



**AUDIT AND GOVERNANCE COMMITTEE
FINAL REPORT**

**ACCESSIBILITY OF COUNCIL SERVICES IN
HARTLEPOOL FOR THOSE WITH
DISABILITIES AND LONG TERM CONDITIONS**

MAY 2023

EXECUTIVE SUMMARY

Introduction

Over many years Hartlepool Borough Council has developed services and facilities aimed at supporting residents with disabilities and long term conditions, including investment in state-of-the-art facilities such as the Centre for Independent Living (CIL) and partnership working with the health and community / voluntary sector. More was, however, needed if Hartlepool was to become a truly accessible town for all residents and visitors, ensuring that the voices of residents living with disabilities and long term conditions are:

- Sought;
- Heard; and
- Incorporated into future Council initiatives which may impact on the physical, economic and social environment of the town.

A Council Motion drew attention to the effect of the COVID-19 pandemic, highlighting the extent of pre-existing health inequalities in many towns and cities, in particularly those in the North of England. With particular reference to high numbers of Hartlepool residents with disabilities and long term conditions, attention was drawn to the impact on their ability to access services, facilities and many aspects of day-to-day life which many take for granted. Further impacting on their physical and mental wellbeing and leading to isolation, loneliness and exclusion.

In response to this Motion, Full Council agreed that the Audit and Governance Committee would undertake a review of Council regeneration & development activity and accessibility to services for those with disabilities and long term conditions. This was to ensure that any barriers, physical, procedural or otherwise, which may inhibit access to services and day to day living are identified, so that reasonable adjustments can be made.

Conclusions

- 1) Hartlepool Borough Council has developed services and facilities aimed at supporting residents with disabilities and long term conditions and has invested in state-of-the-art facilities such as the Centre for Independent Living (CIL). There is, however, always more that can be done to ensure that the voices of residents are sought, heard and incorporated into future Council initiatives which may impact on the future physical, economic and social environment of the town.
- 2) Hartlepool staff are to be commended on their activities to support and signpost residents with disabilities and long term conditions. Experience being that where services are easy to access for those with disabilities or long term conditions, they are easier for all to access!
- 3) Accessibility is so much more than just physical access and must be given high priority in the development and provision of services. As such:
 - It is essential to have a clear understanding of Hartlepool's disabled community, its needs and challenges if the right services are to be provided in the right way. Only with this will the true level of need be identified to support the requirement for service change and adjustments.

- Departments need to be supported within the available resources to make any necessary improvements and provided with specialist advice and support where required.
 - The needs of people with disabilities and long term conditions need to be represented in the development and delivery of services. A good example, as identified by the disabled community, is the involvement of CLIP in the development of the Highlight building. This being identified as good practice by the disabled community.
 - Where residents with a disability or long term condition are involved in consultation / engagement as part of the development of services, there is a need to ensure that they are updated on the outcome of consultations and decisions as a matter of course. This should be done at an early stage in the process with participants involved in ongoing conversations throughout the development, deliver and review of services. Not as a one off event.
 - Workforce development is essential in terms of training to increase disability awareness and an understanding of what reasonable adjustments can be made.
- 4) Hartlepool Borough Council should at every opportunity champion the provision of accessible services with its partners, local business' and other organisations across the town.
 - 5) Emphasis needs to be placed on the promotion of the social model of disability, changing attitudes towards disabled people and improving disability awareness.
 - 6) There needs to be a consistent approach to asking people about additional needs at the first point of contact. Services that are accessed regularly by disabled people and those with long term conditions should share best practice.
 - 7) The completion of Impact Assessments to inform the decision making process is an essential part of the service development process. These assessments need to be undertaken as early as possible in the development of services and in order to simplify the process, it has been agreed that the Child and Family Poverty Impact Assessment and Equality and Diversity Impact Assessment will be amalgamated.
 - 8) Many adjustments do not require significant investment in terms of time or resources. A great deal can be achieved by taking a flexible approach to service delivery and making small changes to the way in which things are done. This is where involving disabled people in conversations around service delivery could be particularly beneficial.
 - 9) Subject to compliance with the requirements of the Equality Act, any proposals for the provision of additional activities, or service changes, must be considered alongside the financial challenges facing the local authority and be within available resources.
 - 10) Making every contact count (MECC) needs to be a priority with improved communication between departments to remove the need for residents to repeat their issues.
 - 11) Following calls for involvement in the investigation from groups and individuals across the town, the most significant level of input was received from Hartlepool's Deaf community. The investigation findings have subsequently been heavily influenced by their response and it is recognised that it may be beneficial to undertake further consultation as part of the process for the implementation of the Committee's recommendations.

12) The mystery shopper process was a beneficial element of the consultation process undertaken as part of the investigation and should be used more frequently as a means of assessing lived experiences

Recommendations

- 1) Exploration of some adjustments would require more significant investment and be longer term actions. Other short / medium term actions would be to:-
 - i) Develop a communications campaign to:
 - Highlight the various support schemes and reasonable adjustments that are already have in place;
 - Promote 'One-Stop-Shop' touch points such as the Civic Centre reception and Community Hubs where people can get assistance with everything in one place. Making those who find accessing the Civic Centre aware that the same service can be accessed elsewhere; and
 - Promote the role of Community Hubs and Community Navigators to increase the understanding of the services they offer.
 - ii) Ensure that community buildings and touch points have posters and leaflets on display for a range of disability support groups and charities.
 - iii) Circulate basic guidance to staff on font size and type, use of plain English, how to book an interpreter when one is required and put this information in an easy to find location on the intranet.
 - iv) Create an "accessibility" tile on the intranet homepage so it is easy to find and collate a range of useful accessibility information for staff to be able to find quickly and easily when a disabled person makes contact.
- 2) Equality of access to services for all is a fundamental right and residents with disabilities and long term conditions should not be restricted in terms of the times they can access services or the levels of privacy they can expect. To this end:-
 - i) A Text Relay Service should be introduced;
 - ii) Given the financial restrictions faced by the local authority, the feasibility and benefits, of creation of a pod facility in the Civic Centre be explored to allow residents and officers to use online signing / translation services;
 - iii) The creation of a network of BSL trained staff, to act as first point of contact for volunteers, be explored;
 - iv) Existing TV screens in the Civic Centre reception be used to promote accessibility services and the assistance that is available; and
 - v) The Loop system currently used in council buildings be reviewed to ensure that it is still compatible with modern hearing aids.

- 3) Provide access to a video / telephone translation service (for BSL and other languages) in the Civic Centre, and a private room for the discussion of confidential issues. This facility to be promoted (e.g. via signs on glass partitions in a similar way to how pharmacies tell customers they can use a private consultation room).
- 4) A review of workforce training be undertaken to explore how disability awareness and an understanding of reasonable adjustments, could be increased, within available resources. As part of this:-
 - i) Accessibility and diversity awareness training to be rolled out as mandatory training for all HBC staff and offered as an option for Councillors as part of the induction process; and
 - ii) Options for training be explored including the use of online packages to allow ease of access and roll out across departments, without the need for an external trainer.
- 5) The newly established Equality, Diversity and Inclusion Officer Group to be used as a mechanism to share best practice, monitor performance and identify service improvements.
- 6) Improvements to the HBC website be explored to ensure that it is EDI compliant going forward, including but not be limited to:-
 - i) Read options for documents, to allow access by blind or visually impaired residents;
 - ii) Captions / signing on social media posts / videos; and
 - iii) When time-critical videos are posted on social media, and there is not time to set up closed captions, the video should include a text card to say that subtitles will be added. For videos which are not time-critical subtitles should be added before they are uploaded.
- 7) Council reports, documents and forms must be accessible (easy read / screen reader friendly) and going forward clear content guidance should to be provided, and its use promoted, including:-
 - i) Where appropriate, instructions for the inclusion of links to allow the use of screen readers; and
 - ii) Promotion of use of a document accessibility checker.
- 8) A consultation to be undertaken with partners on the potential benefits, and level of support for, the creation of a needs passport / card system that could be used to ensure that officers quickly recognise and respond to any additional support needs.
- 9) The process for creation of the Highlight on the Waterfront development is an example of good practice in terms of engagement / involvement with residents with disabilities and lifelong conditions. This good practice to be rolled out across the development of all services and strategies.

1. PURPOSE OF REPORT

- 1.1 To present the findings of the Audit and Governance Committee's investigation into the 'Accessibility of Council Services for those with Disabilities and long term Conditions in Hartlepool'.

2. SETTING THE SCENE

- 2.1 On the 25th February 2021 Full Council approved the below motion and referred the review to the Audit and Governance for consideration.

"The COVID-19 pandemic has highlighted and emphasised the extent of pre-existing health inequalities in many towns and cities and particularly those in the North of England. Hartlepool has high numbers of residents with disabilities and long term conditions which often impact massively on their ability to access services, facilities and many aspects of day-to-day life which many of us take for granted. This can impact on physical and mental wellbeing and subsequently lead to isolation, loneliness and exclusion".

- 2.2 Over many years Hartlepool Borough Council has developed services and facilities aimed at supporting residents with disabilities and long term conditions and has invested in state-of-the-art facilities such as the Centre for Independent Living (CIL) and worked closely with health and community and voluntary sector partners.
- 2.3 However, it is recognised that more can be done to make Hartlepool a truly accessible town for all of our residents and visitors to ensure that the voices of residents living with disabilities and long term conditions are sought, heard and incorporated into future Council initiatives which may impact on the future physical, economic and social environment of the town.
- 2.4 To this end, the Labour Group called upon the Council to agree that the Audit and Governance Committee examine the contents of the Motion in the next municipal year:

"A review of Council regeneration & development activity and accessibility to services for those with disabilities and long term conditions to ensure that any barriers, physical, procedural or otherwise, which may inhibit access to services and day to day living are identified, so that reasonable adjustments can be made"

- 2.5 In accordance with the process for consideration of mandatory referrals from Full Council, a meeting of the Audit and Governance Committee was convened to receive the referral and 'scope' the process for its consideration (including detailed written evidence and extensive public engagement). Further meetings of the Scrutiny Co-ordinating Committee were subsequently held on the 13 January 2022 and the 28 February 2022 at which the Committee received evidence and information to assist in the formulation of its views, conclusions and recommendations.

