



## Disability Equality:

How will we know we are making a difference?

Summary of the results of consultation

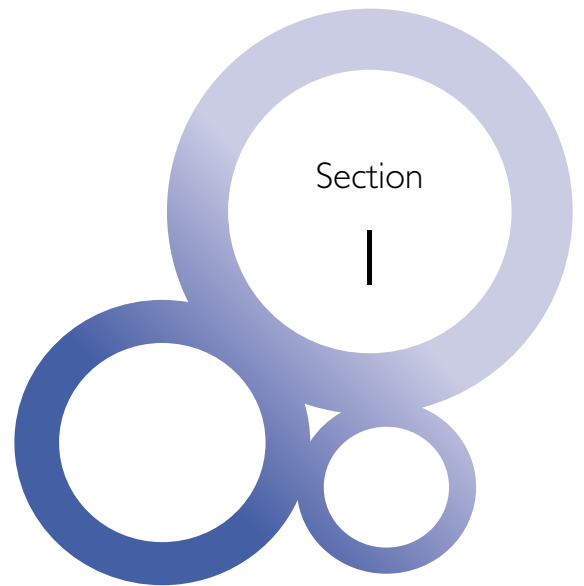
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with an introduction by the Office for Disability Issues



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# Introduction by the Office for Disability Issues

The introduction to this summary report has been written by the Office for Disability Issues (ODI). The rest of the report has been written by an independent team of researchers at the Institute for Health Research, Lancaster University.

## Why ODI did a consultation

The ODI was set up in December 2005 in response to a report from the Prime Minister's Strategy Unit called 'Improving the Life Chances of Disabled people'<sup>1</sup>. The ODI's role is to make sure that government departments work together to deliver the government's vision of equality for disabled people by 2025.

Part of our role is to show the progress government is making towards this goal. The main way we do this is through publishing a report each year to the Prime Minister. Our first report was published in 2006. It set out the real and practical changes that are being put in place to enable disabled people to make choices about how they live their lives and to do things that non-disabled people take for granted – whether this is participating in work, education, training, leisure or family life, making decisions about housing and travel and getting care or support in ways they want. It also described some of the early signs that these changes are making a difference to the lives of disabled people.

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<sup>1</sup> Improving the Life Chances of Disabled People: Final Report, Prime Minister's Strategy Unit (January 2005): [http://www.cabinetoffice.gov.uk/strategy/work\\_areas/disability/](http://www.cabinetoffice.gov.uk/strategy/work_areas/disability/)

Our 2006 report can be downloaded in a range of formats from [www.officefordisability.gov.uk](http://www.officefordisability.gov.uk). Copies can also be requested from The Office for Disability Issues, Level 6 Adelphi, 1-11 John Adam St, London WC2N 6HT or by emailing [office-for-disability-issues@dwp.gsi.gov.uk](mailto:office-for-disability-issues@dwp.gsi.gov.uk). Our website and the report also provide more information about the work the ODI does and our plans for the future.

We aim to publish our second report in December 2007. This year's report will include the first set of measures that we will use to show whether the changes being made are improving the lives of disabled people.

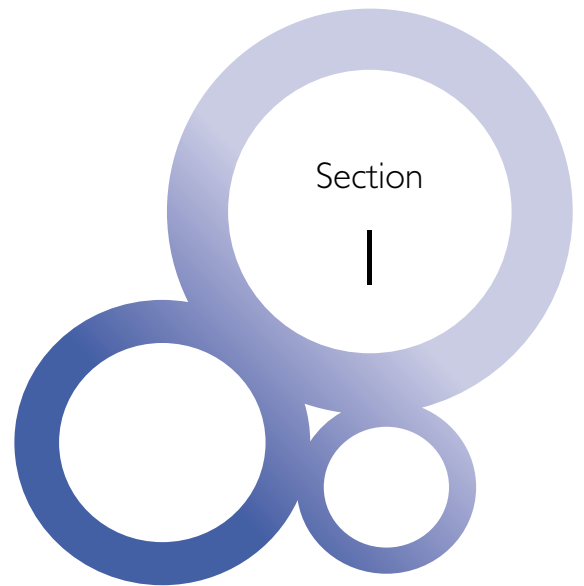
We are developing these measures following an analysis of what people told us in the public consultation, 'Equality for disabled people: how will we know we are making progress?' which we ran earlier this year. We ran this consultation as we thought we should only decide what kinds of things we should measure after listening to what disabled people told us was important in their lives and what they thought government should focus on.

This report is a summary of the things people told us in their responses to the consultation. The range of responses, both in terms of how people responded and the issues they raised, mean that this summary cannot include everything that people told us. However, we did read and take into account all the responses we received.

## How we ran the consultation

We wanted to make sure that we got views from as broad a range of disabled people as possible (including children, young people and adults of all ages). We also wanted to hear from parents and carers, as well as organisations representing or delivering services to disabled people.

We also wanted to make sure that we got the views of people from all walks of life. This included people with different types and severity of impairment or long term health condition and people with a range of other characteristics in terms of ethnicity, religion/belief, sexuality, age, gender and region. We also wanted to make sure we heard from people even if they didn't consider themselves to be disabled.



