Disability Sheffield

Centre for Independent Living

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Developing 'Voice and Influence' for disabled people in Sheffield

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Summary

Sheffield City Council values the role that organisations such as *Disability Sheffield* play in representing the views of disabled people across the City and, despite budget cuts, remain committed to funding Voice and Influence work.

There are many opportunities for closer working, mutual signposting and capacity building across organisations working in the equalities area, and the need for innovative and creative solutions is greater than ever. It is clear the significant knowledge, expertise and commitment in organisations across the City has the potential to ensure the voice of the diverse population of disabled people can continue to be represented effectively. *Disability Sheffield* has an important role to play in this.

The report highlights many opportunities, challenges and tensions. However, some of the key things that *Disability Sheffield* should think about or do are:

- Ensure all of its work and that of its partners is focussed on promoting independent living for disabled people and is led by the voice of disabled people.
- Develop its unique identity as an 'umbrella' disability organisation with a pan-disability and City-Wide focus, but ensure it presents this 'ambition' carefully and in a way that embraces rather than alienates other organisations.
- Recognise that it cannot connect with and deliver its services to all of the groups it would like to, make significant efforts to increase its membership (in particular its diversity) and develop links with other organisations to ensure the voice of all disabled people in all communities in all areas of the City is heard.
- Learn from the long history of attempts to establish networks across Sheffield and work in partnership to develop a loose network that can link up and share information/resources/contacts via a central 'hub' and facilitate co-produced co-hosted events in a range of locations around the City.
- Work in partnership to develop a co-ordinated social media strategy, particularly around specific events, announcements, issues or groups of disabled people or people in particular areas.
- Develop ways of getting the advice and support it delivers valued and financially supported along with alternative ways of raising funding by bringing in external consultants and drawing on experience from other User Led Organisations.

Acknowledgements

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The emerging findings for this report were presented at the *Disability Sheffield* AGM in March 2014. The questions and comments that followed this presentation and the contacts afterwards were very helpful in finalising this report.

The author is a Trustee of *Disability Sheffield*, but was commissioned to undertake this work in an independent capacity. All conclusions are those of the author and not of Disability Sheffield, Sheffield City Council or any other organisation.

1. Introduction

This report looks at the role *Disability Sheffield* might be able to play in ensuring that disabled peoples' views are effectively represented in Sheffield. It looks at how *Disability Sheffield* might work with other groups, organisations and stakeholders to increase the impact of this 'voice' on the way in which decisions are made by Sheffield City Council and other organisations about disabled peoples' lives.

1.1. What is Disability Sheffield?

Disability Sheffield[1] is a membership and user led organisation which is run and controlled by disabled people. It has existed in various forms for just over ten years, most recently as *Sheffield Centre for Independent Living (SCIL)*. Since its inception, it has undertaken several transformations both in terms of its form and its focus. However, at its heart, it has always sought to be a user led organisation which represents the views and perspectives of disabled people with the aim of improving their lives.

It is an organisation which promotes independent living for disabled people, by which they mean that disabled people should have the same freedom and rights to exercise choice and control over their own lives as any other person, and it aims to help Sheffield become a city in which disabled people from all walks of life, whatever their impairment and wherever they live, feel included, valued and empowered to make informed decisions about their lives. Its main aims are:

- To work with and encourage disabled people to take control over their lives and achieve full participation in society – at home, at work and in the community;
- To strengthen the participation and voice of disabled people within the planning, delivery and monitoring of resources and services to support independent living;
- To work in partnership with the public, private, voluntary community and faith sectors in the best interests of disabled people; and
- To deliver responsive, high quality and professional services and projects that meet needs identified by disabled people to support independent living.

At the time this work was undertaken, *Disability Sheffield* had an ongoing (though reducing) amount of funding from Sheffield City Council under the 'Voice and Influence' funding stream. However, the bulk of its funding is gained through

[1] See URL: http://www.disabilitysheffield.org.uk/

competitive tendering for contracts, approaching charitable bodies and foundations for grants and undertaking direct commissions for specific pieces of activity.

Whilst it is a membership organisation, it does not currently raise funds through this route and until recently has not actively campaigned for donations or bequests. The changes to the way in which Sheffield City council will fund Voice and Influence work (implemented in 2014) have significant implications for *Disability Sheffield*. However, in anticipation of the direction of travel of such 'core funding', it has begun to develop links with social enterprises, businesses and other voluntary organisations as part of its longer term aim of diversification of its funding streams to achieve a sustainable financial outlook. This said, the potential absence of guaranteed minimum funding (even at the current reduced levels) is a matter of concern for *Disability Sheffield's* ability to prioritise the kind of activity which the City Council might wish for it to undertake.

This work has looked at how *Disability Sheffield* might improve the way that disabled peoples' voice is heard in this context.

1.2. What does *Disability Sheffield* do?

Disability Sheffield delivers a range of services and engages in a broad range of other activities. These break down into three main areas: direct provision of services to disabled people and people 'affected by disability', awareness raising/training and work around representing the views of disabled people ('Voice and Influence'). At this point in time it does not undertake formal campaigning activity on disability issues.

Some of the activities it is involved in are delivered as a standalone organisation, whilst some are (and have long been) delivered in partnership working with others. These include, but are not limited to, such activities as follows:

Advocacy and Information Service

- Free, confidential and independent advocacy service for disabled people living in Sheffield who are having trouble getting the health or social care services that they need.
- Free, confidential information to disabled people, their families and friends, their personal assistants and carers and any other organisation or individual in Sheffield who needs information about a disability related issue.
- Collating and disseminating relevant news items and information to members and other organisations via regular emails to members and other organisations, ad hoc leaflets and the Disability Sheffield website.

Supporting Disabled People into employment

- 'Just the Job' Peer Support Job Collective – fortnightly sessions, Information Technology workshops, social activities.
- Work with employers to support them in employing more disabled people.
- Web-based employment resource of organisations and services that can provide a range of information, advice, skills and support disabled people might need to help them to work.
- Training for practitioners around the benefits of working for disabled people and support that is available, and opportunities to meet with service providers.
- Regular contact with Job Centre Plus and local colleges.

