



Cheshire West and Chester Council
Focus on our Communities



Cheshire West and Chester's

DISABLED
community



Cheshire West
and Chester

Focus on our Communities

Cheshire West and Chester is made up of many different types of people - with different cultures, beliefs, attitudes and needs.

As a service provider, it is essential we understand our communities so that we can improve quality of life, offer excellent customer services and cater for everyone in the best way possible.

‘Focus on our Communities’ is a series of short reports, each looking at groups that are often hidden or not well known, and who form part of the equality streams covered by the Single Equality Scheme. These reports aim to provide a snapshot of the issues as a spring board to learning more about the residents of Cheshire West and Chester.

The communities considered in the series are:

- The black and minority ethnic community (BME)
- The lesbian, gay and bisexual community (LGB)
- The transgender community
- The disabled community
- Children and young people
- Older people
- The religious community

This particular report focuses on

Cheshire West and Chester's

DISABLED
community

Accessing Cheshire West and Chester Council information and services

Council information is also available in Audio, Braille, Large Print or other formats. If you would like a copy in a different format, in another language or require a BSL interpreter, please email us at equalities@cheshirewestandchester.gov.uk

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Further Information

‘Communities’

Although we have used the term ‘communities’, we acknowledge that these communities are made up of very different individuals, with different needs and outlooks. We have grouped them together to help develop our understanding, as they often experience a level of overlap on the key issues they face.

Equality and Diversity

Further information on the ‘Single Equality Scheme’ and ‘Equality and Diversity’ can be found on the Cheshire West and Chester website at www.cheshirewestandchester.gov.uk/equality

Any comments or questions about equality and diversity should be directed to the Equality and Diversity Managers:

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The Reports

The reports were prepared by the Research, Intelligence and Consultation Team. Information has been gathered from a wide range of local, regional and national data. For further questions relating to the reports please contact:

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Background

‘Focus on our Communities’ is a series of short reports looking at communities of interest in Cheshire West and Chester. These communities are linked to the equality streams covered by the Single Equality Scheme. **Whilst the reports highlight many difficulties faced by our communities, they do not present the good work done by many Council service areas, partners and the Third Sector in supporting vulnerable groups.** Instead, they serve as an introduction to the key issues affecting particular communities. **This report looks at the disabled community.**

Summary

- Disability is often understood to mean a physical impairment but there are a number of ways to interpret and understand disability.
- There are a wide range of conditions, illnesses and impairments that are classed as a disability, including HIV and AIDS, cancer and mental impairments like mental illness and dyslexia.
- In the 2001 Census, 18% of Cheshire West and Chester residents said they had a limiting long-term illness or disability. The proportion of disabled people in the population is forecast to increase over the next decade.
- Disabled people can face discrimination when in work or seeking employment, when trying to access buildings, facilities and services and when using public transport.
- Disabled people are more likely to live in poverty and more likely to have no qualifications than non-disabled people.

Introduction: what is disability?

There are a number of models that can be used to understand disability, the most common being the 'medical model' and the 'social model'. The following definitions are taken from 'Models of Disability' by the Office for Disability Issues.

The Social Model of Disability

Impairment is an injury, illness, or congenital condition that causes, or is likely to cause, a long-term effect on appearance and/or limitation of function of the individual.

Disability is the loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers. Impairments and chronic illness often pose real difficulties for disabled people but they are not the main problems. It is the 'barriers' which exist in society that create the main problems.

The three main areas of barrier are:

- environment (including inaccessible buildings and services)
- attitudes (stereotyping, discrimination and prejudice)
- organisations which operate inflexible procedures and practices.

The Medical Model of Disability

The medical model is sometimes known as the 'personal model'. This is **the traditional view that the inability of disabled people to fully participate in society is a direct result of having a disability**, not a result of physical features of society.

The individual is 'impaired' and the impairment is the problem to be overcome. This model relies on a strong notion of what is 'normal', thereby emphasising the 'abnormality' of impaired people. This model is more likely to lead to the targeting of special welfare benefits, and the provision of segregated services for disabled people.

The focus of the medical profession is to alleviate the effects of impairments, and disabled people need to be treated and rehabilitated to enable them to participate more fully.

The Office for Disability Issues uses, and encourages others to use, the social model.