To achieve this, we made sure people could tell us what they thought in a number of ways. In addition to encouraging people to respond in writing to the consultation paper, we involved people in the following ways:

- we held three large consultation events (in London, Manchester and Edinburgh).
- we helped local organisations and groups of disabled people to run their own meetings – our level of involvement was decided by the people organising the meeting (we attended and spoke at some meetings, funded some other meetings and provided information and advice to others).
- we ran or assisted in discussions at other events run by government departments and organisations representing or providing services to disabled people.
- we encouraged organisations and groups of disabled people to tell as many people about the consultation as possible, and provided a 'toolkit' to help them do this.
- we promoted the consultation broadly through government websites and the websites and newsletters of a broad range of organisations.

The consultation paper was produced in a range of formats. As standard, it was available in hard copy 14 point, Braille, Easy Read, audio, Welsh 14 point and Welsh Easy Read and a range of electronic formats from our website ([www.officefordisability.gov.uk/consultations](http://www.officefordisability.gov.uk/consultations)). We also produced versions of the paper in a range of other formats on request, mainly larger print sizes.

The questions set out in the paper asked:

- what does equality mean to disabled people?
- for examples of equality that disabled people had experienced or knew about
- whether we should develop a single measure of equality or whether we should measure progress on a range of different aspects of disabled people's lives
- what aspects of disabled peoples' lives – in the early years, the transition to adulthood, employment and independent living – should be focused on to see whether improvements were being made?

We also asked people to tell us about anything else they thought we should take into account.

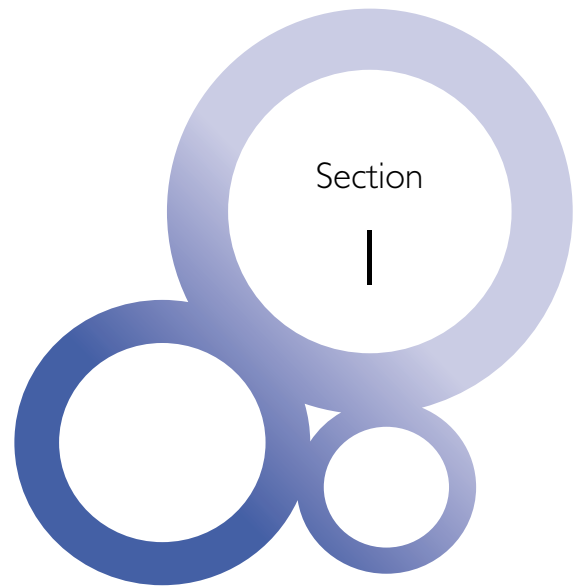
In addition to finding out what people thought about the consultation questions, we learnt a great deal from the process of running the consultation itself. We will make sure that we use this experience when organising and promoting future meetings ourselves or through other organisations or groups.

## Number and variety of responses received

We were clear at all stages of the consultation that we wanted to hear the voice of as broad a range of disabled people as possible. When people responded, we asked them to tell us if they were doing so as an individual or if they were representing the views of an organisation or a group of people.

Overall, we received over 400 written responses to the consultation. Many of these were from individual disabled people. Some responses were from larger organisations representing disabled people, and from employers and providers of services to disabled people. Many of the responses from organisations representing disabled people had asked the views of people as part of the process of putting together a response.

As this report shows, the responses were very varied both in terms of content and format. We did not ask people to tell us about their characteristics (including impairment type or health condition), so cannot provide details of the range of people who responded.



## Why we asked the Institute for Health Research at Lancaster University to do the summary

We wanted to make sure that the summary of responses we published was written by a team who were independent of the ODI. We felt that the team within ODI who had run the consultation process might be too close to what some people had said to enable them to produce a summary that represented the full range of views. We also wanted to make sure that the team who looked at the responses and summarised them had a good understanding of the lives of disabled people.

## What happens next?

As already mentioned, we will publish our second annual report in December 2007 and this will include the first set of measures that we will use to see whether progress is being made.

These measures will be based on information that is already available or which can be readily adapted from existing sources. However, some of the issues raised in the consultation will require further work before they can be included as measures of progress. This is for two reasons: (i) there is currently no available information source that can be used, and (ii) further work is needed to change survey questions to create a means by which progress can be monitored.

We know that both the information available on disability, and the areas which disabled people view as most important, may change over time. To reflect this, the ODI will continue to involve disabled people, parents, carers and other stakeholders as much as possible in our work. This will allow us to make sure that we change and adapt the measures of equality over time so that they continue to reflect the areas which disabled people view as important.

## How we summarised the responses to the consultation

Written by the Institute for Health Research,  
Lancaster University

Our first task was to decide how best to summarise the responses made by over 400 people and organisations to the 14 questions included in the consultation. One option would have been to try to summarise the responses to each of these questions. After carefully reading through a sample of responses we decided that this would not be the best option. Our reasons for making this decision were that:

- the same issues kept cropping up over and over again in response to different questions. For example, many people responded to specific questions with something like 'see answer to previous question'. So, to summarise the responses question by question would have involved a large amount of duplication
- not all people who responded used the suggested format of answering the 14 questions.