Work to support Individual Employers and Personal Assistants (PAs)

- Development of peer coaching and mentoring project.
- Promotion of resources and training opportunities individual employers and PAs.
- Developing support for self-funders who may be an employer of PAs.

Self-advocacy

- Speaking Up For Action (SUFA) a group for people with learning disabilities with links to the Peoples' Parliament.
- Support for Side by Side – personalisation peer network.

Development of Disability Hate Crime third party reporting centre

- Discussion event on reporting disability hate crime.
- Development of a third party reporting centre.
- Working with South Yorkshire Police and Sheffield City Council's Safer and Sustainable Communities Partnership.

CredAbility

- Work with local providers and disabled people to development a Quality Assurance Scheme focussed on accessibility for disabled people.

Voice and Influence

- Membership and involvement in strategic pieces of work within the City, including:

    - Health and Wellbeing Board Health, Disability/Employment work stream;
    - Housing Equality Group;
    - People Development Board;
    - Individual Employer and Personal Assistant Development Group;
    - HealthWatch Virtual Advisory Network;
    - Sheffield Museum's redevelopment work;
    - MoveMore partnership;
    - Right to Control trailblazer; and
    - Ageing Better partnership (with South Yorkshire Housing Association).

Ensuring the voice of disabled people is included in consultations/ discussions for example:

- Adult social care discussion forums.
- Joint work with HealthWatch to enable people to respond to the changes in Adult Social Care.
- Discussion event on reporting disability hate crime.

Contact with disabled people and other organisations

- Disability Sheffield mailing list.
- Disability Sheffield Volunteers.
- Links with other equality strand voice & influence organisations including 50+ and Black and Minority Ethnic (BME) Network.
- Links with impairment specific organisations for example The Muscle Group, Myalgic Encephalopathy (ME) Society.

Volunteering

- Disability Sheffield has a developed volunteer programme providing support to a range of projects in the organisation, including the advocacy and information service, Just the Job project, Speaking Up for Action (SUFA).
- Using volunteering to enable disabled people to develop skills and supporting them to access employment opportunities.

More information about *Disability Sheffield* – including governance, services and links - is available on their website[2]

1.3. What is the future for 'Voice and Influence' in Sheffield?

Sheffield City Council recently undertook a review into how it supports the City's 'Communities of Interest' (e.g. tenants or environmental groups) and 'Communities of Identity' (e.g. older people, disabled people, people from BME populations). This involved it looking in detail at how it will work in partnership with relevant representative organisations to ensure that the views and perspectives of a broad range of people are taken into account when decisions are made on issues that affect them, their communities and the City.

The City Council stressed the importance they attach to this agenda when stating the 'working assumptions' for their review, these being:

- Voice and influence and citizen participation and community development are key attributes of a successful city;

- There is good practice within the City and there are areas for development;

[2] See URL: http://www.disabilitysheffield.org.uk/

- The model (decided upon) should be able to be scaled according to levels of investment which makes proactive use of new technologies to maximise potential for easy and effective engagement; and

- The model (decided upon) should address all communities of identity within the protected characteristics in the Equality Act 2010.

At the time of the review, the arrangements for voice and influence were complex and the rationale for change was to develop a more streamlined and efficient framework – and one which could be delivered at a significantly reduced cost. The justification for having provided this funding in the past was on the basis that it had been accepted that people with 'protected characteristics' suffer disadvantage and have specific needs different from the community as a whole and that increasing their participation and involvement in decision making was an important element in overcoming such disadvantage.

In undertaking its review, the City Council made some very positive remarks about the role the networks had already delivered over a number of years. For example, it noted that they:

- Helped the council in circulating information and facilitating dialogue and consultation between services and specific communities;

- Advised the council, and other statutory partners such as NHS and the Police, as part of strategy and policy development;

- Supported partnership working on events and projects with the Council and other agencies; and

- Encouraged people to contribute to their communities through volunteering and active citizenship.

The review set out some of the challenges the City Council faced in their desire to continue with their Voice and Influence work in the context of an overall reduction in funds available to support it. These included:

- Maintaining relationships with groups in the existing funded networks that were supporting the City Council's objectives *as well as* supporting groups with a protected characteristic but which did not previously receive funding in relation to voice and influence (e.g. women, LGBT, religion/belief);

- Recognising the different needs of communities who share specific protected characteristics, whilst addressing cross-cutting issues, particularly for people who share a range of protected characteristics such as people who are BME and LGBT or Disabled women etc.; and

- Encouraging joint working across communities on shared issues, with co-ordination support from the Council.

It is in this context that this work was undertaken for *Disability Sheffield* and which stressed the need for this work to look in detail at how the organisation could respond to the changing circumstances and ways in which the City Council would fund Voice and Influence work in the future. In particular, it stressed the need for *Disability Sheffield* (as other organisations) to look at how it could work more closely with other organisations across the City.

1.4. Terminology

For ease of reading, this report refers to 'disabled people' and 'disability' to refer to people who have an impairment or a limiting long-standing health condition. In addition, in line with the Equality Act 2010, it does not differentiate between 'self-reported' and 'assessed/diagnosed' disability, impairment or health condition.

1.5. How was this work undertaken?

This work involved three main elements:

Firstly, it involved analysis of readily available Census 2011 data on Sheffield. In late 2013, it became possible to look at the population of Sheffield who were and were not disabled at a level of local detail that was previously not available. This short analysis aimed to provide an indication of the prevalence of disability in the City and of the distribution of disabled people across the City. In-so-doing, this was intended to indicate to both voluntary and statutory organisations that counts of disabled people reliant on administrative data – such as benefit receipt or service use – significantly under-estimated the numbers of people who might benefit from a more inclusive range of policies which enabled.

This analysis was augmented by use of some existing data from the Office for Disability Issues (ODI) compilation of statistics from Building Understanding (ODI, 2013) and the Fulfilling Potential Toolkit (ODI, 2014)

Secondly, it involved having in-depth discussions with a range of people across Sheffield. This included a broad range of individual disabled people, representatives of organisations with a focus on disability/health and also organisations with a focus on other aspects of diversity/equality/identity but where disability was an issue which they had thought about (or were prompted to think about). It also involved having discussions with people in other organisations involved in health/disability policy and practice in the City.