Range of conditions

Many people understand the term disability to mean a physical or sensory impairment, and consequently associate those who have a physical impairment, for example someone who is blind or is a wheelchair user, as being disabled. However, **there are a wide range of conditions, illnesses and impairments that are classed as a disability.** The term not only covers physical impairments but mental impairments, such as learning disabilities, dyslexia and mental illness, and some conditions associated with illness that worsen over time, such as sclerosis, HIV, AIDS and cancer.

What the law constitutes as a disability is captured by the Disability Discrimination Act, which defines it as **'a physical or mental impairment which has a substantial and long term adverse effect on an individual's ability to carry out normal day to day activities'**.

This definition means that an individual is classed as having a disability if their illness or condition has a significant, negative effect which lasts more than 1 year on activities such as cleaning, washing and shopping.

Key issues affecting the disabled community

Discrimination

People with disabilities face barriers and discrimination in many aspects of their lives.

Research by the Office for Disability Issues found that the top five areas of discrimination for disabled people were:

- In work or employment
- While out and about
- In relation to benefits
- Transport and getting around
- Using public health services.

Discrimination can take many forms. It may result in people being denied a job or promotion because of their impairment or being spoken down to by staff when using a facility or service. It may also involve being denied access to particular services or buildings, making it difficult

for people to carry out day to day activities that others may take for granted, like going to the pub or voting in the General Election.

In employment

Under the Disability Discrimination Act, it is unlawful for employers to discriminate against disabled people for a reason related to their disability including job applications, terms of employment, and training or promotion opportunities, unless this can be justified.

However, the Office for Disability Issues found that **the workplace and employment was the area where disabled people were most likely to feel they had experienced discrimination.** This may involve being overlooked for a promotion or not being given a job at all, which can have a devastating impact on confidence and self-esteem.

Research by the Office for Disability Issues also found that **disabled people aged 16-34 were more likely than any other age group to say they were not in work because they feel they do not have the skills required to get a job.** This echoed findings from research with young South Asian disabled people in 2002, who felt that there was little help for young disabled people seeking employment and that poor expectations of what young disabled people could do also restricted their ability to progress to a job or career that they aspired to.

Access to Services

Being unable to access services can make people feel they are excluded in society, isolated from key areas of life, as well as affecting wellbeing and health. Research by Leonard Cheshire Disability and Ipsos MORI found that **40% of disabled people felt they had experienced difficulties when accessing goods and services during the last 12 months.** The Office for Disability Issues found that the top five barriers in accessing goods or services were:

- Difficulty getting into premises, like steps at the entrance of buildings and heavy external doors
- Difficulty getting around inside, for example poor signage of accessible entrances, lack of space to manoeuvre around and services being provided on a level that is not accessible
- Lack of facilities, such as accessible toilets, parking and hearing induction loops

- Difficulty using public transport
- Difficulty understanding or making themselves understood.

In addition to this, findings from Cheshire West and Chester's 2010 Our Community Survey show that 'being able to access leisure and cultural facilities' and 'getting transport when I need it' were problems identified by disabled respondents as affecting their quality of life. Similarly, disabled respondents were significantly less likely to take part in cultural and leisure activities.

Transport

Transport is extremely important to everyone in terms of day to day activities but is particularly significant for disabled people as it can provide **people with freedom and independence.**

Transport can be a key barrier to participation in social and leisure activities, education, employment and access to important health care services. The 2010 'Our Community Survey' found that disabled respondents in Cheshire West and Chester were significantly more likely to say that barriers to participation included 'lack of transport' and 'the cost of transport'. This has implications for people's inclusion and involvement in society, as well as their mental and physical wellbeing.

Making transport more accessible is not just about ensuring public transport, such as trains and buses, are accessible, but also ensuring information about these accessible forms of transport are readily available. It is also important that transport facilities, such as trains and coach stations, are fully accessible too.

Employment and unemployment

According to research by the Joseph Roundtree Foundation and the New Policy Institute, the proportion of people who are not in work but would like to work is consistently higher for disabled people than non-disabled people. It is estimated that around 50% of disabled people of working age in Great Britain are in employment compared to 80% of non-disabled people.

According to the Office for Disability Issues, those disabled people who are employed are more likely to work in elementary occupations and individuals with mental health conditions are least likely to be in paid work.

