our core equalities work. The following themes were felt to be critical by disabled people to being able to live, work, study and visit the city in the most barrier-free way:

- The importance of being able to live as independently as possible and to live their life with the minimum of barriers.
- The importance of having a high quality of life and feeling welcome across the city.
- Ensuring disabled people and their needs are placed at the centre of developing council strategies and services.
- Avoiding situations where disabled people felt excluded due to lack of or poor planning; and
- Counter the ongoing impact of the Covid pandemic.

Addressing these themes are key to the selection of our strategic themed areas of work, action planning approach, action selection and prioritisation over 5 years of this strategy and our ongoing work. To ensure external accountability and oversight, we have established two key methods for ongoing community engagement and

consultation through setting up of the Disability Panel and the Wider Reference Group.

Action Planning

The Accessible City Strategy and the Anti-Racism Strategy are 5-year strategies to realistically reflect the time it will take to achieve change. They intentionally speak to each other with actions that affect each other and are intersectional. The action plans will sit across the five years and be reviewed and updated annually. The actions do not need to be performative or identified for immediate delivery. Within all the work that may need to happen, our goal and encouragement is to identify key, critical actions only and keep them meaningful specific, measurable, achievable, realistic and timely (SMART), mitigating for stress, pressure, and additional reporting. This work is meant to enable long-term relief from what creates pressure and challenges for us and our residents today. Duplication, silo-ed thinking and excessive actions will be discouraged; with cross-thinking and sharing of ideas across directorates transparently, encouraged and facilitated by the Equality Diversity and Inclusion team.

Two hour-long action planning workshops have been conducted with key directorate leads throughout November 2022, facilitated by the Equality Diversity and Inclusion team and focusing on the directorate's equalities challenges and pressures. During the sessions the directorates have identifies and prioritised their critical actions under relevant strategic theme. Directorates have proactively shared examples and discussed to identify their prioritised actions, sharing action plans in a collective online shared space to support development of cohesive council-wide working and exposure and appreciation of each other's collective and individual directorate service barriers and solutions. Accessibility-centred and intersectional actions, reviewing against those of their anti-racism strategy have been revised and re-

prioritised as part of the overall delivery of actions to create equity and inclusion through the FIAP (Fair and Inclusive Action Plan).

Directorates are not expected to have actions under all three themes. The themes are interlinked in their impact, so an action in one will influence change in another. The goal of action planning has been to assist directorates and services to identify their top critical actions, from one to maximum three and to support and encourage them to think in a nuanced and intersectional way, without over-committing or feeling overwhelmed by the commitment. We do not need or want to capture 'everything', instead we focus on what will have maximum impact on reducing exclusionary outcomes for residents, customers, service users and communities.

A Task and Finish Group was created, comprising of a representative from each of the council's five directorates, council equalities officers and the Chief Executive of local charity Possability People. The group's role was to ensure the successful development and approval of the Brighton and Hove City Council's (BHCC) Accessible City Strategy within the project's deadlines.

All key feedback from consultation with internal and external stakeholders has informed our approach to create cohesive working and address siloed outcomes and one-off solutions that will not benefit the creation of an accessible city.

Appendix 6 – Data Insight

National Context

Disability and long-term health conditions have an impact on many people and the inequalities disabled people experience in everyday life can be significant. This section puts into context the lived experience of disabled people in the UK and relates to the types of services we provide and influence at Brighton and Hove City Council (BHCC).

Research shows that the number of people with disabilities is increasing. This is partly due to an ageing population, together with advances in medical interventions. However, they are often the forgotten 'minority' even though they form a significant part of the population.

The World Report on Disability 2011 indicates that inequalities that disabled people live with include:

- Unhealthy living conditions, such as inadequate housing, unsafe transportation, and work conditions.
- The absence or inaccessibility of medical care or rehabilitation.
- Extra costs related to disability such as personal assistance, healthcare, or assistive devices. These additional costs increase their risk of being poorer than others.
- More likely to be unemployed and are generally paid less when they are employed.
- Limited access to public spaces because of physical barriers, and often cannot participate in political decision-making, meaning that their voices are not heard, and their needs are overlooked.

Many of these factors are mirrored within the UK:

There are 14.6 million people in the UK living with a disability or long-term health condition which equates to 22% of the population and this is reflected in the South-East. (ONS report Outcomes for Disabled People 2021)

The prevalence of disability rises with age. In 2020/21 around 9% of children in the UK were disabled, compared to 21% of working age adults and 42% of adults over State Pension age. Most people aged 80 and over reported a disability (59%).