3. AIM AND TERMS OF REFERENCE FOR THE INVESTIGATION

- 3.1 The Audit and Governance Committee met to receive the referral and agreed that the aim of its investigation would be to *‘Review the accessibility of Council services for those with disabilities and long term conditions to ensure that any barriers, physical, procedural or otherwise, which may inhibit access to services and day to day living are identified, so that reasonable adjustments can be made in Hartlepool’.*
- 3.2 The Committee also agreed the ‘scope’ of the investigation, including detailed sources of evidence and mechanisms for extensive public engagement which were to be used to inform the formulation of conclusions and recommendations (as set out in Sections 12 and 13 of this report). A detailed record of the issues raised during these meetings is available from the Council’s Democratic Services and a summary of the terms of reference for the investigation are outlined in **Appendix 1.**

4. MEMBERSHIP OF THE AUDIT AND GOVERNANCE COMMITTEE

- 4.1 The membership of the Audit and Governance Committee was Councillors Councillors Allen*, Boddy, Cook, Cowie, Creevy*, Falconer*, Feeney, Hall, Loynes, D Nicholson*, Picton, Richardson, Riddle and Smith.

* Added to the membership during the course of the investigation.

5. DEFINITIONS OF ACCESSABILITY, DISABILITY, LIFE-LONG CONDITIONS AND DISCRIMINATION

- 5.1 As a starting point the Committee gained an understanding of what is meant by ‘accessibility’, ‘disability’, ‘life-long conditions’ and ‘discrimination’ for use as a baseline for the investigation.
- 5.2 Members appreciated that as part of discussions a clear differentiation needed to be made between ‘accessibility’ with ‘usability’:
- Usability being the extent to which a product (such as a device, service, or environment) can be used by specified users to achieve specified goals.
 - Whilst accessibility is:-
 - The concept of whether a product or service can be used by everyone and refers to the design of products, devices, services, or environments to be usable by people with disabilities. Ensuring both "direct access" (i.e. unassisted) and "indirect access" (compatible with a person's assistive technology).
 - More than just physical access, it is also relates to accessibility of lifetime opportunities (e.g. financial inclusion, routes to employment and transport, etc.).

5.3 It was agreed by Members that consideration of both “direct” and “indirect” access needed to form part of the investigation, however, only one of the protected characteristics laid down within the Equality Act was to be focused on. That being ‘disability’.

5.4 It was agreed that the definition of ‘disability’¹ to be applied for the purpose of the investigation would be ‘a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities’.

5.5 Other definitions were:

- Substantial is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed’; and
- Long term conditions². The effect of an impairment is long-term if:
 - (a) It has lasted for at least 12 months,
 - (b) It is likely to last for at least 12 months, or
 - (c) It is likely to last for the rest of the life of the person affected.



6. NATIONAL EQUALITY LEGISLATION AND HOW IT APPLIES TO LOCAL AUTHORITIES

6.1 The Committee explored the legal requirements within the Equality Act 2010 and the Public Sector Equality Duty, as detailed below.

The Equality Act 2010. Protection of people from discrimination in the workplace and wider society; and

The Public Sector Equality Duty. Supporting local authorities in making good decisions, ensuring that they are aware of how different people are affected by their activities and are providing activities that are appropriate, accessible and meet different people’s needs.

6.2 Looking specifically at how the Public Sector Equality Duty applies to Hartlepool Borough Council services and activities, Members found that the Council is required to ‘**ensure that the needs of all individuals are considered in their day to day work, in shaping policy, delivering services and in relation to their own employees.**’ There is also a requirement to have due regard to the need to:-

- a) Eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it:

¹ Equality Act 2010

² kingsfund.org.uk

- Removing or minimising disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - Taking steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; and
 - Encouraging persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it, with due regard to:
- Tackling prejudice; and
 - Promoting understanding.
- d) Publish equality objectives, at least every four years, and information to demonstrate their compliance with the public sector equality duty.

6.3 The Committee recognised that the Equality Framework³ for Local Government plays a key part in fulfilling these obligations and was interested to find out how Hartlepool Borough Council services perform against the framework. Members also acknowledged the importance of equality as part of the decision making process and the need to:-

- i) Embed the below principles into the decision making processes and activities:-

Knowledge – those who exercise the public body’s functions need to be aware of the requirements of the Equality Duty. Compliance with the Equality Duty involving a conscious approach and state of mind.

Timeliness – the Equality Duty must be complied with before and at the time that a particular policy is under consideration or decision is taken – the Equality Duty cannot be satisfied by justifying a decision after it has been taken.

Real consideration – consideration of the three aims of the Equality Duty must form an integral part of the decision-making process and must be exercised in substance, with rigor and an open mind in such a way that it influences the final decision.

Sufficient information – the decision maker must consider what information they have and what further information is needed in order to give proper consideration to the Equality Duty.

No delegation – public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it and that they do so in practice and this duty cannot be delegated.

Review – public bodies must have regard to the Equality Duty not only when a policy is developed and decided up but also when it is implemented and reviewed as it is a continuing duty.

³ Equality Framework (<https://www.local.gov.uk/publications/equality-framework-local-government-eflg-2021>)

ii) Ensure that key people are aware of the requirements of the Equality Duty:

- Board / Committee members;
- Senior Managers;
- Equality and Diversity staff;
- Human Resources staff;
- Policy makers;
- Communication staff;
- Analysts;
- Front line staff; and
- Procurement and Commissioning staff.

6.4 The Committee gained an understanding of the mechanisms the local authority already has in place to ensure that the principles of the framework are embedded into the decision making processes and activities. Members were familiar with the requirement for completion of various needs assessments as part of decision making processes and it was suggested that it could be beneficial to consider merging the equality and poverty assessments going forward.

6.5 In addition to this, attention was drawn to the availability of awareness training in terms of the provision of services for people with disabilities and long term conditions. This was discussed in greater detail later in the report.

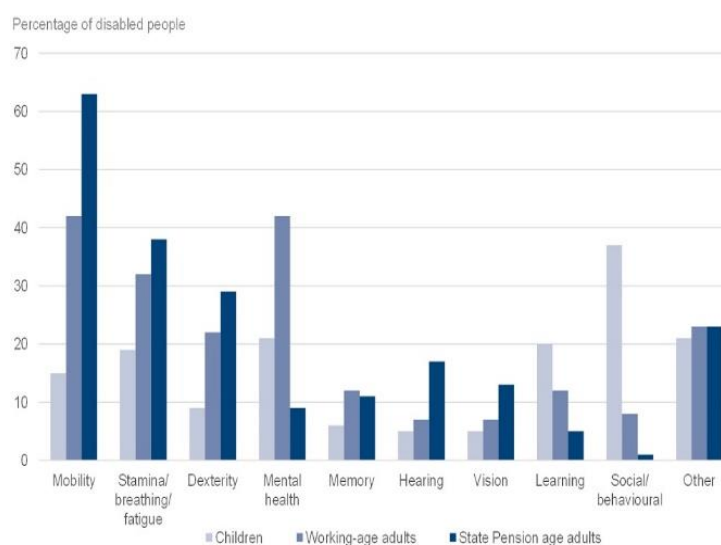
7. DISABILITY AND LONG TERM CONDITIONS - NATIONAL AND LOCAL DATA

7.1 Evidence provided allowed the Committee to compare and contrast data in relation to disabilities and long term conditions on a national and local basis.

National Levels of Disability

7.2 Members noted with interest that Census 2021 results for England showed that in England a smaller proportion, but larger number, of people reporting a disability (17.7%, 9.8 million), compared with 2011 (19.3%, 9.4 million)⁴. Further examination of the data also showed that:

- 18.7% of females report a disability, compared to 16.5% of males
- 59% of people aged 80 and over reported a disability
- 9% of children are disabled⁵
- 21% of working age adults are disabled⁶
- 42% of pension age adults are disabled⁶
- Disabilities cover a range of Conditions



⁴ Census 2021

⁵ UK disability statistics: Prevalence and life experiences – House of commons Research briefing July 2022

7.3 The impact of deprivation on the health and wellbeing of populations was recognised by the Committee, however, Members were concerned to find that whilst 21.6% of 40 to 44 year-olds were disabled in the most deprived areas only 8.1% were disabled in the least deprived areas. Concern was also expressed regarding the impact of the increasing costs of living for disabled residents, with:

- i) 53% of disabled people employed, compared to 82% of non-disabled people (disabled people being 3 times as likely to be economically inactive⁶).
- i) Life costs are £583 more on average a month if you're disabled and for almost a quarter (24%) of families with disabled children, extra costs amount to over £1,000 a month⁷.
- ii) After housing costs, the proportion of working age disabled people living in poverty is 27%. This is, however, higher than the proportion of working age non-disabled people at 19%⁸.

Regional and Hartlepool Levels of Disability

7.4 In setting the context for the investigation, the Committee was not surprised to find (as shown in Table 1) that the North East of England has the highest proportion of people reporting a disability in England (21.2%, 567,000), compared to the national rate of 17.7%⁹.