Research by the Department for Work and Pensions also found that the more severe an individual's impairment, the poorer their job prospects. **Young people may feel they have to reject their original career aspirations because of society's view that particular occupations are unavailable to those with disabilities.** Research with young South Asian disabled people found that discrimination and feeling that others negative (disabling) views restricted the options of disabled people and prevented them from realising their full potential. A report by Nottingham University highlights **the importance of positive disabled role models** that provide inspiration for younger people who are unsure of what they are able to achieve. The report also identifies the limited access to work experience disabled young people face, often because they are restricted to those employers who offer an accessible environment as opposed to those who meet the career interests of young people.

In relation to the impact the workplace can have on mental health, losing a job, facing a cut in working hours or salary can be extremely distressing and sometimes act as a trigger for mental health conditions like anxiety and depression. A report for Elizabeth Finn Care has found that, **since the economic downturn, there has been a large increase in mental health problems amongst workers.** Of those who have lost their job over the past year, 71% have suffered depressive symptoms, with those aged 18-30 more likely to experience problems. Those who have suffered from long-term health problems, such as mental illness, may also find it difficult, and more stressful, getting back into work.

Safety

Hate Crime

Some people perceive disabled people to be vulnerable or easy targets and, in the past, crimes towards disabled people were not seen as being motivated by prejudice. This changed when the Criminal Justice Act 2003 allowed for sentences to be increased for 'disablist hate crime' - crimes which involve hostility based on the disability (or perceived disability) of the victim, and offences motivated by hostility towards disability.

A number of high profile incidences of the harassment, assault and even murder of disabled people over the last few years have highlighted the prevalence of 'disablist hate crime' in Britain. However, according to 'Getting Away With Murder', a report outlining disabled people's experiences of hate crime, it is under-reported to the police because disabled people, particularly those with learning difficulties, find it difficult to access police services and information and fear that they will not be taken seriously. The same report highlighted typical 'characteristics' of those who carry out disablist hate crimes; they are often carried out by carers, people the victim consider to be their 'friends' or neighbours who live close by. There is a trend for low-level crimes and anti-social behaviour, such as vandalism of property and verbal abuse, to escalate into more serious incidences of assault and murder. Furthermore, these 'low-level crimes' are often systematic and regular, happening over a long period of time.

Research in 2004 by the Disability Rights Commission found that **almost half of all disabled survey respondents had been frightened or attacked because of their disability and those with learning difficulties were more likely to be targeted.** A survey conducted by the mental health charity Mind in 2007 also found that 90% of respondents with mental health issues who lived in local authority housing had been victimised in their community.

Safety and fear of crime

Hate crime can have a devastating impact on those who are victims of it, as well as their family and friends. **Fear of crime and victimisation can leave people feeling vulnerable and isolated,** particularly if they feel they have to restrict their movements and daily activities for fear of being targeted.

Cheshire West and Chester's 'Our Community Survey 2010' found that respondents with a disability or long-term illness were significantly less likely to feel safe in their local area during the day and after dark compared to those without a disability. They were also significantly more likely to say that people treating each other with respect and consideration is a problem in their local area.

Living with a long-term or chronic illness

Living with a long term or chronic illness, such as cancer, HIV, AIDS and multiple sclerosis, can have a huge impact on every aspect of an individual's life. Some of the key issues they may face include:

- **financial hardship**, particularly if an individual has to leave work due to deteriorating health, has additional travel requirements (frequent trips to appointments), needs extra childcare provision or needs extra support with daily tasks
- **physical symptoms** of an illness, as a result of treatment or side effects of drugs, such as pain, fatigue, sickness and mobility problems
- **the onset of mental health conditions**, including depression and anxiety
- **impact on personal relationships**, particularly if loved ones find it difficult to provide emotional and practical support
- **feelings of isolation, loneliness and low self esteem**, especially where symptoms of an illness or treatment mean that an individual can no longer get out and about or complete everyday tasks without help or support.

Personal relationships

Research by Leonard Cheshire Disability (Up Close and Personal 2008) found that **disabled people had much lower expectations in terms of personal relationships than non-disabled people**. The Up Close and Personal report revealed that disabled people:

- were less likely to be optimistic about meeting the right partner
- felt that disabled people were more likely to be lonely
- believed their impairment made it harder to meet people, particularly as many disabled people found it difficult to access pubs and clubs.