In the end, a combination of 28 face-to-face and telephone interviews were undertaken – these ranging from about twenty minutes to over two hours. In addition,

some people preferred to send some written thoughts by email, and in some cases, these developed into an email Q&A discussion (and on a small number of cases, further interviews). All information was collected anonymously and no individuals or organisations are identified in this report.

Thirdly, it involved discussion of the early findings with attendees at the *Disability Sheffield* AGM in March 2014 to gauge whether and to what extent the emerging messages from this work chimed with peoples' lived experience and to elicit further contacts or opinions. These helped greatly with finalising this report.

1.6. Structure of the report

The remainder of this report is structured as follows:

- **Chapter 2** sets out the analysis of 2011 Census statistics and other key data from the ODI statistical toolkit;
- **Chapter 3** sets out the main findings from the interviews, information gathering and email Q&A; and
- **Chapter 4** offers a set of recommendations/suggestions for the future.

2. The characteristics of disabled people, and what they want

This Chapter uses readily available data from the 2011 Census to provide a profile of Sheffield's population of disabled people. When looked at in conjunction with some of the statistics from the Office for Disability Issues (ODI) Fulfilling Potential toolkit, this gives an indication as to where in the City the population of disabled people live and of the kinds of issues that are important to them.

There is a wealth of information available[3] on the overall population of Sheffield, some of which covers issues relating to health, well-being and care. However, most statistics on the circumstances and characteristics of disabled people, and certainly those detailed enough to provide useful indication of what people need, prefer or aspire to, are not available at a local level. This is a challenge to analysts, policy makers and those responsible for commissioning and delivering services, and in the absence of detailed data a range of (often misunderstood) proxy data can be used.

It was not the remit of this work to attempt a comprehensive review of these data. Therefore, this Chapter only includes a selection of data that should be of interest to *Disability Sheffield* and the organisations which they work with in their efforts to represent the voice of disabled people more effectively in Sheffield. This will require readers to accept that local population estimates and national statistics need to be used in partnership in order to result in them having any form of reasonable understanding of the circumstances and characteristics of disabled people – and, more importantly, what they think needs improving and how.

2.1. The population of Sheffield

The total population of 'usual residents' for Sheffield estimated from the 2011 Census is just over half a million (552,700) with an additional 3,400 non-UK short-term residents. This makes the City England's third largest metropolitan authority.

These figures represent an increase in the population of the City since the 2001 Census of 39,500 (7.7%), this very similar to the increase in the national population (7.8%). The Census estimates that:

- The male population is 272,700 and the female population is 280,000;
- The number of children aged 0-14 is 94,500, whilst the number of 0-19s is 136,800 (around a quarter of the total population);
- The population aged 65+ is 85,700, with 24,200 aged 80 or over; and
- The number of people living in communal establishments such as halls of residence, care homes, etc is 13,600 residents.

[3] ONS Neighbourhood statistics site: URL http://bit.ly/1h3tVD4

At a more local level, the population of different areas of the City have also changed in different ways between 2001 and 2011.For example: 21 wards have increased in population size since 2001, whilst 7 have got smaller. Most notably, the population of Central ward has more than doubled since 2001 (much of this as a result of the development of student accommodation). In contrast, the wards that have reduced in population size the most are Birley and Southey (which have both had major regeneration programmes), and Woodhouse and Graves Park.

The population in different areas of the City are set out in Table 2.1. Looking at these figures in more detail, this indicates that population density varies greatly across the City. Central, Broomhill and Nether Edge Wards each have over 60 people per hectare, whilst Stannington, Stocksbridge and Upper Don, Fulwood and Dore & Totley each have less than 10 - the latter wards containing rural areas of the City and the Peak District National Park.

Table 2.1 Population of Sheffield by Area, Census 2011

Arbourthorne	19,133	Gleadless Valley	21,089
Beauchief/Greenhill	18,815	Graves Park	16,705
Beighton	17,939	Hillsborough	18,605
Birley	16,943	Manor Castle	21,223
Broomhill	16,966	Mosborough	17,097
Burngreave	27,481	Nether Edge	18,890
Central	36,412	Richmond	17,724
Crookes	17,700	Shiregreen/Brightside	20,826
Darnall	23,489	Southey	19,086
Dore/Totley	16,740	Stannington	18,222
East Ecclesfield	18,295	Stocksbridge /Upper Don	18,541
Ecclesall	18,461	Walkley	21,793
Firth Park	21,141	West Ecclesfield	17,699
Fulwood	18,233	Woodhouse	17,450

The age structure in the City has also changed significantly since 2001. This is due to a number of factors, including natural change (as ‘bulges’ in the age structure progress through the age range); immigration to the City (particularly of overseas and UK students); and an increased birth rate in the last few years. The age group in Sheffield that has increased the most since 2001 is the 15-24 age group, this is double the national increase. In addition, changes in the location of student accommodation in the City have had an impact on the young adult population; e.g. the 15-19 population has reduced in Broomhill but increased significantly in Fulwood.

The older population in Sheffield has also increased, but by much less than the national average: e.g. the 65+ population has increased by only 2% over 10 years

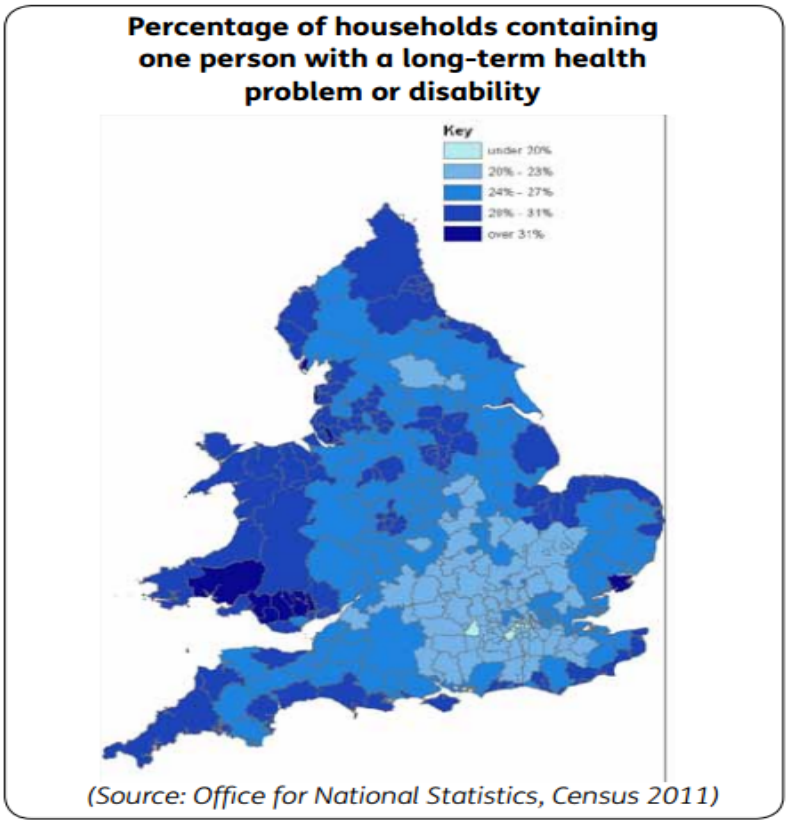
(compared with 11% nationally), whilst the population of 75-84 year olds in Sheffield has decreased by around 4%.