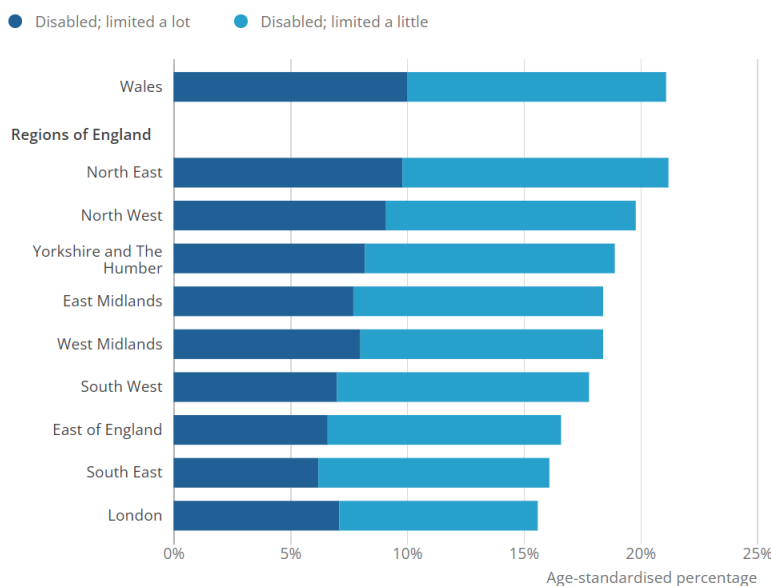


Table 1 - How disability (age-standardised) varies across local authorities in England and Wales, 2021

7.5 Breaking this down even further to focus specifically on the position in Hartlepool, Members discovered that:

- i) 21,150 people in Hartlepool have some form of disability (22.9% of the population compared to 17.7% in England)⁸;

⁶ Labour Market Survey (<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/labourmarketstatusofdisabledpeoplea08>) quoted by Scope at <https://www.scope.org.uk/media/disability-facts-figures/>

⁷ Scope "The Disability Price Tag" report (2019) <https://www.scope.org.uk/campaigns/extra-costs/disability-price-tag/>

⁸ Scope's analysis of the Government's "Households Below Average Income" report (2019-20) (<https://www.gov.uk/government/statistics/households-below-average-income-for-financial-years-ending-1995-to-2020/households-below-average-income-an-analysis-of-the-income-distribution-fye-1995-to-fye-2020>) quoted at <https://www.scope.org.uk/media/disability-facts-figures/>

⁹ Census 2021

- ii) 11,645 females in Hartlepool have a disability (23.9% of the female population compared to 18.7% in England)⁸;
- iii) 9,490 males in Hartlepool have a disability (21.7% of the male population compared to 16.5% in England)¹⁰;
- iv) Rates of disability in Hartlepool are the highest in the Tees Valley (as shown in Table 2)⁹; and
- v) The percentage of homes in Hartlepool with 2 or more disabled residents is the highest in the Tees Valley, and is above the England and Wales figure (as shown in Table 4)⁹.
- vi) The prevalence of sever frailty in Hartlepool is higher than other Tees Valley authorities, were frailty is predominantly moderate (as shown in Table 3¹¹).

Area	Disabled under the Equality Act (%)
England	17.7%
Hartlepool	22.9
Middlesbrough	21.9
Redcar and Cleveland	21.4
Stockton-on-Tees	20.1
Darlington	19.4

Table 2 – Disability Rates across the Tees Valley (2021)⁹

Table 3 - How disability within households varied across local authorities in England and Wales, 2021⁹

Area	1 person disabled in household (%)	2 or more people disabled in household (%)
England and Wales	25.6	6.7
Hartlepool	30.9	8.7
Middlesbrough	29.4	7.8
Redcar and Cleveland	30.1	8.2
Stockton-on-Tees	27.4	7.7
Darlington	27.2	6.6

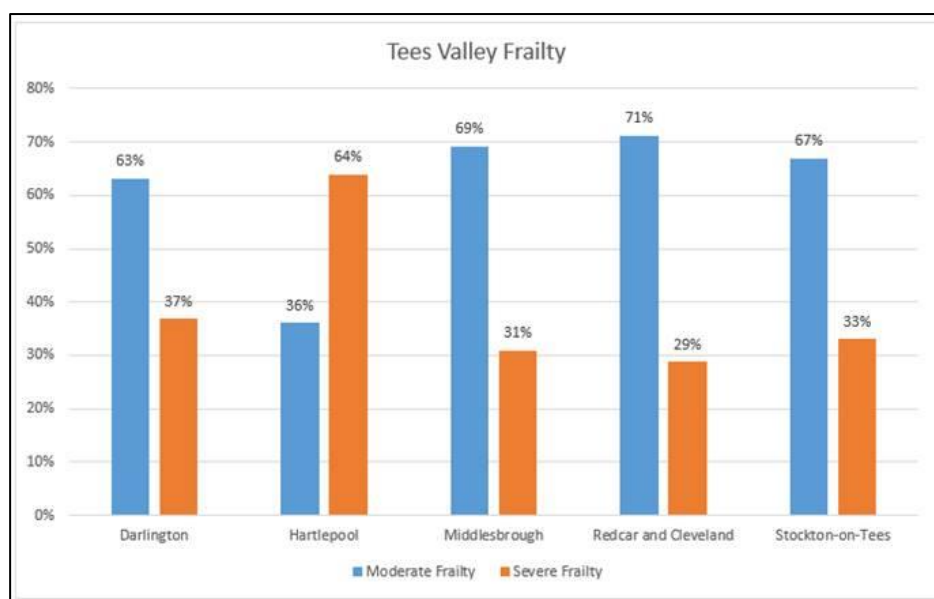


Table 4 – Frailty Levels¹⁰

¹⁰ Census 2021

¹¹ [\[MI\] GP Contract Services - England, 2021-22 - NHS Digital](#)

7.6 The Committee was concerned to find that across the Tees Valley, Hartlepool not only has the highest rate of disability, but also the highest percentage of households with two or more disabled residents and highest prevalence of severe frailty. The data provided reinforced to Members the importance of having in place truly accessible services.

8. PARTNER EVIDENCE

8.1 Evidence provided by the Community Led Inclusion Partnership (CLIP) brought to the attention of the Committee three models of disability (charity, medical and social) and provided a first-hand / lived experience perspective on each (detailed in Table 5).

Table 5 – Disability Models

Model	First-hand perspective
<i>The Charity Model</i>	Can depict disabled people as victims of circumstance, deserving of pity, unable to look after themselves or manage their own affairs and need charity in order to survive.
<i>The Medical Model</i>	Can assume that the first step solution is to find a cure or to use terminology to make disabled people more “normal”.
<i>The Social Model</i>	Depicts the loss 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. 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 do certain things.

8.2 Member were interested to find that the charity and medical models of disability tend to be used by non-disabled people to define / explain disability and that the charity model in particular was not supported by the disabled community due to the exceptionally negative perception it creates. Members noted these concerns and supported the view that going forward emphasis needed to be placed on the promotion of the social model of disability, changing attitudes towards disabled people, improving disability awareness and learning from feedback obtained from the disabled community. Particular emphasis to be placed on the importance of feedback from, and involvement with, the disabled community to improve:

- i) Access to social activities, employment, transport, education, parking, healthcare (Inc. GP appointments), independent living, local places, drop curbs and events (some of which was within the remit of the investigation);
- ii) Understanding of the disabled community, its needs and challenges;
- iii) Co-production of services development and delivery in Hartlepool; and
- iv) Workforce and Councillor Disability awareness.

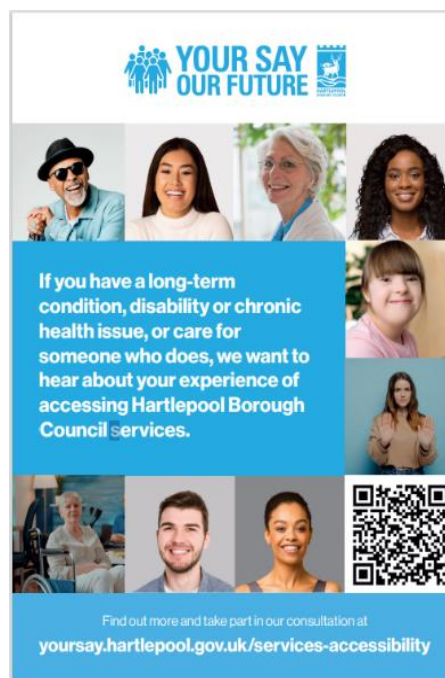
9. CONSULTATION AND ENGAGEMENT

9.1 The Committee undertook an extensive consultation and engagement exercise between the 9th May 2022 and the 23rd October 2022 to seek residents' opinions and lived experiences. The consultation was undertaken via a public survey, organisational / professional survey, quick poll, consultation workshops and mystery shopper exercise. Details of the consultation process are outlined over the page and an evaluation summary is provided in Section 11.

9.2 **Public Survey and Quick Poll** - An online public survey and quick poll was run on the public consultation project page via the Your Say consultation platform. The quick poll posing the question “On the whole, do you think the Council does enough to make its services accessible for people with disabilities and their carers?”

9.3 Extensive efforts were made to promote the consultation, and ensure that the survey itself was accessible to all. Details of how this was achieved are outlined in **Appendix 2**.

9.4 58 residents participated in the consultation, of which 14 participated in the quick poll and 49 in the survey¹² (5 completing both). Members were disappointed to find from the quick survey that 78% (11 people) had said they did not think the Council does enough to make its services accessible for people with disabilities and their carers. It was, however, clear that the number of responses had been very low and the statistical relevance of the data needed to be taken in to consideration.



9.5 Whilst bearing in mind the statistical relevance of the data provided, given the level of response, Members were pleased to find that the majority of respondents had a positive experience when accessing Council services (as shown in Chart 1).