This was despite the fact that the findings showed there was very little difference between disabled and non-disabled people's experiences and anxieties about meeting people and forming relationships.

However, these negative expectations held by disabled people are compounded by negative attitudes and assumptions of some non-disabled people. For example, there is sometimes a perception that people with learning disabilities can not and do not have sexual or romantic relationships or get married. Similarly, the Joseph Rowntree Foundation has found that disabled parents often face assumptions that their impairment or illness places their children at greater risk of deprivation, potential harm or abuse. In addition, parents with disabled children can feel extremely protective of their child and may find it difficult to let their child become more independent as they get older.

Carers

From the 2001 Census, it is estimated that 11% of people in Cheshire West and Chester provide unpaid care, with around 2% giving unpaid care for 50 hours or more a week. Research conducted by Carers UK in 2006/7 found that **longer term carers who dedicated a large amount of their time to caring for a loved one were supporting a disabled child or partner**.

Currently, around 150 young carers in Cheshire West and Chester receive a service from St John's Ambulance Young Carers Project, with a further 30-40 on a waiting list, although there may be many more hidden young carers who haven't been identified by the project. **A young carer is defined as a child or young person under 18 who provides or intends to provide care, assistance or support to another family member.**

Some of the issues faced by carers include:

- **Financial problems**, often caused by extra costs incurred when using accessible transport such as taxis and purchasing specialist equipment, as well as the difficulties associated with balancing caring responsibilities with employment. This can have implications for the well being of both the carer and their loved one.
- **Difficulties receiving adequate help and support** from service providers, such as gaining access to vital health services and obtaining funding for equipment and aids.
- **A perceived lack of flexibility of services** that are sometimes considered to be too slow, or inadequate, at responding to specific needs of both the carer and individual.

- **Problems accessing information** about help, support and benefits available to carers and their loved ones.
- For young carers, **caring responsibilities can impact on school, college or university work and opportunities to socialise** and take part in activities, which can leave them feeling under pressure, isolated and 'different' from their peers.

Families

Parents and siblings of disabled children may face a range of additional issues. Families may find it difficult to take holidays or trips away because of the level of caring responsibilities or type of care a child requires. Siblings may feel restricted in their activities if a brother or sister has a disability, particularly if they have a role in helping to care for them.

The extra pressure on single parents to care for disabled children can also be great, particularly when trying to juggle caring responsibilities with employment and looking after other siblings. Care arrangements for older disabled children can be a cause of great anxiety for older parents who worry about who will look after their child if they become ill or are no longer physically able to look after them.

Children and young people

Children and young people with disabilities have the same interests and aspirations as their non-disabled peers and want to be able to take part in the same sorts of social and leisure activities. The ability to take part in sports and leisure activities can be hugely affected by facilities available, such as changing and toilet facilities, as well as the availability of transport and access to buildings.

When accessibility is difficult it can make children and young people feel less independent and reinforces the feeling of being different, isolated and excluded from mainstream society.

Research by the Joseph Rowntree Foundation and University of Nottingham has found that many disabled children and young people attending both special and mainstream schools find it extremely difficult to make friends and form relationships.

At mainstream schools, disabled children are often treated differently and therefore find it hard to make friends with non-disabled children, and those in special schools rarely have contact with non-disabled children and often live a distance away from friends they attend school with. This can lead to feelings of isolation and loneliness.

Education

Research has found that **disabled young people often feel that academic opportunities are limited in special schools** and that they don't fully provide them with the 'tools' to interact with non-disabled people. Many also feel that special schools reinforced differences between disabled and non-disabled individuals, which can make people feel isolated and 'different'.

Of course, some appreciate the barrier free environment that a special school provides, and feel that they would not be able to attend school if there were not special schools to provide adequate help and support. However, research by the Joseph Rowntree Foundation found that **there is often a stigma attached to having a 'special school' education.** The same research also identified that those who attend these schools are more likely than those who attend mainstream schools to leave with no formal qualifications.

Mainstream schools are not without their problems. The Joseph Rowntree Foundation identified that **disabled young people who attended mainstream schools often felt undervalued and under-confident in their abilities** compared to their non-disabled peers. This resulted from being teased and bullied because of their disability and overlooked by teachers. A disabling environment can also mean children and young people feeling isolated and set apart from their peers.