Instead we thought it would be more useful to summarise the main issues and themes that seemed important to people. In other words, we tried to draw out the key messages and concerns that cut across specific questions (and across those people and organisations that responded).

To do this we carefully read the responses to all the questions. While we were doing this, we drew up a list of headings or categories under which people's general concerns and specific recommendations for measurement could be organised. As we worked through the material, our list evolved with new

categories being added and others being revised in an attempt to ensure that we captured the key messages from people. Throughout we tried to make sure that:

- we kept focused on the key purpose of the consultation (what should be measured so that we will know whether things are improving) and
- made sure that we reflected the concerns of everyone who responded.

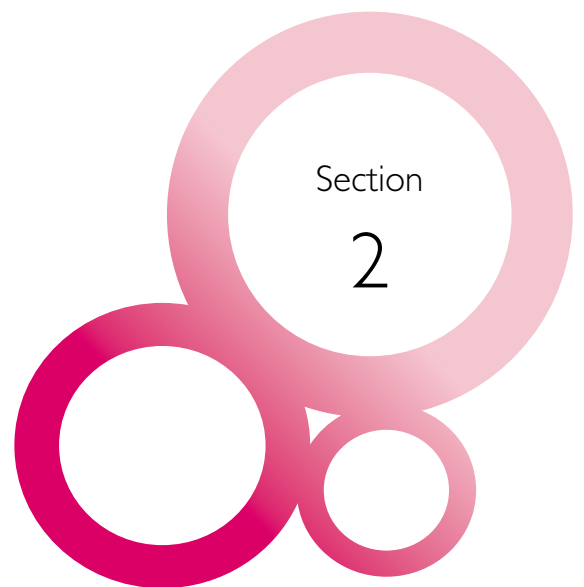
What follows is a summary of the key themes and suggestions that people made.

## The key themes

We used 12 key themes to summarise people's responses to the consultation. These were:

- access
- civic and political participation
- crime
- diversity and the social model of disability
- economic well-being
- education
- employment
- health
- housing
- social attitudes and media portrayal
- social networks
- transport

There is clear overlap between some themes, e.g. transport could be considered a component of access. Some themes are linked in other ways, e.g. education helps shape people's employment opportunities and economic well-being. Many people and organisations made important points about the extent to which many of the issues they were raising were interconnected.

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## Section 2

The themes that emerged were broadly consistent with the dimensions that arose from the Equalities Review. This review, commissioned by the Prime Minister and published in February 2007, suggested the use of an Equality Scorecard, to be used in assessing equality in general, not just for disabled people. The 10 dimensions in the Equalities Review were:

- longevity, including avoiding premature mortality
- physical security, including freedom from violence and physical and sexual abuse
- health, including both well-being and access to high quality healthcare
- education, including both being able to be creative, to acquire skills and qualifications and having access to training and life-long learning
- standard of living, including being able to live with independence and security; and covering nutrition, clothing, housing, warmth, utilities, social services and transport
- productive and valued activities, such as access to employment, a positive experience in the workplace, work/life balance, and being able to care for others
- individual, family and social life, including self-development, having independence and equality in relationships and marriage
- participation, influence and voice, including participation in decision-making and democratic life
- identity, expression and self-respect, including freedom of belief and religion
- legal security, including equality and non-discrimination before the law and equal treatment within the criminal justice system<sup>2</sup>.

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<sup>2</sup> Fairness and Freedom: The Final Report of the Equalities Review, 2007 [http://www.theequalitiesreview.org.uk/upload/assets/www.theequalitiesreview.org.uk/equality\\_review.pdf](http://www.theequalitiesreview.org.uk/upload/assets/www.theequalitiesreview.org.uk/equality_review.pdf)

## Diversity and the social model of disability

The first theme involves two distinct components; the importance of addressing issues of diversity and the implications of adopting the social model of disability. What brings these two issues together is that they both have implications for how we think about and measure success in each of the following themes.

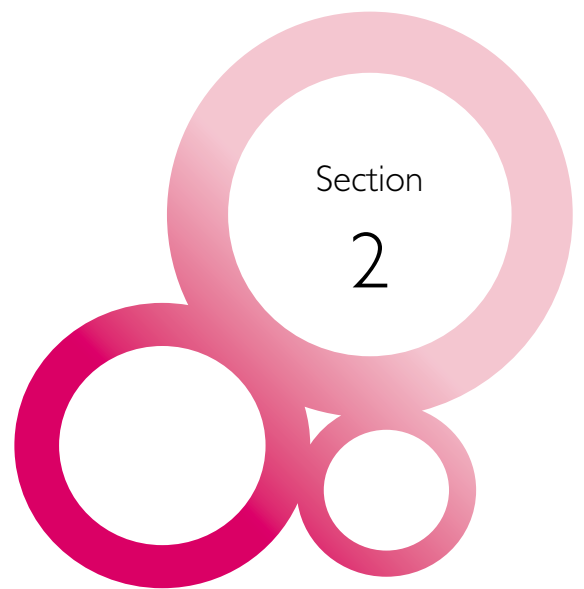
### Diversity

Many people placed great emphasis on the importance of recognising issues of diversity among the group of disabled people. For some people diversity was primarily an issue of the widely varying nature of people's impairments or health conditions that were associated with their disability. For others, diversity was primarily an issue related to those characteristics such as ethnicity, age, gender, and sexual orientation that help define our identities.