Intersectionality

Disability is a characteristic which impacts on all other identities a disabled person also has, and various protected characteristics groups, having additional complex inter-connected impacts and barriers disabled people face due to such intersectionality. For example, in the Annual Population Survey 2021, based on self-reporting, an estimated 10% of disabled people are from a minoritised ethnic background. This breaks down into:

- Asian (4%)
- Black (3%)
- Mixed or multiple ethnic background (1%)
- Other (12%)

This compares to the minoritised ethnic population equating to 12% of the total population.

According to United Nations Committee on the Elimination of Discrimination against Women, older women face greater discrimination, bias, and marginalisation. The United Nations (U.N.) Bill of Rights of Women found that this was further compounded for older women who also had a disability. They found this group was overlooked and under presented in the development of policies, programmes, initiatives, and legislation. Addressing this was seen as an integral part of the 2023 Agenda for Sustainable Development, a key principle of which is 'Leave No One Behind'.

The U.N. Human Rights Council, Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, looking specifically at gender-based violence, found that gender non-conforming people with a disability, were significantly more like to experience this.

The School for Social Work Research highlighted the challenges that LGBTQI+ disabled people experienced. The barriers they identified included:

- Coming out to social care staff which people were concerned would jeopardise their support.
- Difficulty in recruiting and retaining good personal assistants (PAs).
- Difficulties in securing support for 'social hours' leading to social isolation; and
- The reactions of other people.

The research identified the importance of social care assessments emphasising the whole person and not ignoring sexual orientation or gender identity.

The interrogation of disability and ethnicity, culture, expatriates, migrants, and Black and Racially Minoritised identities (among others) remain under-explored, both in terms of qualitative lived experiences, impact, nature of and type of systemic

barriers, and within quantitative research. Research widely remains influenced by perspectives of researchers and those researched belonging predominantly to White, Western-Euro-centric, Christian, and heteronormative identities.

Local context data

There is limited data available in some areas at the time of publishing the strategy. There are however disproportionate impacts due to disabilities across various intersecting identities, whether disabilities have a day-to-day impact or not compared to those who are not disabled at this time.

Disability impacts in the city:

- Residents with a disability under the Equalities Act are concentrated in central/ eastern area of the city particularly in East Brighton, Queens Park, and Hollingbury & Stanmer wards.
- There are also higher proportions of disabled people in the east in Woodingdean and to the west in Hangleton & Portslade.
  - A third of households in the city (39,621 homes, 33%) has at least one disabled resident living there, with 1 in 20 households (7,760 home, 6%) having 2 or more disabled residents living there.
- Proportionally more households with at least one person with a disability living there in the city's more deprived neighbourhoods. There are 3 times the proportion of disabled households in areas of Eastern Road (60%) and Whitehawk (58%) as there are in Brunswick (20%) and near Preston Park station (21%).

The COVID data for example is only available nationally, indicating that the risk of death involving COVID-19 was 1.4 times greater for more-disabled men and 1.3 times greater for less-disabled men, compared with non-disabled men.[47]

The Impact of Inequality

The lived experience of many disabled people demonstrates the everyday challenges they face. We have identified areas here that Brighton and Hove City Council can have a direct, positive impact on through this Accessible City Strategy.

The impact of the current cost of living crisis:

Scope research conducted in February 2022 identified the disproportionate impact of the cost-of-living crisis on disabled people. The research found that disabled people were:

- Twice as likely to have a cold home; and
- Three times more likely not to be able to afford food.

A YouGov survey in June 2022 found that 29% of households where someone with a disability lived were in serious financial difficulty, compared with 13% of other households.

The National Health Service (NHS) have begun trialling 'heating prescriptions' to ensure disabled people have electricity for things such as ventilators, wheelchairs and feeding tube pumps.

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[47] From The Office for National Statistics (ons.gov.uk) on 'Updated estimates of coronavirus (COVID-19) related deaths by disability status, England.'

Education:

The House of Commons Research Briefing on Disability paper of 2022 shows that the proportion of disabled people with no qualifications was nearly three times that of non-disabled people. In addition, 13.3% of disabled people had no qualifications – almost three times the proportion of non-disabled people (4.6%).