Those who are admitted to hospital for treatment because of a chronic illness for a length of time may find it difficult to keep up with school work and friendship groups, as lengthy absences can break the social bonds established between children and young people.

Conditions like dyslexia and attention deficit hyperactivity disorder (ADHD) can have huge impacts on achievement in school, confidence and self-image, which can lead to the development of behavioural and emotional difficulties.

Transition to adulthood

As with all children and young people, their needs vary depending on their age and the stage of life they are at. For disabled young people in particular this will have an impact on the type of services they access and the help and support they require.

There is often a chasm between child and adult services – young adults and their loved ones may find that support received, or groups attended will change, when someone is no longer classed as a child.

Transition into adulthood is a significant event for all young people but may be especially so for those with disabilities. Young disabled people often find it difficult to balance the need for help and support from their family and carers and the urge to be independent and become 'their own person'. For all young people, overprotective parents can be an annoyance but for those with disabilities it can be particularly frustrating, especially if they already feel they are too dependent on their family for care and support. This can lead to feelings of low self-worth for the individual, but can also be a difficult situation for loved ones and carers to deal with.

Housing

Being able to live in comfortable and accessible housing can have a huge impact on disabled people's quality of life, helping people live independently and improving well-being. However, according to the Papworth Trust, a registered charity and social landlord for people with disabilities, **disabled people are twice as likely to live in poor housing than non-disabled people.**

Living in a home that is unsuitable or hinders a person's activities on a daily basis because of a lack of sufficient room to move around, a down stairs toilet, lift or accessible bath can have implications for personal safety, independence and self-worth. Gypsy and Travellers living in a caravan may also face restrictions in the extent of alterations they can make to their home.

According to Mencap, most adults with a learning disability do not get a choice of where they live or who they live with.

The report 'Adults with learning difficulties in England' 2003/04 found that most adults with a learning disability live with their parents or other relatives, with few living in their own home or having their own tenancy agreement.

This is often due to a perception of vulnerability and the need for the right level of support and resources from local authorities.

Poverty

According to Leonard Cheshire Disability, **disabled people are twice as likely to live in poverty than non-disabled people, with those suffering mental health problems most likely to be concerned about their financial situation.**

This is attributed to a number of issues, including low income, often as result of:

- poor employment opportunities and the low unemployment rates of disabled people
- poor educational opportunities, particularly for young disabled people
- dependence on benefits
- lack of savings
- lower paid jobs.

It is also widely acknowledged that many disabled people face additional costs because of their impairment, including additional fuel and heating costs, transport costs and the need to pay for prescriptions, medical treatment and equipment and adaptations to their homes.



Ethnicity, culture and religion

According to the Papworth Trust, Bangladeshis and Pakistanis have the highest rates of disability of all ethnic groups and the Office of National Statistics identified that Muslims have the highest rate of disability (24% for women and 21% for men) of any religious faith. Research with South Asian disabled people and their families identified that **accessing religious and cultural facilities can often be problematic**.

This may result from physical barriers preventing access to places of worship or having appropriate cultural facilities at short break schemes for disabled children (such as quiet places to pray, female only residence and culturally appropriate food).

In some religions and cultures, there is an amount of stigma attached to disability and impairment, which can result in disabled people and their loved ones being isolated from their community and having feelings of low self worth. This is often a result of strict gender roles that are stressed in some cultures and religions that can impact hugely on how people with disabilities view themselves and their role in society.

For example, a Joseph Rowntree Foundation report found that in cultures where arranged marriage occurs, finding a suitable partner was seen to be problematic due to the strong belief in the traditional roles of wives as home-makers and husbands as protectors and providers. Because of the importance placed on marriage, this proved to be a cause of stress for some individuals and their families.

Ethnicity, culture and mental health

The stigma attached to mental health conditions can be great in some religions and cultures and may mean that individuals do not seek help or find accessing services difficult. Some mental health conditions may be interpreted in a spiritual way, for example as the result of a 'demonic attack', and be a cause of great distress for the individual and their family.

Research has found that Gypsies and Travellers are more likely to suffer from mental health problems such as anxiety and depression, often due to experiences of racism or lack of employment. This group is also less likely to access health services.

Multiple discrimination

Not only do those with impairments face discrimination because of their disability, those belonging to an ethnic minority or faith group may also face racism and hate crime because of their ethnicity or religion (or both). The dominance of stereotypes and myths about ethnic minority groups, such as the assumption that care and support is abundantly available from extended family and the desire to want to care for an individual 'within the family', can result in those who need help and support being overlooked by services.