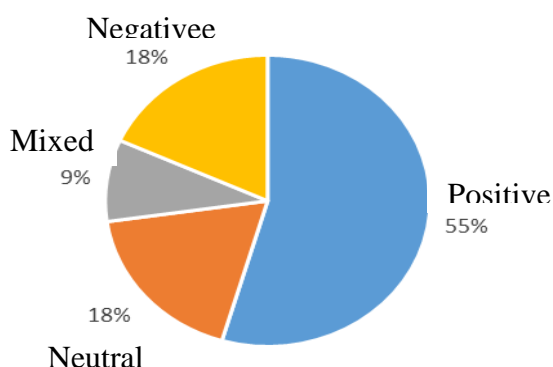


Chart 1 - How was your experience?

9.6 Members noted that compared to other projects, and in view of how heavily the consultation had been promoted, it had been expected that responses would have been higher. Overall, the majority of visits were from the project page and unusually, only a small number of visitors came via social media. In addition to this, the Committee noted that face to face engagement, including the Mystery Shopper, had proven to be an exceptionally beneficial addition to the wide mix of online and offline consultation measures implemented.

9.7 The Committee also noted with interest that:

- i) Of those who had asked for assistance, the majority (26%) had asked for help from their social worker or from staff in one of the community hubs (18%). It was felt that this was very positive, as this is one of the primary purposes of the hubs.

¹² individuals may participate in more than one activity

- ii) Only 3% of respondents had asked for help with online services. This was surprising as many of the departmental survey responses highlighted that assistance was being used by the public. It is, however, unclear if the low level of those asking for assistance was due to the user friendly nature of online services, or whether they were just not being used.
- iii) 66% of respondents had requested assistance since 2018. Members found it encouraging that people felt increasingly able, and willing to ask for assistance. The most commonly selected factors that made for a positive experience were; accessing the service online, information being easy to find, understand and use, staff explained things in a way that could be understood. The Committee was pleased to find that throughout the consultation helpfulness of staff (especially reception staff) was voiced.
- iv) In terms of what could be done to build on positive experiences or improve further, the most common suggestions were:
 - The provision of staff training and awareness / empathy around disability and access needs;
 - Physical access to buildings (including ensuring that all Entry doors to the council buildings have automatic doors or a button visible to press to be able to open the door from a wheelchair);
 - Increased use of digital technology, which had been a recurring suggestion; and
 - Increasing capacity to reduce waiting times and making physical access improvements.
- v) Members were disappointed that a lack of staff knowledge about, or appreciation of, service users' needs had been a recurring theme in terms of negative experiences in accessing services. There was also concern that problems with online services (e.g. not being able to find information on the website), phones not being answered promptly and not being able to speak to the person they wanted to, were recurring issues. Members were, however, optimistic that many of these issues could be easily rectified.

9.8 The Committee considered the following potential options for improvement:-

- i) Increased promotion of Community Hubs as a place where people can find support to access other council services. It was highlighted that the Hubs are already set up to provide this service and Members were of the view that it would be beneficial to promote this service more to make other people aware that it is available.
- ii) Promote the assistance that is available for people who need help going online. As a service that many departments are already able to provide, Members were of the view that it could be beneficial to promote this service more, particularly to those who may find using online services particularly difficult. There was, however, a need to bear in mind that digital exclusion is an issue locally and some residents cannot easily access services online.
- iii) Look at what the uptake is for home visits for service users who cannot attend in person. Again this was something that many services were able to offer, although data from the survey suggested that uptake was low. It was unclear if this was because the services were able to help people in other ways or

because people were not aware that it was an option. The Committee recognised that additional work to explore this was needed.

- iv) Improved staff training and awareness around disability, including access needs and lived experiences. Members were pleased to find that almost everyone had been quick to praise staff but supported the need for additional training and awareness raising.
- v) Linking postal letters to online accounts; the letter would appear in their online account (as well as being posted if this is a legal requirement) with the option to respond via the account. The Committee recognised that additional work to explore this was needed.
- vi) A “live chat” function via the website. It was suggested that this could be useful for all customers, but particularly for deaf people who use written English, as an instant means of communicating with customer services. The Committee recognised that additional work to explore this was needed.
- vii) Improve physical access to council buildings (Civic Centre and Bevan House in particular). The Committee recognised that additional work was needed to explore any potential outstanding access.
- viii) Improvements to the website and making information easier to find online. The Committee appreciated the issues raised in relation to accessibility of the website (including the absence of a document read function for people with disabilities). Members supported the need for a review of the Council website to ensure that all content meets web content accessibility guidelines going forward.

9.9 **Organisational / Professional Survey** - Organisations were asked to complete a survey based on their experience of assisting clients to use Council services or any anecdotal feedback they had received from their clients about their own experiences of accessing services. Despite being heavily promoted to a wide range of organisations only one response was received from Hartlepool Deaf Centre and details of the free text comments received are outlined in **Appendix 3**.

9.10 It came as no surprise to the Committee that many of the points raised mirrored those received via the public survey. These included:

- i) Good customer service and friendly, helpful and understanding staff.
- ii) Confusion on behalf of the Council. This could take the form of lost paper work, directing someone to the wrong room or failing to get back to people.
- iii) The need for the Council to be more creative in how it interacts with deaf people, for example advertising events as being deaf-friendly (and making them so). Also, reducing the reliance on interpreters by investigating other solutions.
- iv) There is a need to listen to people with disabilities and long term conditions and ensure that updating them on the outcome of consultation is undertaken as a matter of course. Concern had been expressed that none of the improvements identified by the Task and Finish Group established to improve

accessibility for deaf people at the Community Hub have been implemented and no feedback provided.

- 9.11 **Consultation Workshops** - As a further mechanism to obtain public input a range of workshops were held with local community support organisations (CLIP, Hartlepool Deaf Centre, Hartlepower and Hartlepool Healthwatch) alongside an open session in the Central Hub / Library. BSL interpreters were provided for the workshops and a BSL signed video was embedded into the consultation project page and shared widely on social media to increase awareness amongst the Deaf community
- 9.12 Each workshop explored:-
- i) What the local authority does well?
 - ii) What are the challenges in accessing council services
 - iii) How good is the local authority at providing help?
 - iv) How should the local authority approach identifying and understanding people's needs?
- 9.13 Members welcomed the breadth and balance of comments received and found the examples of lived experience gathered via the workshops particularly informative. Details of the evidence provided as a result of the workshops is summarised in **Appendix 4.**
- 9.14 **Mystery Shopper** - A mystery shopper exercise was carried out with volunteer shoppers recruited from some of the groups that took part in the earlier consultation sessions (Healthwatch and the deaf community (via the Deaf Centre)). The below scenarios were designed, and chosen by volunteers, for a range of frontline Council services and guidance provided on how to carry out the mystery shopper events and submit feedback.
- i) Apply for / renew a bus pass
 - ii) Visit Hartlepool Art Gallery
 - iii) Visit a leisure centre
 - iv) Carry out a task on the HBC website x 2
 - v) Reablement or occupational therapy
 - vi) Visit a Community Hub or library
 - vii) Make an enquiry at the Civic Centre reception
- 9.15 Members welcomed this alternative option for the gathering of evidence and suggested that it be used again where appropriate. The Committee did, however, exercise caution in relation to the results of the exercise, given the very small study and limited number of participants and services. The feedback was alongside the wider sources of evidence presented as part of the investigation. In doing so, Members learned that eight service areas had been tested by seven mystery shoppers, four of which had been "happy" or "very happy" with their visit, while 2 had been "unhappy". The results highlighted to the Committee issues in terms of:-
- i) Access to / availability of information in an accessible format - All felt information was very easy to find.
 - ii) Staff interactions:

- Arrival and first impressions were mixed with respondents' impressions either really positive or negative.
- Staff were visible and approachability feedback was good with those who answered this question all complementary about front-of-house staff.

iii) Getting around the site (a physical site and the HBC website):

- Negative feedback included the lift being out of order for a long time in the Central Hub and different information appearing on the website each time the respondent looked.
- The website, in particular, received negative feedback with respondents finding it was difficult to use with unclear navigation, missing and out of date information and expired links.

iv) Facilities - Feedback on the facilities provided in venues (where tested) was generally positive. However, the toilet facilities in the Central Hub were described as "abysmal".

v) Deaf access - Feedback tallied with deaf respondents comments during the wider consultation. Staff were unable to deal with their disability and the lack of easy and immediate access to a BSL interpretation service was a major stumbling block to Deaf residents being able to access services in the same way that a hearing person would be able to (even if disabled in other ways).

9.16 Summarising the results of the mystery shopper exercise, the Committee concluded that from a positive perspective, staff are consistently described as friendly and helpful and basic information about the services tested was "easy to find". From a negative perspective, the Deaf mystery shopper experienced additional difficulties in carrying out their scenarios to those shoppers with other types of disability. In addition to this, there had been a view that:

- The website is difficult to use and does not meet accessibility requirements.
- Poor outcomes (e.g. signposting and keeping people informed and updated).
- The ongoing effects of the Covid pandemic had led to reduced services.
- Multiple trips / appointments had to be made to find out simple pieces of information.

10. DEPARTMENTAL SURVEY

10.1 In addition to the consultation and engagement exercise referenced in Section 9, a piece of work was carried out to gain an understanding of accessibility across Council departments, with each department asked about:

- Their current access arrangements;
- Who their customer base was; and
- What barriers they had to making the service more accessible.

10.2 The Committee was pleased to find that a total of 47 responses had been received from across all departments, a list of which together with details of the survey results is outlined in **Appendix 5**. Based on the survey results, Members:-

- Welcomed confirmation that the majority of services remain face to face, by phone or email but acknowledged the role of on-line and hybrid working as

part of the package of delivery mechanisms to meet the diverse needs of Hartlepool's population.