25% of disabled people held a degree or equivalent compared to 43% of non-disabled people.

Across all age groups (21 to 64 years), disabled people were less likely to have obtained a degree and more likely to have no qualifications than non-disabled people.

The largest disparity between disabled and non-disabled people achieving a degree was seen for the youngest age group (21 to 24 years), with 17.8% of disabled people obtaining a degree compared with 42.5% of non-disabled people.

Employment:

The Labour Force Survey 2020 showed that 9 million people of working age reported a disability. This can be further analysed as:

- an employment rate of 53.8 for disabled people, compared to 82 for non-disabled people.
- an unemployment rate of 6.6 for disabled people, compared to 3.2 for non-disabled people.

- an economic inactivity rate of 42.4 for disabled people, compared to 15.4 for non-disabled people.

The Survey also identified a Disability Pay Gap in 2021 of 13.8%. this means that disabled people are on average paid just less than £2 per hour compared to non-disabled people.

Working disabled people were less likely to work as managers, directors and senior officials in professional occupations than working non-disabled people.

More disabled people were self-employed (13.8%) than non-disabled people (12.5%).

NHS Digital research published in 2022 found that the proportion of adults with a learning disability in paid employment was 4.8%.

Social Deprivation:

The House of Commons Research Briefing on Disability of 2022 shows that poverty rates are identified to be higher amongst families where at least one member is disabled. 27% of families with at least one disabled member lives in relative poverty, compared to 19% of families without a disabled family member.

Food poverty affects 18.4% of disabled people aged 16-64, compared with 7.5% of non-disabled people.

The most recent data from the research briefing shows that households with a disabled family member had a median weekly income of £406 after housing costs (in 2019/20 prices) – £94 less than households with no disabled members (£500).

The Disability Price Tag Report 2019 commissioned by Scope identified that on average, a disabled person faces extra costs of £583 a month. These extra costs are equivalent to almost half of their income (not including housing costs).

Disabled people's money does not tend to go as far. On average, £100 for a non-disabled person is equivalent to £68 for a disabled person.

For families with disabled children, on average face extra costs of £581 a month For almost a quarter (24%) of families with disabled children, these extra costs amount to over £1,000 a month.

Health Outcomes:

Obtaining adequate healthcare is a challenge for many disabled people. According to a recent report by the Equality and Human Rights Commission some disabled people reported do-not-resuscitate orders being put on their files without their knowledge or consent.

Poor quality healthcare causes health inequalities and avoidable deaths. The 2018 Learning Disabilities Mortality Review (LeDeR) found the median age at death was 60 for men and 59 for women with a learning disability, for those (aged 4 and over) who died April 2017 to December 2018. This is significantly less than the median age of death of 83 for men and 86 for women in the general population. This means the difference in median age of death between people with a learning disability (aged 4 and over) and the general population is 23 years for men and 27 years for women.

The Confidential Inquiry into premature deaths of people with a learning disability also found that 38% of people with a learning disability died from an avoidable cause, compared to 9% in a comparison population of people without a learning disability.

Emotional Wellbeing:

The Annual Population Survey 2021 uses four measures of personal wellbeing: life satisfaction, feeling the things done in life are worthwhile, happiness, and anxiety. Respondents are asked to rate each on a scale from 0 to 10.

Disabled people rated their happiness levels as 6.4 compared to non-disabled people of 7.6. They rated their anxiety levels as 4.6, compared to non-disabled people of 3.

Specifically in relation to the COVID response, disabled people reported lower levels of wellbeing throughout every stage of the pandemic response.

The proportion of disabled people (15.1%) aged 16 years and over in England who reported feeling lonely "often or always" was over four times that of non-disabled people (3.6%)

Housing:

The two largest disparities between the housing situations of disabled and non-disabled people are between levels of homeownership and social renting. In the year to June 2021, just over half (53.3%) of non-disabled people owned their own home, compared to 39.7% of disabled people. Whereas a quarter (24.9%) of disabled people rented social housing, compared to 7.9% of non-disabled people.

Disabled people were significantly less likely to own their own home than non-disabled people across all ages (excluding ages 16 to 24 years). The largest disparity was seen for ages 45 to 49 years, where 46.4% of disabled people owned their own homes compared with 72.8% of non-disabled people.

In 2020/21, over half (54.6%) of households in the social rented sector included at least one person with a limiting long-term illness or disability.