What was clear, however, was that many, if not most, people indicated that any approach to measuring progress should allow judgements to be made on whether any progress was shared equally among the diverse groups that make up the wider group of disabled people. Many people were concerned that some groups of disabled people were much more likely to benefit from reform than others, e.g. people with physical rather than intellectual or emotional impairments, people from majority rather than minority ethnic communities, men rather than women, people of working age rather than older people. The implications for the measurement of progress are clear; for each of the following themes information needs to be collected in such a way that possible inequalities in progress can be monitored.

### The social model of disability

Many people who responded also emphasised the importance of basing any measures of progress on the social model of disability. In other words, measures should focus on progress in removing or dismantling formal and informal disabling structures, policies and practices, rather than progress in reducing people's impairments. For some people this should be the primary focus of any measure. Others were also concerned to measure the impact of any such progress on the life experiences of disabled people, e.g. reducing barriers to



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employment should lead to more people getting well paid jobs. Again, the widespread endorsement of the social model of disability has implications for the measurement of progress; progress should be defined in terms of a move to a less disabling society within which the life experiences of disabled people will be the same as everyone else's.

We have attempted to summarise in the following sections measures that primarily address:

- changes in barriers to, and supports for, social inclusion, or
- the actual extent of social inclusion/exclusion faced by disabled people.

## Education

Most people emphasised the importance of making progress towards equality for disabled people with regard to educational experiences and, in particular, educational attainments. This concern appeared to reflect two issues. First, a recognition that disabled children and young people are often failed by the education system. Second, a belief in the crucial importance of educational attainment in determining (in part) people's access to jobs and their future economic and social well-being. There was a widespread concern that disabled children should have the same opportunities as other children, in pre-school, and in primary and secondary education. There was also a concern that disabled adults should have the same opportunities as other adults with regard to accessing high quality further/higher education. There were, however, mixed views on the issue of inclusive versus segregated education. This appears to reflect differences in opinion about the likely benefits of current practice, rather than a fundamental belief in the inherent value of segregated education. Some of the suggested measures of progress are listed below.

## Barriers and supports

- The number of childcare, play facilities and pre-/post school provision that are accessible and accept disabled children, especially those with high support needs.
- The number of schools and colleges implementing their Disability Equality Statement.
- The accessibility of school environments in terms of: i) information; ii) the physical environment; iii) the curriculum; and (iv) leisure activities.
- The availability of, and access to, life skills courses that address such issues as information and guidance on relationships, financial management, education and employment options, social skills and healthcare.
- The educational costs incurred by disabled children and the impact of this on their level of inclusion.
- Monitoring quality standards for the design and development of training courses to ensure that they meet the needs and aspirations of disabled learners (both pre- and post-aged 16).
- The proportion of young people with a statement of educational needs receiving a Transition Plan following their Year 9 annual review.

## The extent of social inclusion

- The number of disabled children using childcare, play facilities and pre-/post-school provision.
- Whether disabled children go to the school, college or university that they and their parents feel is the most appropriate for them.
- The proportion of disabled young people entering and completing further and higher education courses, undertaking work experience and participating in Welfare to Work schemes.
- The satisfaction of disabled young people with their educational experiences.
- The academic and vocational attainments of young disabled people.
- The percentage of disabled children living at home or living away in care or at specialist residential schools and the number of disabled young people who return to their family or own home after attending a residential special school.
- The number of disabled children truanting/excluded from school and the number experiencing bullying in school.

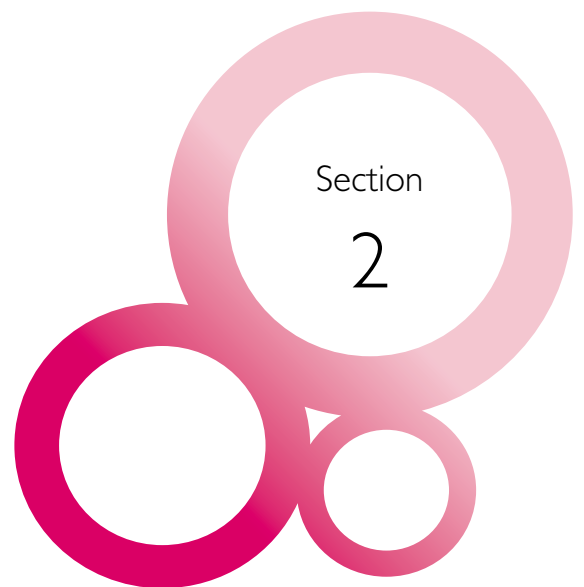
## Employment

Issues concerning employment prompted the largest number of comments and suggestions – and covered not just the number of disabled people in jobs but also the type of job, salary scales, job progression and promotion, full-time and part-time working, the number of people who develop an impairment whilst employed that are able to remain within employment, sector of employment, appropriateness of job to skills, and how many disabled people leave work at pensionable age with a work pension. Some of the suggested measures of progress are listed below.