- ii) Noted that whilst some services actively ask people about additional needs when they make contact, others appear to take a more passive approach. The need for a more consistent approach was apparent to the Committee.
- iii) Had anticipated that the most common adjustment would be the provision of interpreters (13%), both British Sign Language (BSL) interpreters and other languages. However, the range of other barriers were noted with interest:
 - Limitations of existing buildings
 - Reliance on other services / agencies (e.g. to provide front of house services or alternative meeting locations)
 - Technology (either due to expense of upgrading to keep pace with guidance or a lack of knowledge of how technology can be used to enhance access)
 - Lack of engagement with the disabled community
 - Lack of specialist support / advice and insufficient need identified to justify the change were also comparatively high.
- iv) Were of the view that a review of information / communication materials produced by the Council, and production of guidance to assist officers in the production of documents, to ensure consistency of production, would be beneficial.
- v) Noted with interest that the use of the staff intranet as one of the main points for access information and training. Further to discussion, it was felt that a review of accessibility information (e.g. what is available and in what form) would be beneficial to assist in enhancing staff and Councillor training and awareness. This being particularly useful for those staff whose roles do not involve regular contact with disabled people.
- vi) Had anticipated that finance and capacity would be identified as key barriers to making services more accessible. Subsequently, the survey results came as no surprise with 21% of responses identifying finance / budget, and 8% identifying lack of capacity, as barriers. In addition to this, an improved digital offer, more engagement with the disabled community, access to experts / specialist advice and a better understanding of issues were all identified as ways of making services more accessible.
- vii) Welcomed assurances that some services were thought to be fully accessible, however, it was suggested that more could perhaps be done across all departments to identify people with additional needs, share information and seek feedback from users to see if their experience of using the service matches up with the departmental view.
- viii) Explored the provision of adjustments and:
 - Expressed concern that a number of services do not have anything in place for service users that need adjustments to be made:
 - Current arrangements are enough – 1%
 - Not applicable – 1%

- Information says to ask if adjustments are required (i.e. only available on request) – 1%
- Nothing currently in place – 1%

Members appreciated that this could be due to an assumption that service are fully accessible so no further adjustment would be required, it could also be that service users with additional needs do not use the service because there are no adjustments available. With this in mind, Members reiterated the need for consistency of approach in assessing / asking about additional needs at the first point of contact.

- Found that most adjustments were made on an as-required basis and almost half of adjustments had been in place for a “long time / unknown”. Members were of the view that as most adjustments seem to be made on an ad-hoc basis, or have been in place for a very long time, a refresh of how and when adjustments are embedded may be timely.

- Learned that by far the most common ways of making service users aware of adjustments were:

- Via information / communications – 22%
- Via the Council website – 20%
- Through initial contact with staff (i.e. people are told when they first speak to a member of staff) – 19%
- Through general contact with staff (unspecified which stage of contact) – 19%

The Committee suggested that it might be useful to carry out a review of information / communications materials put out by the Council to see what proportion of materials include accessibility information and what form this takes.

- ix) Noted indications that the majority of staff know what adjustments, alternative arrangements or additional support can be put in place to support someone who needs it. Interestingly 6% of comments referenced finding information on the staff intranet, however, indications were that this is not always easy. The Committee was of the view that it might be beneficial to carry out a review of accessibility information on the staff intranet to ensure that the information provided is current and up to date and also that general information that would be useful to all staff is included and, most importantly, easy to find. This could include, for example, plain-English writing guides, web content guidelines, carrying out access audits, etc. This could be particularly useful for those staff whose roles do not involve regular contact with disabled people so the information is ready to hand when needed.

11. EVALUATION OF CONSULTATION / ENGAGEMENT RESULTS

- 11.1 With due regard to the issues raised via the consultation and engagement process, Table 6 (over the page) summarises the key findings presented and a number of potential actions identified by the Committee.

Table 6 – Evaluation of Consultation and Engagement Results

Key findings from the consultation	Potential Action
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<p>1. People are not always aware that they can have help. Whether because they don't know that help is available or because they think they won't be eligible.</p> <p>A number of issues had been raised in relation to public and staff awareness of arrangements to facilitate the accessibility of services, including access to Council buildings for assistance dogs. Contact was made with Civic Centre, Hartlepool Central Library, Hartlepool Art Gallery, The Bis and The CIL and all services advised they would welcome those with assistance dogs.</p>	<p>Increased promotion of:</p> <ul style="list-style-type: none"> - Assistance schemes and the help available to access services – ensure that this promotion is targeted towards disabled service users i.e. in a form and location that is accessible to them. - Community hubs as a place where people can find support to access other council services. - The role of Community navigators - The various support available to help people with getting online e.g. at the Community Hubs and through community projects such as Hartlepower and Project 65. <p>Explore the uptake for home visits for service users who cannot attend in person with a view to identifying the need for increased promotion.</p> <p>Clearly display in buildings signs that shows help is available for people with disabilities / long term conditions.</p>
<p>2. Whether the level of service a disabled person receives is poor or excellent very much depends on who they get when they make contact.</p> <p>There seems to be a gap between focussed individual provisions (which is usually very good) and generic or universal services which are not so good. Also services which are used to dealing with disabled people regularly are better at it than those which only rarely have a disabled person make contact.</p>	<p>Improved staff training and awareness around disability, including access needs and lived experiences, including the development of a staff training and disability awareness package.</p> <p>Publicise a set of standards of service that disabled people can expect to receive and ensure that these standards are maintained.</p>
<p>3. Lessons learned from dealing with individual issues are not being embedded for lasting change. This means that issues recur for the same individual or for others.</p>	<p>Ensure lesson learning is shared through team meetings, board meetings and staff supervision sessions and that this is embedded into processes.</p>
<p>4. Consistency is a problem when a disabled person's enquiry or service request goes across teams or departments with people being told one thing by one team and something else by another.</p> <p>Disabled people find having to constantly repeat their stories to different staff members exhausting</p>	<p>Investigate how this can be mitigated.</p>

<p>and demoralising, This is a barrier to some in making contact.</p>	
<p>5. The Council's website and Hartlepool Online are difficult to use for people with disabilities and do not meet WCAG requirements.</p>	<p>Review the Council website and Hartlepool Online to ensure that they are compliant with WCAG guidance. In doing so:</p> <ul style="list-style-type: none"> - Include consumer testing in the review of the web site and Hartlepool Online to check functionality. - Explore the potential of a "live chat" function via the website.
<p>6. Going digital and moving services online can be beneficial for disabled people, however, digital inclusion / exclusion remains an issue.</p>	<p>Ensure that digital access is not the only means that people can find information or make contact with the Council.</p>
<p>7. The Deaf Community have particular difficulties in contacting the council and accessing services due to a lack of BSL interpretation facilities in community buildings and an over-reliance on written English and telephone contact.</p> <p>Particular attention was drawn to the provision of assistance to those who cannot use telephones to make contact with the Council, or progress contact, via telephone. A text relay service and text messaging service had previously been available.</p>	<ul style="list-style-type: none"> i) Investigate the feasibility of introducing video calling, to sit alongside traditional phone and email functions to allow a Deaf person to communicate with a BSL signer, and Relay UK. ii) The Text Relay Service has already been reintroduced, however, it could be better advertised. iii) Increase the number of BSL trained front line staff with the aim that there will always be at least one BSL trained staff member in each community building at any one time.
<p>8. Council efforts to make things easier for people with autism and dementia are laudable but people with other forms of disability feel forgotten, particularly the Deaf Community, parents of profoundly disabled children and those with Downs syndrome.</p>	<p>Ensure that any disability awareness training includes a wide range of disabilities.</p> <p>Involve people with a wide range of disabilities, and groups such as CLIP, in conversations around improving access / services.</p>
<p>9. Some disabled people feel that although they are regularly asked to give feedback or input into consultations around accessibility nothing every changes and their recommendations are not implemented</p>	<p>Ensure that where consultation is carried out that the "feedback loop" is closed so that people's contributions are acknowledged and acted upon.</p> <p>Ensure that they are informed of the outcome of the consultation to tell them what has been changed and where change has not been possible why it was not possible.</p> <p>Where changes requested are not possible ensure that the conversation is continued to try and find alternative</p>

	outcomes rather than just making that the end of the discussion.
10. A lack of public toilets in Hartlepool is having an impact on disabled people's ability to get out and about and engage in their communities. Where toilets are available the accessible toilet is often locked	Look to try and increase the provision of public toilets, or at least make the existing ones more accessible.
11. Disabled parking is an issue, the location of parking meters in relation to the disabled bays and the size of the text on the sign boards	Investigate how this can be improved.
12. In conversations around disability and accessibility, children and young disabled people are being forgotten, particularly the 16-18 age group who are between school and adult social care support	Expand consultations and conversations to include children and young people to get their perspective.
13. There appears to be an issue with people not getting called back and enquiries / requests not being followed up. This is unlikely to be confined to disabled people but the impact on disabled people is much greater, particularly for those with problems with memory / understanding. Disabled people and carers reported not getting called back caused feelings of frustration and stress, and having to be the one to chase things up all the time was exhausting and "yet another thing to have to remember to do".	Ensure that staff training on disability and awareness includes the importance of calling people back and an understanding of why it is such an issue for disabled people and carers. Ensure this training is rolled out to all staff, not just front line staff.
14. Household waste recycling centre is less accessible than it used to be. Having to book an appointment in advance is difficult for those who can't plan ahead because of their health conditions or caring responsibilities. This is compounded for those who can't get online easily. No assistance on site anymore means people with reduced strength or limited mobility cannot get the items out of the car.	Review the need for pre-booked appointments at HWRC. If this is being retained as a cost cutting measure consider how the accessibility implications can be mitigated e.g. pre-booked for weekends and drop-in on weekdays or "just turn up" passes for disabled people.
15. Despite access aids at the civic centre (including BSL trained staff, step-free access, hearing loop, etc.) many elderly / disabled people consider the civic to be inaccessible	Promote the range of services that can be accessed at other venues such as the Community Hubs where there is disabled parking so people can go elsewhere.

due to the lack of disabled parking at the building.	Investigate how the disabled parking at the rear of the building can be better utilised (without having to walk all the way around the building)
16. Awareness of the role and range of services offered by the Community Hubs and Community Navigators is low.	Deliver a communications campaign to raise awareness. Make sure this is targeted to elderly / disabled people (i.e. in a suitable format and location).
17. The need to look more at planning and implementation to ensure accessibility is not treated as an after-thought or add-on. If services are easy to access for people with accessibility issues then it is easy to access for everyone.	Undertake an internal review of literature and processes within the Council to see if they meet requirements/legal guidance/council plans similar to the physical building audit but of our literature and website.