Disabled people were more likely to live with parents than their non-disabled counterparts (19.2% compared to 16.4%), while non-disabled people were slightly more likely to rent privately (17.4% compared to 16.9%).

One in five households including someone with a limiting long-term illness or disability whose condition made it necessary to have adaptations in their home considered their accommodation to be unsuitable in 2019/20.

Transport:

In 2020, disabled adults aged 16 and over in England made 28% fewer trips than non-disabled adults – 581 trips on average per year, compared to 803 trips respectively.

A report produced by Scope in 2017 found that 47% of disabled people faced some form of discrimination while travelling on public transport. 15% said they faced "high-level" abuse.

The report highlighted that 31% of the disabled people questioned felt they had been discriminated against by a bus driver. 29% said they had experienced

discriminatory behaviour from a taxi driver; whilst 25% stated they had faced prejudice from train staff.

Civic Engagement and Social Action:

Disabled people aged 16 years and over were as likely to have been involved in civic participation (45.7%), such as signing a petition or attending a public rally, as non-disabled people (43.0%). Similar proportions of disabled and non-disabled people were also involved in civic consultations, civic activism, and social action in 2021.

Disabled people showed similar proportions of participation in either formal or informal volunteering (30.4% for formal and 56.6% for informal) to non-disabled people (32.9% and 55.6% respectively).

Crime:

According to the Crime Survey for England and Wales 2020, In England and Wales, disabled people aged 16 years and over (43.4%) were significantly more likely to have experienced anti-social behaviour (ASB) in the year ending March 2020 than non-disabled people (39%).

In a report commissioned by Leonard Cheshire and United Response in 2022, it was found that incidents of hate crimes against disabled people have doubled in the last four years - with more than half of incidents involving an element of violence. According to the research only one percent of reported crimes resulted in charges being brought. The report also found that there is significant under reporting of incidents.

Access to Goods and Services:

Disabled people were more likely to report finding access to products in person difficult compared with non-disabled people (41.6% compared with 15.8%); this includes products such as groceries, medicine, and clothes.

Disabled people were more likely to report finding access to services in person difficult compared with non-disabled people (51.5% compared with 25.2%); this includes services such as banks and building societies, restaurants and bars, hairdressers, sports and exercise facilities, and cinemas.

Among disabled people, those aged 75 years and over reported most difficulties accessing products (53.9%) compared with all other age groups; this ranged between 34.7% for those aged 25 to 44 years, and 42.5% for those aged 45 to 64 years.

Disabled people of all ages reported more difficulties accessing services than non-disabled people; this disparity was greatest for those aged 75 years and over (58.8% of disabled people and 22.1% of non-disabled people aged 75 years and over).

Disabled people were most likely to report having difficulty accessing "medicine, for example, prescriptions or over the counter medications" and "banks or building societies" in comparison with non-disabled people (with a 15.0 and 10.7 percentage point difference respectively).

The coronavirus (COVID-19) pandemic was the most common barrier reported by both disabled (85.6%) and non-disabled (90.7%) people who had difficulty accessing products or services.

Appendix 7 – References

Reference links on disability under law and going beyond to best practice:

- Read the <u>Definition of disability under the Equality Act 2010 on www.gov.uk.</u>
- Review <u>Guidance on Disability under Equality Act 2010</u>.
- Learn more about <u>Recurring or fluctuating conditions</u> as understood by the Equality Act.
- Review <u>Guidance on conditions that aren't covered by the disability definition</u>.
- Read Scope's <u>Everyday Equality strategy.</u>
- Read about <u>a person's disability rights under the Equality Act 2010.</u>
- Read about <u>how a person can be discriminated against and a person's rights under the Equality Act 2010.</u>
- <u>Review the description of reasonable adjustments under the Equality Act 2010.</u>

Reference links on systemic change, intersectionality, leading with vulnerability and more:

- Read a simple explanation of <u>What is systemic change</u> in this Medium.com article by Micha Narberhaus.
- Hear <u>Professor Kimberlé Crenshaw TED Talk on the urgency of Intersectionality.</u>
- Read this <u>VOX article explaining intersectionality</u>, a term coined by Professor Kimberle Crenshaw.
- Watch this <u>YouTube video on Dr. Brené Brown explaining what Empathy versus Sympathy is and why Empathy is what we should practice</u>.
- Watch this <u>YouTube video on Dr Brené Brown explaining what Blame is and how we can capitalise on missed opportunities for Empathy</u>.