### Barriers and supports

- The number of disabled people who do not apply for jobs because travel is a barrier, or moving house is more costly for a disabled person in comparison with their non-disabled equivalent.
- The number of disabled people of working age that have personal assistants, and the experience of these people in finding employment.
- The number of disabled people being interviewed, recruited and rejected.
- The number of employers signed up for the Positive about Disabled People 'Two Ticks' scheme that guarantees to interview all disabled applicants who meet the minimum criteria and consider them on their abilities.
- The extent to which recruitment is discrimination-free, ensuring that all recruitment processes meet minimum standards (as currently happens concerning race and sex) subject only to restrictions that can be genuinely justified by the nature of the work.

- The extent to which job adverts are placed where disabled people are likely to access them, in language likely to attract disabled applicants, and with details provided in different formats.
- The number of people staying in work after developing a disability.
- Employer awareness of/perception of the range of characteristics of people with different types of impairment, e.g. mental health conditions.
- The number of employers saying they would be prepared to employ disabled people.
- Attitudes and perceptions in the workplace, including employer attitudes towards disabled people.
- The percentage of employers that have policies and procedures pertaining to the social model of disability.
- The number of line managers receiving training regarding disability and the number of employers implementing policy and procedures for disabled employees.
- The level of compliance amongst employers with the Disability Discrimination Act (DDA), e.g. a register of offenders to see who is regularly ignoring the Act.
- Monitoring employer policies and practices regarding disabled employees, their understanding and application of the DDA and their awareness of schemes designed to assist disabled workers.
- The number of disabled people helped by Job Centres and Access to Work schemes.
- The number of employers using Access to Work schemes.
- The number of people taking part in Workstep and Pathways to Work programmes, and the number moving into sustainable work at the end of the programme.
- Satisfaction with Access to Work schemes, Workstep and Pathways to Work programmes.
- The awareness of and take-up of Access to Work by small and medium-sized employers and among disabled people.
- The availability and quality of support offered by agencies/schemes such as Access to Work and other Jobcentre Plus services, work-based learning and training providers and voluntary sector support organisations.

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## Section 2

- The extent to which disabled learners have the right access to tailored support and the training modules and schemes necessary for them to advance and progress.
- The extent to which the benefits system affects employment, e.g. discouraging paid employment due to the 'benefits trap'.
- The speed with which a transition can be made from benefits to work, and back again.
- The percentage of disabled people that receive Independent Living Fund and/or Direct Payments while in employment;
- Monitoring the extent to which Disability Living Allowance, in particular the mobility component, supports or hinders access to employment.
- The take up of in-work welfare benefits.
- Monitoring the prevalence of flexible working patterns and accommodation of the need for time off, either to attend appointments or when unwell, without risk of being penalised for doing so<sup>3</sup>.
- The number of organisations prepared to accommodate disabled people in the workplace, e.g. by having flexible hours, accessible work spaces, using ready read materials, etc.
- The number of employees reporting that they have requested and received a reasonable adjustment.

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<sup>3</sup> Also raised in connection with people who may not meet the legal definition of disability, but will still need support, understanding and accommodation of their needs if they are to remain in the workplace.

## The extent of social inclusion

- The number of disabled people in employment.
- The proportion of disabled people in residential care in employment<sup>4</sup>.
- The type and level of work people do, including type of job, hours of work, pay (e.g. proportion earning more than the minimum wage), proportion in senior or management positions, career progression, length of service, job retention, sector (public, voluntary, private), self-employment, use of flexible working practices, qualifications relative to job type.
- The percentage of employed disabled people who are able to support themselves through their employment.
- The number of disabled people working to retirement age and receiving a private/occupational pension.
- Perceptions of disabled workers about their workplace, whether they are treated fairly and with consideration.
- The number of disabled people who change jobs or leave work within a short period of time, and why they leave.
- The number of disabled people who have been unemployed/looking for a job for one year, three years, five years, ten years or more.
- The number of disabled people who remain unemployed for long periods after leaving education.
- Monitoring the number of Jobseeker's Allowance claimants with disabilities or long-term health problems.

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<sup>4</sup> Raised as a specific issue in that earnings deducted for residential fees can appear to make work 'pointless' from a purely economic perspective.

## Economic well-being

Many respondents highlighted the important link between poverty and disability, and suggested measures to evaluate relative poverty, the costs of disability and the impact of provision to help people out of poverty. Economic well-being was seen as both a consequence and a cause of social exclusion. Some of the suggested measures of progress are listed below.

### Barriers and supports

- The extent to which disability benefits, particularly Disability Living Allowance, protect children from poverty, and whether they are reaching families who are most at risk of poverty.
- Awareness and take-up of Disability Living Allowance.
- The number of disabled children in receipt of Direct Payments.
- The additional costs of transport and physical adaptations needed to people's homes.

### The extent of social inclusion

- The percentage of disabled/non-disabled children and adults experiencing moderate or severe hardship, or persistent income poverty.
- Disposable household income after housing costs have been deducted.
- The number of disabled people living in fuel poverty.
- The number of disabled people claiming benefits.
- Retirement income.