11.2 Whilst it was recognised that some adjustments could require more significant investment which would not be possible at this time, given the Council's current financial position, it was suggested that others may be possible quickly, easily and for very little cost. During the course of the consultation a number of potential "quick wins" were identified that could be implemented whilst more fundamental improvements are considered. Those were as follows:-

- i) Plan and implement an ongoing communications campaign, in an accessible format / location, to highlight all the various support schemes and reasonable adjustments that we already have in place and ensure this is repeated regularly. Services which offer adjustments for disabled people should ensure that this is included in all the information they put out. Ensure this is put out in a range of communications methods, not just on social media.
- ii) When time-critical videos are posted on social media and there is not time to set up closed captions first the video should include a text card to say that subtitles will be added as soon as possible – and ensure that this is followed up. This should be standard for all videos. For videos which are not time-critical subtitles should be added before they are uploaded.
- iii) Some people find the range of Council touch-points confusing and don't know where they need to be for particular services. Communicate that there are a number of "one-stop-shop" touch points such as civic centre reception and the Community Hubs where people can get everything done in one place, this will also make people who find accessing the civic difficult aware that they can get the same services elsewhere.
- iv) Promote the role of the Community Hubs and Community Navigators more to increase understanding of the services they offer.
- v) Ensure that community buildings and touch points have a range of posters and leaflets on display for a range of disability support groups and charities.
- vi) Introduce a facility for people coming in to reception to ask for a private room using the small rooms off the reception area if they wish to discuss something confidential and make people aware that this is available (e.g. by putting signs on the glass partitions in a similar way to how pharmacies tell customers they can use a private consultation room).

- vii) Circulate some basic guidance to staff on font size and type, use of plain English and how to book an interpreter when one is required and put this information in an easy to find location on the intranet.

12. CONCLUSIONS

12.1 The Audit and Governance Committee concluded that:-

- 1) Hartlepool Borough Council has developed services and facilities aimed at supporting residents with disabilities and long term conditions and has invested in state-of-the-art facilities such as the Centre for Independent Living (CIL). There is, however, always more that can be done to ensure that the voices of residents are sought, heard and incorporated into future Council initiatives which may impact on the future physical, economic and social environment of the town.
- 2) Hartlepool staff are to be commended on their activities to support and signpost residents with disabilities and long term conditions. Experience being that where services are easy to access for those with disabilities or long term conditions, they are easier for all to access!
- 3) Accessibility is so much more than just physical access and must be given high priority in the development and provision of services. As such:
 - It is essential to have a clear understanding of Hartlepool's disabled community, its needs and challenges if the right services are to be provided in the right way. Only with this will the true level of need be identified to support the requirement for service change and adjustments.
 - Departments need to be supported within the available resources to make any necessary improvements and provided with specialist advice and support where required.
 - The needs of people with disabilities and long term conditions need to be represented in the development and delivery of services. A good example, as identified by the disabled community, is the involvement of CLIP in the development of the Highlight building. This being identified as good practice by the disabled community.
 - Where residents with a disability or long term condition are involved in consultation / engagement as part of the development of services, there is a need to ensure that they are updated on the outcome of consultations and decisions as a matter of course. This should be done at an early stage in the process with participants involved in ongoing conversations throughout the development, deliver and review of services. Not as a one off event.
 - Workforce development is essential in terms of training to increase disability awareness and an understanding of what reasonable adjustments can be made.

- 4) Hartlepool Borough Council should at every opportunity champion the provision of accessible services with its partners, local business' and other organisations across the town.
- 5) Emphasis needs to be placed on the promotion of the social model of disability, changing attitudes towards disabled people and improving disability awareness.
- 6) There needs to be a consistent approach to asking people about additional needs at the first point of contact. Services that are accessed regularly by disabled people and those with long term conditions should share best practice.
- 7) The completion of Impact Assessments to inform the decision making process is an essential part of the service development process. These assessments need to be undertaken as early as possible in the development of services and in order to simplify the process, it has been agreed that the Child and Family Poverty Impact Assessment and Equality and Diversity Impact Assessment will be amalgamated.
- 8) Many adjustments do not require significant investment in terms of time or resources. A great deal can be achieved by taking a flexible approach to service delivery and making small changes to the way in which things are done. This is where involving disabled people in conversations around service delivery could be particularly beneficial.
- 9) Subject to compliance with the requirements of the Equality Act, any proposals for the provision of additional activities, or service changes, must be considered alongside the financial challenges facing the local authority and be within available resources.
- 10) Making every contact count (MECC) needs to be a priority with improved communication between departments to remove the need for residents to repeat their issues.
- 11) Following calls for involvement in the investigation from groups and individuals across the town, the most significant level of input was received from Hartlepool's Deaf community. The investigation findings have subsequently been heavily influenced by their response and it is recognised that it may be beneficial to undertake further consultation as part of the process for the implementation of the Committee's recommendations.
- 12) The mystery shopper process was a beneficial element of the consultation process undertaken as part of the investigation and should be used more frequently as a means of assessing lived experiences.

13. RECOMMENDATIONS

13.1 The Audit and Governance Committee has taken evidence from a wide range of sources and its recommendations are as follows:-

- 1) Exploration of some adjustments would require more significant investment and be longer term actions. Other short / medium term actions would be to:-

- i) Develop a communications campaign to:
 - Highlight the various support schemes and reasonable adjustments that are already have in place;
 - Promote 'One-Stop-Shop' touch points such as the Civic Centre reception and Community Hubs where people can get assistance with everything in one place. Making those who find accessing the Civic Centre aware that the same service can be accessed elsewhere; and
 - Promote the role of Community Hubs and Community Navigators to increase the understanding of the services they offer.
 - ii) Ensure that community buildings and touch points have posters and leaflets on display for a range of disability support groups and charities.
 - iii) Circulate basic guidance to staff on font size and type, use of plain English, how to book an interpreter when one is required and put this information in an easy to find location on the intranet.
 - iv) Create an "accessibility" tile on the intranet homepage so it is easy to find and collate a range of useful accessibility information for staff to be able to find quickly and easily when a disabled person makes contact.
- 2) Equality of access to services for all is a fundamental right and residents with disabilities and long term conditions should not be restricted in terms of the times they can access services or the levels of privacy they can expect. To this end:-
- i) A Text Relay Service should be introduced;
 - ii) Given the financial restrictions faced by the local authority, the feasibility and benefits, of creation of a pod facility in the Civic Centre be explored to allow residents and officers to use online signing / translation services;
 - iii) The creation of a network of BSL trained staff, to act as first point of contact for volunteers, be explored;
 - iv) Existing TV screens in the Civic Centre reception be used to promote accessibility services and the assistance that is available; and
 - v) The Loop system currently used in council buildings be reviewed to ensure that it is still compatible with modern hearing aids.
- 3) Provide access to a video / telephone translation service (for BSL and other languages) in the Civic Centre, and a private room for the discussion of confidential issues. This facility to be promoted (e.g. via signs on glass partitions in a similar way to how pharmacies tell customers they can use a private consultation room).

- 4) A review of workforce training be undertaken to explore how disability awareness and an understanding of reasonable adjustments, could be increased, within available resources. As part of this:-
 - i) Accessibility and diversity awareness training to be rolled out as mandatory training for all HBC staff and offered as an option for Councillors as part of the induction process; and
 - ii) Options for training be explored including the use of online packages to allow ease of access and roll out across departments, without the need for an external trainer.
- 5) The newly established Equality, Diversity and Inclusion Officer Group to be used as a mechanism to share best practice, monitor performance and identify service improvements.
- 6) Improvements to the HBC website be explored to ensure that it is EDI compliant going forward, including but not be limited to:-
 - i) Read options for documents, to allow access by blind or visually impaired residents;
 - ii) Captions / signing on social media posts / videos; and
 - iii) When time-critical videos are posted on social media, and there is not time to set up closed captions, the video should include a text card to say that subtitles will be added. For videos which are not time-critical subtitles should be added before they are uploaded.
- 7) Council reports, documents and forms must be accessible (easy read / screen reader friendly) and going forward clear content guidance should to be provided, and its use promoted, including:-
 - i) Where appropriate, instructions for the inclusion of links to allow the use of screen readers; and
 - ii) Promotion of use of a document accessibility checker.
- 8) A consultation to be undertaken with partners on the potential benefits, and level of support for, the creation of a needs passport / card system that could be used to ensure that officers quickly recognise and respond to any additional support needs.
- 9) The process for creation of the Highlight on the Waterfront development is an example of good practice in terms of engagement / involvement with residents with disabilities and lifelong conditions. This good practice to be rolled out across the development of all services and strategies.

ACKNOWLEDGEMENTS

The Committee would like to place on record our appreciation, in particular of the willingness and co-operation we have received from all those involved in the investigation.