2.2. The disabled population of Sheffield

Overall, Census 2011 data estimates that just under 104,000 people in Sheffield said their health condition or disability resulted in their experiencing some degree of difficulties with their day-to-day activities. This represents almost one-fifth (19%) of the population of the City classified as being 'disabled' under the Equality Act (2010) definition.

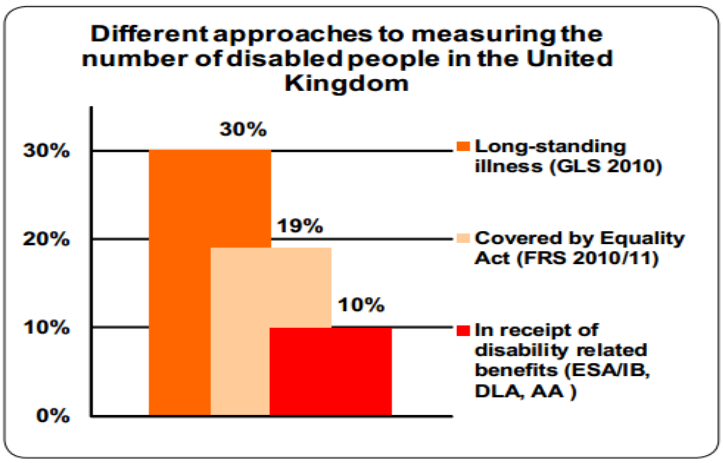
This is in line with estimates for the Yorkshire and Humber region overall and national estimates of the population of disabled people. It is considerably lower than many other areas of England and Wales, such as Neath Port Talbot (35%), Blaenau Gwent (34%), Blackpool (34%) and Knowsley (33%) (Fig 2.1).

Fig 2.1



This figure of 104,000 compares with the most recently available statistics on DLA receipt amongst the population of Sheffield of 32,700[4] (this also including people of all ages), this being part of the wider estimate of the proportion of the working age population in receipt of 'incapacity related benefits' being about 7%[5]. Again, the figures for benefit receipt are in line with the proportion for Yorkshire and Humber overall and just below national figures. The difference between these figures – and of another measure, that of Long-standing Illness (LSI) - gives an indication of there being a range of different understandings of what 'disability' is - and thus of the size of the disabled population. This is shown using national figures – comparing LSI, Equality Act and benefit receipt – in Fig 2.2.

Fig 2.2[6]



In this analysis, the Census definition – a simplified Equality Act measure – will be generally used. This is on the basis that it is the measure that organisations with responsibilities under the Act are required to use in respect of disabled people as a group with 'protected characteristics'. However, it is important to note that any organisation solely using benefit receipt as a proxy for disability will result in an under-estimate of about half - whilst an organisation using the LSI measure (as opposed to the *Limiting* Long-standing Illness (LLSI) within the Equality Act measure) will over-estimate by a similar proportion. This could have serious implications for both policy and practice. This is not to say that people who would be classified as disabled under these other definitions (especially the LSI) one might not have specific needs or experience barriers in their day to day lives, just that these people do not fit the definition of 'disability' generally used under the Equality Act.

[4] Source URL: http://bit.ly/1hBi1kq
[5] Source URL: http://bit.ly/1tL4E0R
[6] Source: ODI (2014) Fulfilling Potential Toolkit

2.3. Level of difficulties reported by disabled people

About half of the 104,000 disabled people in Sheffield reported that they experienced day-to-day difficulties *'a lot'* (just over 50,000, or 9% of the overall population of the City). A similar proportion reported that they experienced them *'a little'* (just over 53,000, or 10%). This leaves almost 449,000 (81%) of the population of the City reporting that they didn't currently experience such difficulties. These figures are very similar to those in Yorkshire and Humber overall and to national estimates (Table 2.2).

Table 2.2 Level of limitation of day-to-day activities in Sheffield

	Sheffield	Yorkshire and Humber		England	
All Residents	552,698	5,283,733		53,012,456	
Limited a Lot	50,470	478,358	9%	4,405,394	8%
Limited a little	53,245	515,291	10%	4,947,192	18%
Not Limited	448,983	4,290,084	81%	43,659,870	82%

This measure of self-reported 'difficulty' is often interpreted in two different ways. And the difference between these is important. It can be understood as being an indication of ***(self-reported) severity*** of disability/health condition – such that people are saying that they experience some, a lot, a little, or no difficulties as a direct result of their impairment/health condition.

Alternatively, it can be understood as being an indication of ***(self-reported) restriction*** (or barriers to day-to-day life that are experienced) in accessing services or facilities (e.g. buses, shops, employment) due to a lack of adequate provision that enables full and meaningful participation in the same way as non-disabled people.

It is not within the remit of this work to debate the difference between these two ways of thinking about (or what are often referred to as 'models of') disability, and there is no definitive answer on this issue. However, it is increasingly the case that the latter perspective is generally used, this reflecting its adoption in the underlying rationale for the Equality Act. Whatever perspective is adopted, these figures provide a useful indication for policy makers and providers of a broad range of services for further investigation at a local level.