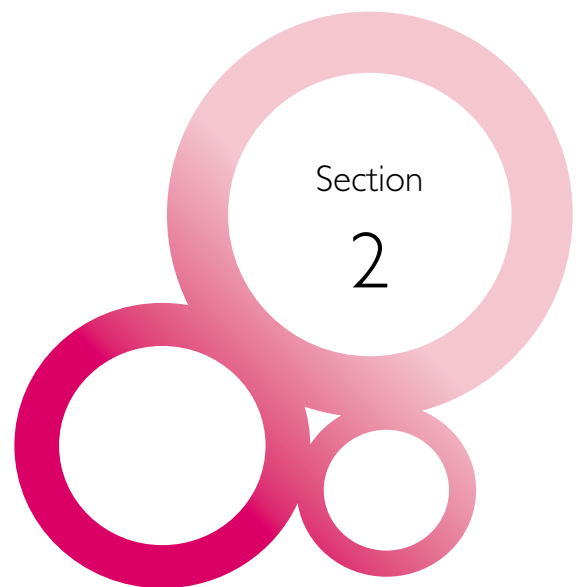
- Whether disabled people are able to finance aids, equipment and support to meet their additional needs to overcome disabilities.
- Parent's access to work, being able to afford holidays, type of leisure activity attended.

## Housing

Many respondents highlighted the importance of housing, although what constitutes appropriate housing differed widely between individuals. Progress for some meant being supported to live independently in their own home, whilst others wanted to be supported in a group environment. Concerns were expressed about the availability of affordable safe housing, the level to which housing can be adapted to suit need, and the support provided to enable people to continue to live in their own home. Some of the suggested measures of progress are listed below.

### Barriers and supports

- Monitoring housing accessibility, e.g. through compliance with the Lifetime Homes Standard.
- The number of fully accessible houses built to a Lifetime Homes Standard or adapted for use.
- The length of time taken to get adaptations to council and housing association homes.
- The experiences of people in accessing Disabled Facilities Grant funds and the experiences of the processes involved in adaptations to their homes being carried out.
- The number of young disabled people accessing rights-based independent living courses, and their destinations after completing these courses.
- The number of families in receipt of home-based care services, including domiciliary care and respite breaks for carers.
- The presence of local arrangements to support disabled people to live independently and to tackle any barriers or prejudice they may face within their communities, e.g. bullying or harassment by neighbours.
- The ability of disabled people to move from one local authority area to another and the impact on the services and support they receive.



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## The extent of social inclusion

- The number of disabled people living in different types of accommodation, e.g. own home, 'rented' (private or social), sheltered homes, care homes, shared houses, residential campuses or who are homeless.
- The number of people saying they have control and choice over where they live and who they live with, e.g. the number living in residential care or long-stay hospitals and the number offered choice on this move.
- Qualitative evidence on the control, choice, support, flexibility and independence experienced by disabled people.

## Social networks

Social networks and connectedness with communities was viewed as very important, although few specific measures were suggested by respondents. These can include social networks accessed in both the physical world and the virtual world, i.e. via the internet. Many respondents felt that because they found it difficult to get out and about and communicate with people, it led to them having few friends and being isolated. Some of the suggested measures of progress are listed below.

## Barriers and supports

- The number of disabled people prevented from joining clubs/organisations.
- The extent to which policies are in place to support disabled people in their chosen relationships, including the experience of taking risks.

## The extent of social inclusion

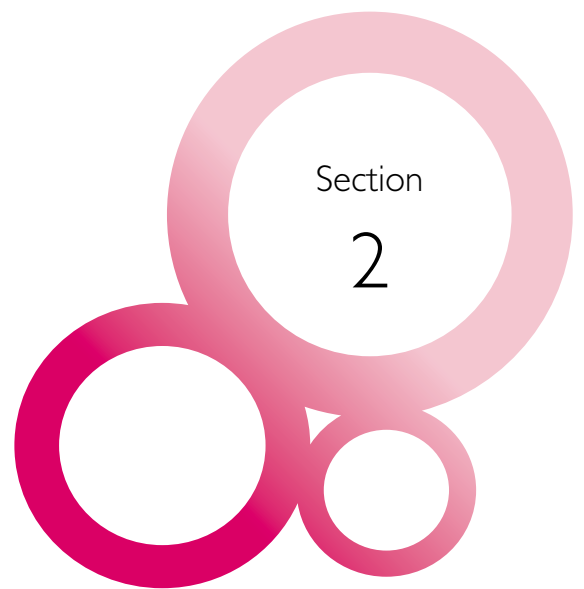
- The number of friends a disabled person has.
- The number of disabled people who form long-term romantic relationships as a proportion of those expressing a desire to do so, compared with rates in the general population.
- The number of disabled people involved in a club or organisation.
- How often disabled people talk to their neighbours, meet friends or relatives (living outside the household).
- Access to/take up of home computers (to enable email and web-based communication).

## Health

Many respondents expressed concern that some health services were not routinely available to disabled people or that disabled people were not made aware of them. Overall, responses stressed that increases in the life expectancy of disabled people and a reduction in preventable deaths would indicate a narrowing of inequality in health outcomes. Some of the suggested measures of progress are listed below.