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Terms of Reference for the Investigation

- a) To gain an overarching understanding of national equality legislation, and in particular statutory duties as they relate to the activities of Hartlepool Borough Council.
- b) To gain an understanding of data in relation to the number of residents in Hartlepool with disabilities and long term conditions and consider existing evidence of the challenges they face in accessing services;
- c) From a Hartlepool Borough Council perspective:
 - i. Explore how the Council complies with its Equality Duty in ensuring accessibility to all areas of service provision (as detailed in the referral); and
 - ii. Evaluate the effectiveness of the Council's activities to ensure that people with disabilities and long term conditions have easy access to its services.
- d) To examine the barriers (physical, procedural and other) that may inhibit access to Hartlepool Borough Council services / activities, and day to day living, and ascertain their prevalence and impact (including the impact of Covid-19); and
- e) To identify if any changes / additions are needed to deliver tangible improvements to the accessibility of Hartlepool Borough Council Services.

How people were made aware of the consultation?

- The Your Say Our Future consultation platform, including in the monthly newsletters sent to all registered participants
- Extensive promotion on social media
- Posters and leaflets in all public Council buildings including the Community Hubs and libraries
- Posters and leaflets distributed to GP surgeries, health centres, pharmacies, etc.
- Written invitations to take part and request to share with contacts sent to:
 - Elected members
 - Residential homes, nursing care homes and other providers of adult and children's social care
 - Youth Council
 - Housing associations
 - Parish Councils
 - Alice House Hospice
 - Health and Wellbeing Board and Safer Hartlepool Partnership
 - Healthwatch Hartlepool
 - Hartlepool and Stockton CCG and North Tees and Hartlepool NHS Trust
 - Various local community and disability support groups including Hartlepool Deaf Centre, Incontrol-able, Hartlepool Carers and the Hospital of God

How the consultation was made accessible to disabled people?

- The Your Say online platform is compliant with the Web Content Accessibility Guidelines. It is compatible with screen readers and other assistive technology.
- The Committee commissioned two BSL signed videos to promote the consultation. These were shared extensively on social media, embedded onto the Your Say platform and shared by local deaf organisations with their members. BSL signers were also booked for all the workshop sessions.
- Easy-read and large print versions of the survey were available to download from the Your Say platform and also to pick up from Council buildings. Copies were given to disability groups to pass on to their members.

ORGANISATIONAL SURVEY FREE TEXT COMMENTS (DEAF CENTRE)

Please tell us about a positive experience of using a Council service.

iSPA contact centre staff are amazing, they are helpful and always willing to help get me to the right person or find a solution to a problem. One person in particular, shows real passion and commitment to the Deaf Community including studying BSL in her own time. She has a wealth of knowledge around Deaf equipment and resources and has fantastic Deaf awareness. Officers have a long track record of support to the Deaf Community but do not appear to have the resources to carry out some of the work they champion.

What do you think we could do to build on this positive experience or improve further?

Implement accessible contact methods to council services to support HDC to build confidence in people's own abilities to manage their own affairs. HDC can support this work by supporting clients to make contact, but without accessible contact methods HBC are removing people's independence, thus creating further barriers and the assumptions that the council do not care or do not know they have Deaf residents in the town. Promote council services by always ensuring subtitles are added to social media video content and any important announcements please consider BSL interpretation added to video content.

Please tell us about a negative experience of using a Council service.

I have a client at present who is unhappy with their social work support, they feel because they are Deaf the social worker is not in regular contact and does not update the client because of the communication barrier and needing to book interpreters. This client was very happy with the previous arrangements of having a Deaf council member to contact and receive support from. The client would like social care to be better deaf aware, receive Deaf Awareness training and social worker to learn BSL (Stockton, Middlesbrough and Darlington Council have social workers who can sign).

My own personal experience of offering to contact services on behalf of Deaf people is very counterproductive to the work we aim to achieve in empowering Deaf people. I get quick results because I am a hearing person with no disabilities or long-term health conditions, this again reinforces that we live in a town and have a wider society that practices audism openly despite legislation on local councils to provide accessible information, to be accessible themselves and to provide information that is accessible to the public (including those with protected characteristics).

What do you think we should have done differently or how do you think we could improve for the future?

My client asked me to feedback to the social worker and ask why my client waited so long for a follow up meeting. Eventually the social worker turned up at the client's door with an interpreter but without informing the client to expect her, the client sent her away because they were expecting a family visit. A subsequent visit was arranged and booked in with the client. My client remains unsatisfied, they feel the social worker does not understand them as a profoundly deaf person - it is important that Deaf people feel their support is from someone with good deaf awareness with an understanding of the clients background and culture. My client does not like to have an interpreter present for private discussions with their social worker but recognises this is required due to the communication barrier, however it makes them feel very uncomfortable. Sometimes

interpreters create barriers of their own, they are not the only solution to working well with Deaf people.

If there is anything that worries you or puts you off using Council services with or on behalf of your clients please tell us about it here.

Community Hub - York Road What puts me off the council... a continued lack of accessibility for Deaf people. Council events are never offered with BSL Interpreter, so the fantastic opportunities at the community hub are not open to Deaf people. Hard of hearing people say they would welcome it if the Hub to advertised they are deaf friendly - they want to see a big sign on the front door that shows the council understand the needs of deaf and hard of hearing people, and that events will be accessible, not just providing interpreters but arranged and adapted so that deaf and HoH people are fully included rather than left to fend for themselves, if they are brave enough to enter the doors

What worries me about council services... HDC carried out a Deaf Audit of the Community Hub in June 2021, delivered Deaf Awareness training to 15 library and outreach staff and have spent the charities self-funded hours to attend a 3 meeting Task and Finish group in Feb/March 2022 to be told there are no funds to implement any of the required improvements. Yesterday I attended a deaf person's support meeting lead by TEWV along with 2 social workers (one from Durham and one from Stockton), luckily I was early and could meet the client at reception because there was major confusion over the room booking and reason for the meeting, hub staff wanted to direct us to the medicine review queue. If the vulnerable deaf client had been exposed to this confusion it would have had a really negative impact on them, negative experiences get shared among the Deaf Community and is counter-productive to the work the council wants to achieve at the hub.

If you have any other comments or suggestions about making Council services accessible to people with long-term conditions and carers please write them in the box

The toilets in the community hub are not suitable for use, especially for people who are blind or have visual impairment. Accessible toilet is locked.

WORKSHOP FINDINGS

CONCERNS / CHALLENGES IN ACCESSING COUNCIL SERVICES	POSITIVE FEEDBACK / THINGS WE DO WELL
<ol style="list-style-type: none"> 1) Council website (difficult to use accessibility software) telephone systems and Hartlepool Online not easy to use. 2) Variations in the quality of service for people with disabilities and long term conditions. 3) Awareness of available help. 4) Awareness of the Community Navigators role is low. 5) Lack of clarity in terms of access for assistance dogs (other than guide dogs) in Council buildings. 6) Lack of access to computers. 7) The absence of remote video calling service. 8) Inaccurate Hartlepool Alerts (e.g. told have to pay for parking and ticket machines too far away from parking spaces – only to find that blue badge holders don't have to pay). 9) Civic Centre - Poor access to disabled parking and access to the lift to the reception. 10) The absence of a named contact that deaf people can contact to ask about deaf-related issues. 11) Making contact with the Council for those who are not able to use the telephone. 12) Difficulty getting help with confidential matters without divulging information to an unrelated third party to act as an interpreter (e.g. getting to speak to a social worker). 13) Making anonymous complaints about staff when a phone or computer cannot be used (ab example of this being a complaint about a carer requiring the form to be handed to the carer in question). 14) Charging Blue Badge holders for parking. 15) Access to BSL signers or interpreters (inc. Community Navigators) 16) Drop kerbs at Elizabeth Way Shops. 17) When involved in access audits and focus groups nothing seems to come from them. 18) Digital exclusion 19) Recreation and sport not always accessible (e.g. no disabled access to Rift House Rec. Sports and recreation grounds) 20) Dropped kerbs are often in the wrong position 	<ol style="list-style-type: none"> 1) Improved physical access to Council buildings was good and improving (though still improvements to be made). 2) Staff helpful throughout various services and focused individual provision for people with disabilities and long term health conditions is good. 3) HBC house adaptations done to a very high standard, making a big difference to the quality of life. 4) Staff offering to help with form filling and signposting, particularly in the Civic Centre reception, Hubs and over the phone. 5) Hartlepool Now website (though seems to be better known by the public than by officers). 6) Partnerships with CLIP working well to improve accessibility at an early stage are (Highlight Leisure Centre, Tall Ships, Train Station and Summerhill improvements). 7) Assisted bin collection is a good scheme but not well publicised so people don't know they can have help. 8) "Borrow boxes" from the library have been well received. 9) Central and South Hubs do a good job – North Hub not so much but West View Resource Centre is very good 10) Communication and information in general is good. 11) Dealings with adult social care have been very positive. 12) The majority of Brierton Sports Centre staff are understanding, friendly and welcoming 13) Health trainers are accommodating to people with

<ul style="list-style-type: none"> 21) Maintenance of council buildings e.g. holes in access ramps, uneven surfaces, etc. 22) Newer hearing aids are increasingly incompatible with the hearing induction loop system 23) Having to specifically ask for support. It also depends on who you get when you make contact 24) A lot of people with substance misuse problems have disabilities but services are not accessible to them because of their issues 25) Mill House - Reduced water temperature and suitable changing tables. 26) Lack of public toilets. 27) No accessible play equipment in any of the play areas in Hartlepool. 28) Need to improve the support through schools, particularly for mental health, bullying and the pressures of social media. 29) People with BSL as their birth language can struggle to read letters sent by post 30) Can't just turn up to do what they want. 31) The glass screens - difficult to lip read or sign. 32) Tend to think of disabled people as being older, younger disabled people are overlooked 33) Lack of consistency between members of staff and services e.g. getting passed from pillar to post 	<p>disabilities and will adjust the programmes to suit people's abilities</p> <ul style="list-style-type: none"> 14) Disabled facilities at CIL are very good and having social workers based in there means people using the day services have easy access to them for support. 15) Council is good at resolving issues for individuals 16) Introduced of dementia-friendly sessions at Mill House
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IMPROVEMENTS THAT COULD BE MADE