Key Facts

Population

In 2007/8, the Family Resources Survey found that there are over 10 million disabled people in Britain, representing about a sixth of the population, half of which were over the state pension age. From the 2001 Census, 18% of all people living in Cheshire West and Chester had a limiting long-term illness and 13% of the working age population (aged 16-60 for men and 16-59 women) had a limiting long term illness. About 17% of all disabled people were born with their impairments, and, despite the fact that the most common symbol for disability is a person in a wheelchair (The International Symbol of Access), wheelchair users only make up around 5-10% of all disabled people.

Disability is strongly related to age. According to the Papworth Trust, nationally around 2% of 16-19 year olds are recorded as having a disability compared to 31% of those aged 50-59 and 78% of people aged 85 or over.

According to the Department of Health, it is expected that in Cheshire West, of those aged 18 and over:

- around 2% have a learning disability
- 8% have a moderate physical disability
- 2% have a serious physical disability
- 16% have a common mental health disorder.

Furthermore, 20% of women in the area aged 18-64 are predicted to have a common mental health disorder compared to 12% of men.

Employment

At September 2009, from the Annual Population Survey, of the 17% of the working age population of Cheshire West and Chester who were disabled, 48% were in employment, and 8% were unemployed. For non-disabled people of working age in Cheshire West and Chester, 86% were in employment and 7% were unemployed. The proportions were similar to those for England.

Qualifications

According to the Labour Force Survey, in 2008 for the working age population:

- 24% of disabled people had no qualifications compared to 10% of the non-disabled population
- 11% of disabled people had degree-level qualifications compared to 22% of non-disabled, which reflects an increase for non-disabled people since 2005.

Legislation

The **Disability Discrimination Act (DDA) 1995** aims to protect disabled people from discrimination and promote equality in a number of key areas, including:

- access to goods and service
- employment
- health
- education
- transport.

Amendments to the Act in 2005 extended its scope, including placing obligations on public sector organisations (including schools, the NHS, the Police and local authorities) to promote equality of opportunity for disabled people in the policies they implement and the services they provide under the **Disability Equality Duty**.

The Equality Act 2010, aims to consolidate and simplify the law by bringing key anti-discrimination legislation together. The Act delivers improved protection from discrimination for disabled people. Amongst the new areas of protection for disabled people are:

- protection from discrimination that occurs because of something connected to a person's disability ("discrimination arising from disability")
- protection from discrimination that happens because of a person's association with a disabled person, or because a person is wrongly perceived to be disabled
- protection from disability-related harassment in respect of access to goods and services and in larger private clubs (such as golf clubs that select members).



What does this mean for Cheshire West and Chester

For the Area

As the number of people with a limiting long term illness or disability is forecast to increase over the next decade, the issues highlighted in this document are even more prominent than at present. Improving facilities for disabled people also helps other groups of people, including older people and parents with young children, so many people can benefit from positive changes.

For the Council

- **The Single Equality Scheme** places a legal duty upon councils to ensure services and staff do not act discriminatorily. In particular, it is important that the Council ensures information is provided in a range of formats and that buildings and other facilities are as accessible as possible.
- For Council services, a first important step will be to recognise the impact of disability upon services and to take forward **equality impact assessments** to ensure positive progress can be made.
- **Awareness training** to ensure all staff have an understanding of, not only their duty, but of the issues that affect different groups of people, can help identify potential issues in service areas.
- The Council also has a duty to ensure **fair employment** and that employees are treated in an equal manner and supported.
- The issues around employment, discrimination and accessibility (besides others) emphasise the **importance of support and advocate groups** (groups that petition and promote the rights of minority groups). Funding and supporting these groups are functions of the Council. These groups can give information about benefits, health promotion and learning resources and act as a social network.
- **Consultation** is extremely important, to ensure that any changes to services and practices do not have an adverse impact on disabled people, and that changes made to improve accessibility are suitable for the people who will use the facilities.
- **Highlighting and promoting the positive work done by the Council, partners and the Third Sector will help to share good practice** in increasing inclusion, acting against discrimination and hate crime, exploring issues related to employment and education, and is extremely important in working towards the transformation of services.

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