### Barriers and supports

- Equality of access to healthcare, both in terms of premises, e.g. hospitals, General Practitioner (GP) surgeries, healthy living centres and information, e.g. availability of easy read booklets, different formats.
- The number of disabled people accessing specific health and screening services, e.g. women accessing smear tests, mammograms.
- Take-up rates for disabled and non-disabled people of alternative methods/venues of treatment – including therapy-based services.
- Disabled people's access to mainstream services, e.g. family planning, IVF and fertility treatment, breast cancer screening.
- The number of disabled people registered with a GP.
- The percentage of doctors and dentists (NHS and private) whose surgeries are accessible.



- The percentage of surgery staff, including dentists and doctors, who have undertaken disability equality training.
- The degree of choice and consultation disabled people have over their treatment, and whether treatment focuses on the individual's whole situation (including their social and emotional needs).

## The extent of social inclusion

- Increased life expectancy for disabled people.
- The number/proportion of disabled people dying of preventable illness.
- The number of disabled people committing suicide.
- Measures of well-being, happiness, depression and mental health problems.

## Transport

Many respondents highlighted the importance of access to transport, including airports, train stations and platforms, bus stations and bus stops, and with buses and trains themselves. Difficulty in accessing transport can mean they have problems getting to work, visiting friends and family, taking holidays, getting to hospital or GP appointments, and taking part in society. Some of the suggested measures of progress are listed below.

### Barriers and supports

- Monitoring railway stations, bus stations, airports and transport for accessibility beyond being step-free, including adequate visual indicators, and deaf awareness and communication skills of staff.

- The percentage of public transport employees, particularly bus and train personnel, who have received disability equality training.
- The affordability of public transport.
- The availability of accessible transport services across the country.
- The accessibility of information about transport services.

## The extent of social inclusion

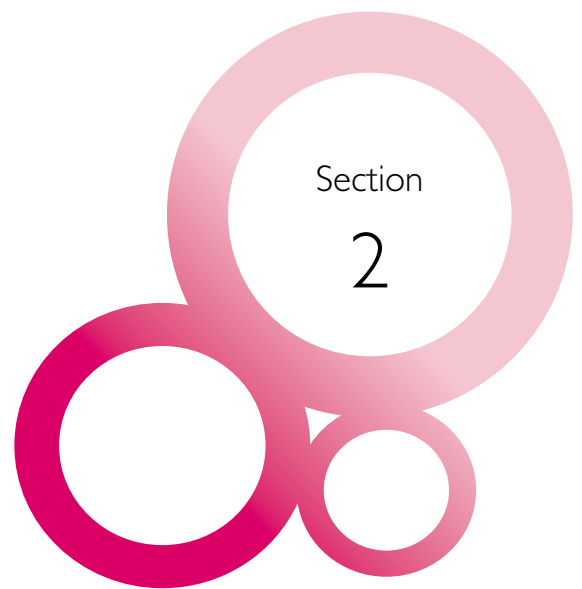
- The quality of the travel experience of disabled people.
- The number of disabled people using transport services over time.
- Levels of satisfaction of disabled people with public transport.
- Disabled people being able to make spontaneous journeys by public transport and people using community transport having similar free access to transport as disabled people who use public transport.
- Local authorities and operators having powers/incentives to address equality in planning public transport routes, particularly relating to city centres, e.g. termini moving to the peripheries of centres.

## Access

Many people reported that access to buildings was a key issue and stressed that making buildings accessible is about much more than providing ramps. Suggested indicators for progress included not only issues around the built environment – roads, pavements, buildings – but also accessible published material, broadcast media and web pages. Some of the suggested measures of progress are listed below.

### Barriers and supports

- The proportion of television programmes that are sub-titled/signed.
- The accessibility of the internet, particularly where the content is managed by UK organisations and companies.
- Access to/take up of home computers.



- The proportion of public meetings where communication support such as Speech to Text Reporting is automatically provided.
- The proportion of cinemas and theatres (and other similar venues) with sub-titling equipment, functioning hearing loop systems or STAGETEXT equipment, and also what proportion of the showings or performances are accessible to deafened people.
- The accessibility and use of non-statutory sports and leisure facilities such as night clubs and sports stadia, and the use of facilities such as libraries, museums, leisure centres and volunteer services for different impairment groups, including people with complex needs.
- The provision of fully accessible – including changing plinths – toilet areas in public buildings for adults and children.
- The rate at which local authorities and police forces clear away obstructions to mobility.
- The proportion of deaf children who learn through their first language or using both British Sign Language (BSL) and English.
- Awareness and availability of mobility training for disabled people, by impairment group.

### The extent of social inclusion

- The number of disabled people who, successfully, take cases under the employment and goods and service provisions of the DDA.

## Civic and political participation

Participation in civic and political activities would increase the visibility of disabled people within society. It may also increase societal awareness of disability issues and promote equality issues from the ground roots level. Some of the suggested measures of progress are listed below.

### Barriers and supports

- Growth in the number of Access Panels, and continued financial support for their work.
- The success of disabled people in organising politically as an organisation, independently run, managed and controlled by disabled people.