- 1) **An SMS notification service would be useful** for people who cannot use the phone or other technology
- 2) **Instant video remote interpreter service** so don't have to wait for an interpreter
- 3) **Need for the community to be involved in making services accessible**
- 4) **A lift to get from Victoria Road to the level of the reception area**
- 5) Better **system for anonymous feedback**
- 6) Use **Hartbeat more to publicise help arrangements** as it goes to every household (an **electronic version** be made available screen readers)
- 7) **Encourage private organisations** to be better at accessibility
- 8) Council is good at resolving issues for individuals but need to **embed learning to prevent issues recurring**
- 9) Need to consider the **"spontaneity" of services** (so disabled person can just turn up and do what they need to do)
- 10) **Public toilets**
- 11) **Focus on the person** and not what's "wrong" with them
- 12) Need **someone to oversee accessibility within the council**, leaving it to departments to self-police is not working
- 13) **Involving groups like CLIP in the development of services**
- 14) Should be asking:
 - a. What do we know about our local populations and communities and their needs?
 - b. **What training do staff get** on accessibility as a matter of course?

c. How can we **improve access to governance and democracy** e.g. increase disabled members of committees.

- 15) **Workforce development** needs to have regard for all disabilities.
- 16) **Support staff with disabilities** including through workforce development, recruitment and business development
- 17) System for hidden disabilities like the **laneyards**.
- 18) Dementia friendly services at Mill House badly attended – **need to develop these types of programmes in consultation with disabled people**
- 19) **Listen to the deaf community** and implement recommendations
- 20) **A private room for deaf people** where you can ask the receptionist for when you first arrive (when signing in the reception area anyone who knows sign language can see)
- 21) More frontline **staff trained in BSL**.
- 22) **Employ a deaf person to be a contact for other deaf people** (translation for people who speak BSL from birth)

EXAMPLES OF LIVED EXPERIENCE (Names have been changed to protect individual's privacy but these are based on conversations with real disabled people via the consultation)

Example 1 - My bin day. Dave, who is Deaf, wanted to check which day his bin was due to be emptied. He is unable to use the website to check this online. As he cannot use the telephone he says he only has two options to find this information out: either he needs to ask a friend or family member to find the information out for him (which makes him feel unempowered) or he has to take the bus into town to visit the Civic Centre reception and hope that there is a member of staff available who can use BSL who can tell him this information. Dave says it should not be so difficult to find out a simple piece of information that a hearing person could find out in 2 minutes. He would like the option to use an SMS service or a video call (to someone who can sign) to find the information he needs quickly.

Example 2 - Benefits check. Hazel is Deaf and uses BSL to communicate. She is also elderly and a wheelchair user. Hazel would like to find out if she is entitled to any additional benefits or support since her husband passed away. She says that from her previous dealings with the staff at the Civic Centre she expects that they will be helpful, however, she is unable to use the telephone to make an appointment for a home visit. It is difficult for Hazel to get to the Civic Centre as the accessible transport options in the town are limited. She does not know how she can contact the benefits team.

Example 3 - Crisis support information. Fred is Deaf and has a history of poor mental health. Recently Fred experienced a mental health crisis and received assistance from the Police. Afterwards, he was sent a letter by the Council with information about mental health support services and the Council's ISPA team. For all of the services listed in the letter there was only a telephone number to be able to contact them. As a Deaf person, Fred is not able to use the telephone and it made him feel even worse to be offered help that he could not access.

Example 4 - Phoning the Council. Frank has had a stroke which has left him with slurred speech and needs extra time to process the information he is given. Frank can use the telephone if he has to but he says he feels embarrassed to call the Council on the phone because he thinks that his speech impediment and cognitive difficulties mean that staff will think he is drunk or on drugs when he calls and dismiss him as a nuisance. For this reason Frank avoids using the telephone unless he absolutely needs to.

Example 5 - Social workers and carers. Annie is in her 80s. She is Deaf and uses BSL to communicate but she is able to read and write English. She also uses a wheelchair or walker when she goes out. Annie used to have a social worker who could sign but they recently left the authority and the social workers who have been covering do not sign so they need an interpreter to communicate. Annie says sometimes when the social workers and carers come to visit her they do not bring an interpreter with them so Annie does not feel confident that she has understood what they have told her; or that they are understanding and recording her needs correctly.

Annie is also worried that when they do remember to bring a BSL interpreter the interpreters then know her intimate personal business (such as financial information and care needs) as she thinks they discuss this with other Deaf people. She would prefer to have a social worker who can sign which would remove the need for an interpreter. Annie is also having problems with her care package and is worried about her benefits since her husband died. She feels overwhelmed trying to tackle these difficulties when responsibility is shared over so many services and none of them are Deaf-friendly.

SOURCES OF DEPARTMENTAL SURVEY RESPONSES

ACBS	C&JCS	Public Health	NRS	R&D
<ul style="list-style-type: none"> • Heritage and open spaces • Museum / Art Gallery • Adult social care • Community hubs • Sports and leisure 	<ul style="list-style-type: none"> • Children's Hub • Safeguarding, Assessment & Support and family time contact • Rossmere Children's Centre • Hindpool Children's Centre • 0-19 • Through Care Team • Fostering • Virtual school • HSSCP (Hartlepool & Stockton Safeguarding Children Panel) • SENDIASS • Housing • Childcare • Local welfare support • Resettlement • Educational psychology • SEND • School improvement • School place, planning and capital • Youth services • Youth justice service 	<ul style="list-style-type: none"> • Public health • Substance misuse 	<ul style="list-style-type: none"> • Consultancy services • Policy support and facilities management • Passenger transport • Construction & highways • Planning and development • Environmental services • Environmental protection • Housing standards • Emergency planning • Commercial services • Car parking • Community safety 	<ul style="list-style-type: none"> • Legal • Communications and marketing • Customer services • Debt recovery • Economic growth • Health, safety and risk • Corporate strategy and performance • Revenues & benefits • Revenues

DEPARTMENTAL ACCESSIBILITY SURVEY - SUMMARY OF FINDINGS

i) Where services are delivered:

- The majority of services (26%) continue to be delivered face to face. Data indicating that the delivery of services by phone represents 22% of activity, compared to email (18%) or online contact via the portal or app which represented 18% and 15% respectively.
- 59% of services are universal / open to all with only 19% targeted.
- The top 4 locations in descending order are the Civic Centre, people's homes, other buildings and community venues.

ii) How are services provided:

- Hybrid delivery model (almost 50%), mostly a combination of office/home-based staff, although some front-facing services are a combination of face-to-face and online contact.
- 24% are providing more online services, 6% are totally on line.
- Located or delivered from buildings that are physically accessible (e.g. step-free access, hearing loop, etc. – 10%). Other responses which referenced physical access adjustments included:
 - Access to an induction loop – 5%
 - Accessible toilets at the service location – 3%
 - Disabled parking facilities at the service location – 1%
 - Lighting adjustments can be made at the service location – 1%
 - Accessible vehicles for service users – 1%

iii) **How is need identified:**

- Predominantly by speaking to other professionals (17%) rather than from asking the client. The second most common way is via an assessment or eligibility criteria.
- Some services actively ask people about additional needs when they make contact via conversations with service users / potential users (12%), forms that service users / potential users are asked to complete (12%) or carrying out access audits of the service (4%).
- Other services appear to take a more passive approach by waiting for service users / potential users to make the first move and tell about their needs.

iv) **How are adjustments to services made:**

- The most common adjustment is the provision of interpreters (13%), both British Sign Language (BSL) interpreters and other languages. A further 5% reference the provision of BSL and 4% referenced unspecified "translation".
- Other adjustments, not necessarily relating to physical access, include:
 - Home visits for service users – 9%
 - Reading or understanding information – 5%
 - Appointments in flexible locations – 4%
 - Technology to make the service more accessible – 3%
 - Help doing things online (2%) and filling out forms (2%)
- Information in alternative formats (unspecified – 4%), large print (8%) and easy-read (5%).

v) **Staff Training / Awareness of Adjustments** - 95% of responses indicate that all staff know what adjustments, alternative arrangements or additional support can be put in place. 6% of comments referenced finding information on the staff intranet.

vi) **What do you need to make your service more accessible** - Similarly to the previous questions, the most commonly referenced responses were finance / budget (20%) and more staff (13%). A further 17% of responses referenced improving the digital offer.

More engagement with the disabled community – 7%

- Access to experts / specialist advice – 7%
- Better understanding of issues – 3%
- Finance / budget (20%), more staff (13%), improved digital offer (17%), more engagement with the disabled community (7%), access to experts / specialist advice (7%) and better understanding of issues (3%).

vii) **What are the key barriers to your service being accessible to all:**

- 11% stated that services are already fully accessible so no more needs to be done.
- Barriers identified included:
 - Finance / budget (21%), lack of capacity (8%).
 - Limitations of existing buildings (some are historic buildings which may have restrictions due to Listed Building status, others are just old and from a time when accessibility was not a consideration which makes retro-fitting access improvements difficult and expensive)
 - Reliance on other services / agencies (e.g. to provide front of house services or alternative meeting locations)
 - Technology (could be either due to the expense of upgrading technology to keep pace with guidance or a lack of knowledge of how technology can be used to enhance access)
 - Lack of engagement with the disabled community