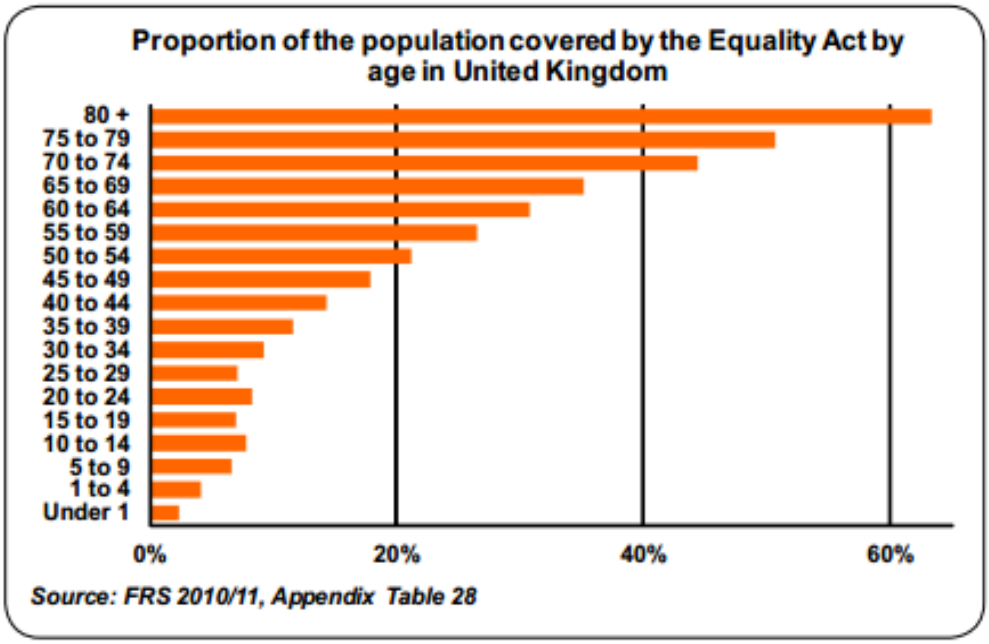
2.4. Characteristics of disabled people

There is a lot of information available about the general characteristics of the overall population of disabled people and of groups within this population. Provision of detailed figures at a local level is sometimes – but not always - possible[7].

There is not sufficient space here to provide a detailed account of national data - however, ODI have collated comprehensive statistics which are recommended for reference (see footnote 7). Further, other than in Section 2.6, more local data are not included here. The latter is a result of the limitations of these data and because detailed discussion of what can/cannot be provided can obscure the importance of actually accessing disabled people's perspective on what they want/need at a local level. This section aims to give an indication of broad demographic characteristics and a steer on what to consider and what to avoid when thinking about the population of disabled people.

In terms of some basic demographics, the relationship between ageing and disability is a clear one: over two-fifths of people aged 65-69 years of age are disabled, this increasing to over three-fifths of those aged 80 or over. This compares with less than one in ten people under 30 years of age (Fig 2.2).

Fig 2.2 Disability prevalence by age

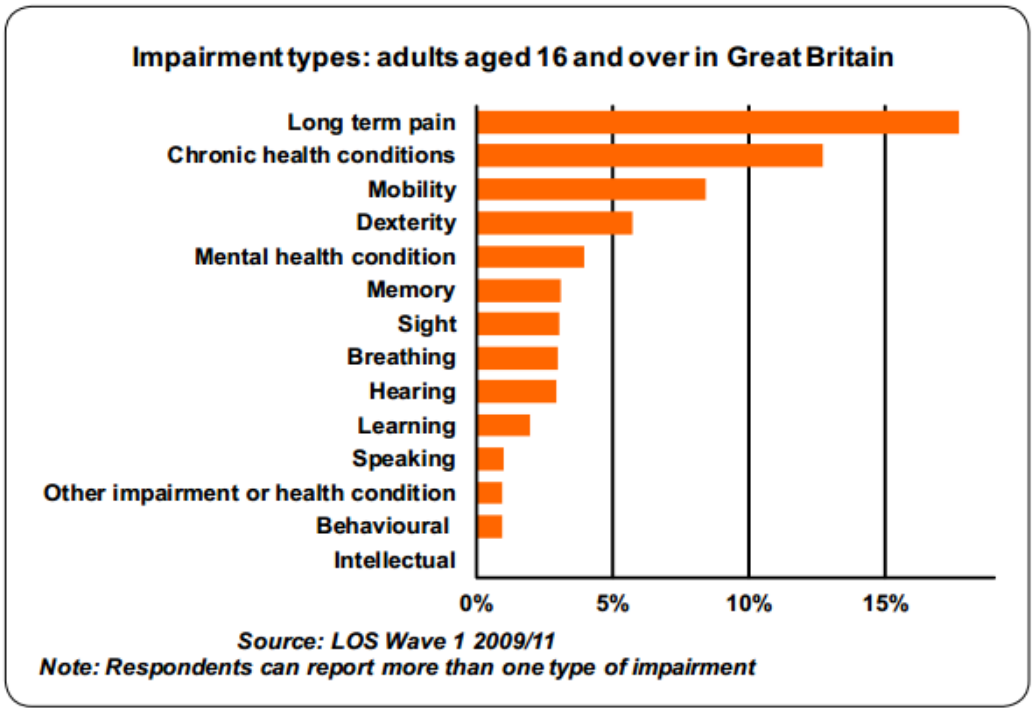


[7] See Fulfilling Potential: Building a deeper understanding of disability in the UK today (ODI 2013) Building Understanding Fulfilling Potential Toolkit (ODI 2014).

In terms of the most common types of impairment that disabled people report having, the most commonly reported are long term pain, chronic health conditions, mobility, dexterity and mental health conditions. Other impairments such as visual and hearing, behavioural or intellectual are significantly less common, and it should be noted that the prevalence of different impairments or conditions also varies considerably by age (Fig 2.3).

In combination with the information in Section 2.1, this indicates that whilst there are more younger people in Sheffield than older ones, the proportion of each age group who are disabled increases markedly with age. It also indicates that when making plans for accessible services and support, consideration is needed on a much wider range of impairments/health conditions than mobility and sensory impairment.