### The extent of social inclusion

- The number of disabled people who are aware of their rights.
- The number of young disabled people and children who are actively engaged in participation within their schools, local authorities and at regional/national levels.
- The number of disabled people who are asserting their rights to legal challenges, voting or standing for political appointment.
- Representation on the boards of public bodies – hospital trusts, Primary Care Trusts (PCTs), housing associations, school governors, local councillors or MPs, and general ‘civic participation’ such as trade union membership, membership of other voluntary sector organisations working with disabled people, membership of political parties.
- The development of an index which reflects how much disabled people are able to take an active part in the known structures of their own communities.
- The frequency with which family members are visited, frequency of visits to cinemas, theatres, restaurants, and participation in other leisure, social and sporting activities.

## Social attitudes and media portrayal

Comments on the attitudes of society and the media towards disabled people prompted a large number of responses to the consultation. Attitudes towards disabled people were mentioned as a contributing factor in other areas previously discussed, such as employment and transport. Some respondents suggested that if, for example, jobcentre staff or bus drivers had a positive attitude towards disabled people, that would in turn promote positive outcomes for disabled people in employment and transport. Some of the suggested measures of progress are listed below.

### Barriers and supports

- An increase in the number of public sector staff taking part in disability equality training.
- Addressing the current lack of respect and media portrayal of disabled people, such as adopting a patronising attitude and emphasising courage or victimhood.

### The extent of social inclusion

- The presence of a range of positive images of disabled people in the media, e.g. in employment or in different relationships including lesbian, gay, bisexual and transgender.
- The portrayal of disabled people by the media would be neutral; negative attitudes would have disappeared and the inappropriate use of such words as 'brave', 'victim' and 'suffering from' would seem totally outdated.

- Whether a disabled foetus has equality of opportunity. There is currently a separate time limit for abortion for non-disabled fetuses and fetuses with disabilities. This inequality impacts on public perceptions of disabled people.
- The number of disabled people saying they have control over their reproductive health, including the right to have children.
- Surveys of disabled people on public attitudes.
- The 'life outcomes' of disabled people – including specific impairment groups – in terms of participation in family life, community, paid employment, leisure etc. The quality of experiences is also important.
- The narrowing of the gap between the lifestyle and lifestyle aspirations of the general population and disabled people, as indicated by the General Household Survey.
- The inclusion of questions on attitudes to disabled people and acceptance of their right to equal opportunities and treatment, perhaps through the British Attitudes Survey or the General Household Survey.
- The number of disabled people who are successful in the media.

## Crime

The numbers and experiences of disabled people within the criminal justice system as victims of crime, defendants and bringers of civil actions were mentioned by many respondents as crucial measures of equality.

Some of the suggested measures of progress are listed below.

### Barriers and supports

- An ongoing segmented audit of both referrals of public authorities and their agents under the Disability Equality Duty and of DDA discrimination cases.

### The extent of social inclusion

- The number of disability hate crimes reported, the number of these prosecuted and the number of convictions.

- Disabled people's experiences of crime (as well as hate crime), much like the British Crime Survey, to identify whether disabled people are at greater risk or are more vulnerable to crime.
- How society treats disabled people measured through disabled people's experiences of crime and the justice system, from reporting crimes through to prosecutions.
- Violence against women. Equality for disabled people would mean that women with disabilities would live free from violence.



## Conclusions

The responses generated by this consultation came from a wide range of individuals, charities, companies, trade unions and other organisations, all with an interest in promoting equality for disabled people. All the responses played an important role in shaping the findings of this report, and each recognised the wide range of different circumstances and reflected the variety of experiences which disabled people have. We would like to thank all those who responded to the consultation for giving considerable energy, time and thought to the task – we hope this energy, time and thought is reflected in this report.

Briefly, there are three key conclusions to be drawn from the people who responded to the consultation.

First, people emphasised the huge diversity of the group that can be considered as disabled people – this has important implications for measuring equality as:

- people's circumstances, needs and aspirations will vary tremendously
- there is likely to be huge variation in progress towards equality within the population of disabled people, as well as between disabled people and the rest of the population.

Second, respondents overwhelmingly endorsed a social model of disability, where the inequalities experienced by disabled people are seen as caused by disabling structures, policies, practices and attitudes within society rather than as a result of a person's impairments. This view also has implications for measuring equality:

- one set of equality measures should concern the societal structures, policies, practices and attitudes that either block or support people to experience equality. Equality will be achieved when barriers disappear and support is routine
- a second set of equality measures should concern the life experiences of disabled people in comparison to the rest of the population. Equality will be achieved when disabled and non-disabled people, as populations, have the same life experiences.

Third, respondents to the consultation mapped out a comprehensive set of domains where it will be crucial to measure equality: education; employment; economic well-being; housing; social networks; health; transport; access; civic and political participation; social attitudes and media portrayal; and crime. These domains reflect a set of aspirations for a decent life that are shared by everyone in the UK population and the UK Government: the people responding to this consultation have provided a road map for judging when the decent life has been made equally available to all.

This report is also available in Welsh and in audio and Braille formats. If you would like a copy in any of these formats, please contact the Office for Disability Issues:

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