- Watch this <u>YouTube video on Dr Brené Brown speaking about The Power of Vulnerability</u>.
- Learn the differences between <u>Sympathy, Empathy, and Compassion and How they differ and which one people prefer in this YouTube video by the Compassion Research Lab</u>.
- Learn how Systems Thinking creates long-term systemic change acknowledging the reality of the politics of change, the necessary need to work with inter-dependency, understanding complexity as a view problem, and more, in this talk on <u>Social innovation in the real world to move from silos to systems by Indy Johar at TEDxOxbridge</u>.

Reference links on Migratisation and Migrants related work and terminology:

- Migrant_Rights_Network account on Instagram for posts, <u>Home - Migrants' Rights Network (migrantsrights.org.uk)</u> for detailed links to their work and other social media links.

Reference links for Key Data sections:

- <u>Disability and education</u>
  Dataset | Released 10 February 2022
  Educational outcomes for disabled people in the UK aged 21 to 64 years, with analysis by age, sex, impairment type, impairment severity, country and region using Annual Population Survey (APS) data.
- <u>Disability and employment</u>
  Dataset | Released 10 February 2022
  Employment outcomes for disabled people in the UK aged 16 to 64 years, with analysis by age, sex, impairment type, country, region, type of occupation and working patterns using Annual Population Survey (APS) data.

- <u>Disability and social participation</u>

  Dataset | Released 10 February 2022

  Social participation outcomes for disabled people in England aged 16 years and over, with analysis of participation in civic engagements, social action, volunteering, and groups, clubs or organisations by age, sex, impairment severity and region using the Community Life Survey (CLS) data.

- <u>Disability and housing</u>

  Dataset | Released 10 February 2022

  Housing outcomes for disabled people in the UK aged 16 to 64 years, with analysis by age, sex, impairment type, country and region using Annual Population Survey (APS) data.

- Disability and wellbeing

  Dataset | Released 10 February 2022

  Average wellbeing for disabled people in the UK aged 16 to 64 years, with analysis by age, sex, impairment type, impairment severity, country and region using Annual Population Survey (APS) data.

- <u>Disability and loneliness</u>

  Dataset | Released 10 February 2022

  Loneliness outcomes for disabled people in England aged 16 years and over, with analysis by age, sex, impairment severity and region using the Community Life Survey (CLS) data.

- <u>Disability and crime</u>

  Dataset | Released 10 February 2022

  Experience of anti-social behaviour (ASB) outcomes for disabled people in England and Wales aged 16 to 59 years, with analysis by age, sex, impairment type, impairment severity, country and region using the Crime Survey for England and Wales (CSEW) data.

- ONS Report: <u>Outcomes for Disabled People 2021</u>

- Disabled people's access to products and services, Great Britain: February to March 2022. Indicators from the Opinions and Lifestyle Survey (OPN) on disabled people's experiences of accessing products and services in person in Great Britain. This release uses three waves of survey results covering dates between 16 February and 27 March 2022

- Disabled people's access to products and services, Great Britain - Office for National Statistics (ons.gov.uk)

- Research conducted by Mencap 2018: Learning Disability - Health Inequalities Research | Mencap

- Scope report on discrimination of disabled people on transport systems 2019: Almost half of disabled people faced discrimination on public transport » Transport for All

- World Report on Disability 2011: World Report on Disability (who.int)

- Labour Force Survey 2020: Labour Force Survey Annual Report Summary 2020 - GOV.UK (www.gov.uk)

- House of Commons Research Briefing on Disability 2022: CBP-9602.pdf (parliament.uk)

Appendix 8 – Publication and Contact Information

This Accessible City Strategy is available in various accessible formats, including Easy Read, British Sign Language (BSL) translation, Braille, and other languages.

For the strategy in another format or any questions about the strategy please contact the council's Equality, Diversity, and Inclusion Team by:

Email: equalities@brigton-hove.gov.uk

Telephone: 01273 291952

Text: 07825 113 908

Turnaround times

HTML accessible versions of the strategy are available online on our website. Braille production will require a three-week turnaround time from our suppliers and will be posted. BSL and Easy Read versions will be available online. Easy Read versions can be printed and posted within two weeks of contacting the team.