Fig 2.3 Types of Impairment and health condition



When considering any statistics on disabled people, it is important to stress two things. Firstly, as the ODI put it "*Disabled people are integral to the success of our economy and society but inequalities still exist and many face social exclusion".* It is all too easy to focus on the negative statistics which support a view of disabled people as 'service users', 'needy', 'dependent' etc. and to adopt a position which reinforces the negative view that life for disabled people has not improved in recent years. Secondly, amidst all the statistics, it is also easy to miss the fact that most "*disabled people want the same things from life as everyone else".*

Looking at some figures for the wider characteristics and circumstances of disabled people (all the following sources from Fulfilling Potential), there are some positive messages that should be considered. These are often lost in mainstream media coverage and awareness of them is important as, for example:

- **3.2 million disabled people are in work,** with almost 12% of all employed people being disabled and only 9% of working-age disabled people (5% of disabled people aged 25 or over) never having worked;

- **Over half (55%) of disabled people play an active role in civic society** by formal volunteering, civic activism, civic participation and civic consultation, and 15% of disabled adults provide informal care; and

- **Disabled people along with their friends and families make up a large consumer market.** The combined spending power of disabled people in the UK has been estimated to be at least £80 billion a year.

But the evidence is also clear that not all disabled people have opportunity to realise their aspirations. The evidence is clear that there are still significant gaps between disabled and non-disabled people achieving positive outcomes and it is widely accepted that outcomes for many disabled people are not improving as far or as fast as they should. For example:

- **Once young people finish their full-time education and start to move into work, a much bigger gap between disabled and non-disabled people emerges**. The gap widens to 27.8 percentage points at age 23 and to 36.2 percentage points at age 24;

- **Young disabled people are less likely to go on to Higher Education**. In 2009/10, 33% of disabled young people were in Higher Education at age 19 compared to 41% of non-disabled young people;

- **Disabled people remain less likely to be in work than non-disabled people.** The employment rate gap between disabled and non-disabled people is 30 percentage points, and 79% of those with severe learning disabilities have never worked; and

- **Disabled people are more likely than non-disabled people to live in poverty.**

2.5. What disabled people say is important to them

The reason understanding both the positive and negative is important is that these statistics can inform the way in which the general public, employers, officials in Local and National Government and all manner of other service commissioners and providers perceive disabled people, and despite progress having been made in recent years, it remains the case that 'disability' is still often perceived negatively, with disabled people seen as having limited interests and hopes.

This is in the context that successive consultations with and research involving disabled people find that most do not have limited hopes and aspirations. Indeed, they repeatedly find that most disabled people want to participate in every aspect of life *and* that the aspects of their lives that are important to them are the same as those of non-disabled people.

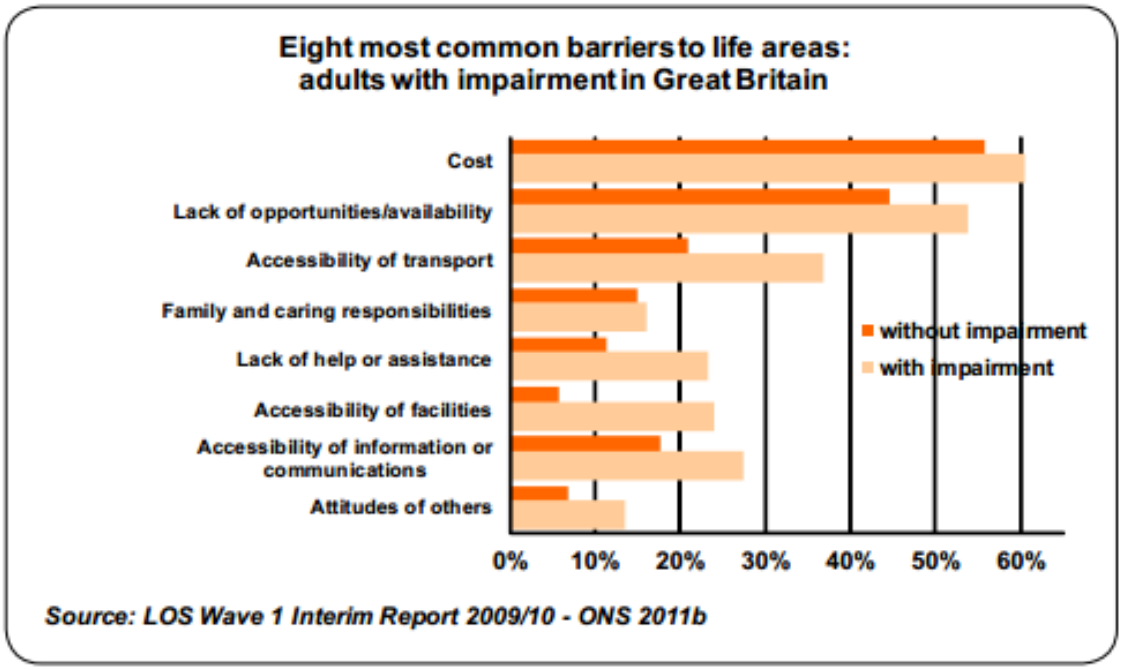
Fig 2.4 summarises these issues along with what disabled people said should be the way in which these aspirations or hopes are responded to (Source: Footnote 7), and it is all of these areas, not just what and how 'disability' services should be provided, that a whole range of stakeholders can benefit from meaningful involvement of a broad range of disabled people in order to gain insight into what can be done to improve people's lives.

Fig 2.4: What disabled people say is important to them

Education	The education system should support disabled people to achieve what they want in life.
Employment	Disabled people should be able to work and earn.
Income	Disabled people want sufficient income to support themselves and pay for the support they need.
Health	There should be access to good quality healthcare.
Family and social life	Disabled people should have the same opportunities for family and social life as non-disabled people.
Leisure and sport	Disabled people want the same opportunities for leisure and sport as non-disabled people.
Choice and control	Disabled people should have more choice and control over the services and support they receive.
Accommodation	Disabled people should be able to access suitable accommodation.
Communities	Transport and the built environment should take into account the needs of disabled people.
Attitudes and hate crime	Disabled people should not be subject to discrimination, harassment or hate crime.

Further to this, and this is important when thinking about the reasons why disabled people report that they have difficulties in their day-to-day lives, there are a number of barriers which they highlight as having the most limiting impact. As would be expected, cost is one which they share with non-disabled people to a large degree. However, the others – such as accessibility of information, facilities or transport – are much more commonly reported by disabled people (Fig 2.5).

Fig 2.5



Finally, the 'normality' of disabled people's aspirations for their day to day lives is highlighted when the most common reasons for contacting *Disability Sheffield* are examined. There are, as would be expected many 'disability specific' areas, but there are also many areas which would not be out of place at any other advice agency. The most common reasons for contacting *Disability Sheffield* are: Accessing Voluntary Services & Organisations, Getting appropriate Aids & Adaptations, Issues around receipt/claiming Benefits, Access, Charitable Funding, Community Care, Independent Living, Consumer Debt, Employment, Education & Training, Holidays & Leisure, Housing, Immigration, Mobility/Transport, Legal, Equality Act and Medical & Health

2.6. Where are the disabled people in Sheffield?

Census 2011 data allows for looking at the disabled population of Sheffield in more detail than has previously been the case.

The following table (Table 2.3) repeats the distribution of the overall population of Sheffield by Ward (see Table 2.1) but with the additional column of the number of disabled people in each Ward and the proportion of the overall population who are disabled. The table is arranged alphabetically and shows the different 'concentrations' of disabled people in different areas of the City.

Table 2.3. Number and proportion of population who are disabled, by Ward

Area	Population	No. of disabled people	%
Arbourthorne	19,133	4,546	24
Beauchief/Greenhill	18,815	4,578	24
Beighton	17,939	3,455	19
Birley	16,943	3,819	23
Broomhill	16,966	1,643	10
Burngreave	27,481	5,620	21
Central	36,412	3,309	9
Crookes	17,700	2,283	13
Darnall	23,489	4,675	20
Dore/Totley	16,740	2,958	18
East Ecclesfield	18,295	3,871	21
Ecclesall	18,461	2,408	13
Firth Park	21,141	5,011	24
Fulwood	18,233	2,232	12
Gleadless Valley	21,089	4,209	20
Graves Park	16,705	2,952	18
Hillsborough	18,605	3,236	17
Manor Castle	21,223	4,699	22
Mosborough	17,097	3,354	20
Nether Edge	18,890	2,495	13
Richmond	17,724	4,036	23
Shiregreen/Brightside	20,826	4,399	21
Southey	19,086	4,622	24
Stannington	18,222	3,710	20
Stocksbridge /Upper Don	18,541	3,757	20
Walkley	21,793	3,777	17
West Ecclesfield	17,699	3,724	21
Woodhouse	17,450	4,337	25

Given that different Wards have different sized overall populations, it is debatable whether these concentrations should be looked at in terms of the actual number of

people in each area that are disabled or the percentage of the population in each area which are. For example, almost one-quarter (24.7%) of the population of Woodhouse is disabled (this being 4,337 people) compared with 20.5% (5,620) people in Burngreave. For the purpose of this analysis, the option of ranking in terms of the proportion of the population has been used for the purpose of simplicity. This said, it should always be noted that the absolute numbers of people are also important.

The following analysis looks at these figures in a little more detail. Table 2.4 summarises this analysis looking at areas ranked in terms of the proportion of the population who reported that they were disabled and experienced (i) limitations **AT ALL** (Column 1, and Table 2.5 shows this in more detail); (ii) **A LOT** of limitations (Column 2, and Table 2.6); and (iii) **A LITTLE** limitation (Column 3, and Table 2.7).

So, for example, if we were to look at which areas of Sheffield had the highest proportions of people reporting that **AT LEAST SOME DIFFICULTIES** in their day to day lives were a result of their disability or health condition (or more accurately, as a result of the barriers relating to this), we would see Woodhouse, Beauchief /Greenhill, Southey, Arbourthorne and Firth Park being of particular interest, with Central, Broomhill, Fullwood, Crookes and Ecclesall being of less concern (see Table 2.5).

If the focus were to be on the areas of Sheffield with the highest proportions of people reporting experiencing **A LOT** of difficulties, attention would be paid to Firth Park, Southey, Woodhouse and Manor Castle with Central, Broomhill, Ecclesall, Fulwood Crookes and Nether Edge being of less concern (See Table 2.6).

Table 2.4 Areas Ranked in terms of highest levels of limitation

Limited at all	A lot	A little
Woodhouse	Firth Park	Beauchief/Greenhill
Beauchief /Greenhill	Southey	Woodhouse
Southey	Woodhouse	Arbourthorne
Arbourthorne	Manor Castle	Southey
Firth Park	Arbourthorne	Birley
Richmond	Beauchief /Greenhill	Richmond
Birley	Richmond	East Ecclesfield
Manor Castle	Birley	Stannington
East Ecclesfield	Shiregreen/Brightside	Firth Park
Shiregreen/Brightside	Burngreave	West Ecclesfield

Finally, if the focus were to be on the areas of Sheffield with the highest proportions of people reporting experiencing **LITTLE** difficulties, the areas of most interest would be Beauchief/Greenhill, Woodhouse, Arbourthorne, Southey, Birley, Richmond and Central, whilst Broomhall, Fulwood, Crooks, Nether Edge and Ecclesall would be of less concern (seeTable 2.7).

When this analysis is undertaken, it can be seen that policy makers and service commissioners/providers might look at the City overall (and at certain areas of the City) in a slightly different light. There are many opportunities for closer working, mutual signposting and capacity building and the need for innovative and creative solutions is greater than ever. It is clear the significant knowledge, expertise and commitment in organisations across the City has the potential to ensure the voice of the diverse population of disabled people can continue to be represented effectively. If *Disability Sheffield* can ensure that its role is one which embraces rather than alienates other organisations, its role could be an invaluable one and one which is mutually beneficial.

In all of this, however, it is essential that *Disability Sheffield* ensures that all of its work and that of its partners is focussed on promoting independent living for disabled people and is led by the voice of disabled people. In thinking about structures, processes and finances, this core aim can easily be forgotten or neglected. And this absolutely should not be the case. It should be at the heart of everything that is done if Sheffield is to become a more inclusive and fairer City for all of its residents.

Annex A presents the information from the following three tables in diagrammatic form.

Table 2.5 Areas ranked in terms of proportion of people reporting being limited in their day-to-day activities by LIMITED AT ALL

	limited at all	%	limited a lot	%	limited a little	%
Woodhouse	4,337	25	2,213	13	2,124	12
Beauchief and Greenhill	4,578	24	2,239	12	2,339	12
Southey	4,622	24	2,425	13	2,197	12
Arbourthorne	4,546	24	2,302	12	2,244	12
Firth Park	5,011	24	2,728	13	2,283	11
Richmond	4,036	23	2,099	12	1,937	11
Birley	3,819	23	1,918	11	1,901	11
Manor Castle	4,699	22	2,568	12	2,131	10
East Ecclesfield	3,871	21	1,882	10	1,989	11
Shiregreen and Brightside	4,399	21	2,237	11	2,162	10
West Ecclesfield	3,724	21	1,831	10	1,893	11
Burngreave	5,620	20	2,927	11	2,693	10
Stannington	3,710	20	1,741	10	1,969	11
Stocksbridge and Upper Don	3,757	20	1,779	10	1,978	11
Gleadless Valley	4,209	20	2,073	10	2,136	10
Darnall	4,675	20	2,414	10	2,261	10
Mosborough	3,354	20	1,651	10	1,703	10
Beighton	3,455	19	1,672	9	1,783	10
Graves Park	2,952	18	1,305	8	1,647	10
Dore and Totley	2,958	18	1,260	8	1,698	10
Hillsborough	3,236	17	1,483	8	1,753	9
Walkley	3,777	17	1,826	8	1,951	9
Nether Edge	2,495	13	1,033	5	1,462	8
Ecclesall	2,408	13	849	5	1,559	8
Crookes	2,283	13	924	5	1,359	8
Fulwood	2,232	12	847	5	1,385	8
Broomhill	1,643	10	742	4	901	5
Central	3,309	9	1,502	4	1,807	5

Table 2.7 Areas ranked in terms of proportion of people reporting being limited in their day-to-day activities by A LOT

	limited a lot		limited a little		limited at all	
Firth Park	2,728	13	2,283	11	5,011	24
Southey	2,425	13	2,197	12	4,622	24

Woodhouse	2,213	13	2,124	12	4,337	25
Manor Castle	2,568	12	2,131	10	4,699	22
Arbourthorne	2,302	12	2,244	12	4,546	24
Beauchief and Greenhill	2,239	12	2,339	12	4,578	24
Richmond	2,099	12	1,937	11	4,036	23
Birley	1,918	11	1,901	11	3,819	23
Shiregreen and Brightside	2,237	11	2,162	10	4,399	21
Burngreave	2,927	11	2,693	10	5,620	20
West Ecclesfield	1,831	10	1,893	11	3,724	21
East Ecclesfield	1,882	10	1,989	11	3,871	21
Darnall	2,414	10	2,261	10	4,675	20
Gleadless Valley	2,073	10	2,136	10	4,209	20
Mosborough	1,651	10	1,703	10	3,354	20
Stocksbridge and Upper Don	1,779	10	1,978	11	3,757	20
Stannington	1,741	10	1,969	11	3,710	20
Beighton	1,672	9	1,783	10	3,455	19
Walkley	1,826	8	1,951	9	3,777	17
Hillsborough	1,483	8	1,753	9	3,236	17
Graves Park	1,305	8	1,647	10	2,952	18
Dore and Totley	1,260	8	1,698	10	2,958	18
Nether Edge	1,033	5	1,462	8	2,495	13
Crookes	924	5	1,359	8	2,283	13
Fulwood	847	5	1,385	8	2,232	12
Ecclesall	849	5	1,559	8	2,408	13
Broomhill	742	4	901	5	1,643	10
Central	1,502	4	1,807	5	3,309	9

Table 2.8 Sheffield areas ranked in terms of proportion of people reporting being limited in their day-to-day activities A LITTLE

	limited at all	%	limited a lot	%	limited a little	%
Beauchief/Greenhill	4,578	24	2,239	12	2,339	12
Woodhouse	4,337	25	2,213	13	2,124	12
Arbourthorne	4,546	24	2,302	12	2,244	12
Southey	4,622	24	2,425	13	2,197	12
Birley	3,819	23	1,918	11	1,901	11
Richmond	4,036	23	2,099	12	1,937	11
East Ecclesfield	3,871	21	1,882	10	1,989	11
Stannington	3,710	20	1,741	10	1,969	11
Firth Park	5,011	24	2,728	13	2,283	11
West Ecclesfield	3,724	21	1,831	10	1,893	11
Stocksbridge/UprDon	3,757	20	1,779	10	1,978	11
Shiregreen/Brightside	4,399	21	2,237	11	2,162	10
Dore/Totley	2,958	18	1,260	8	1,698	10
Gleadless Valley	4,209	20	2,073	10	2,136	10
Manor Castle	4,699	22	2,568	12	2,131	10
Mosborough	3,354	20	1,651	10	1,703	10
Beighton	3,455	19	1,672	9	1,783	10
Graves Park	2,952	18	1,305	8	1,647	10
Burngreave	5,620	20	2,927	11	2,693	10
Darnall	4,675	20	2,414	10	2,261	10
Hillsborough	3,236	17	1,483	8	1,753	9
Walkley	3,777	17	1,826	8	1,951	9
Ecclesall	2,408	13	849	5	1,559	8
Nether Edge	2,495	13	1,033	5	1,462	8
Crookes	2,283	13	924	5	1,359	8
Fulwood	2,232	12	847	5	1,385	8
Broomhill	1,643	10	742	4	901	5
Central	3,309	9	1,502	4	1,807	5

3. Improving Voice and Influence

This Chapter reports on the interviews undertaken with representatives of a range of organisations across Sheffield. This includes organisations with a specific focus on disabled people and organisations with a focus on other 'Communities of identity' who were keen to explore how they could better include disabled people in their work, how they might work with *Disability Sheffield* and what the mutual benefits might be.

Interestingly, some of the issues discussed in the interviews raised issues and concerns amongst people about their own organisations. This is important, as it suggests that there may well be more common ground across organisations and across communities than may be apparent at first sight.

3.1. The Future of 'Voice and Influence' in Sheffield?

In the context of Sheffield City Council's review of how it is to fund and organise its Voice and Influence work in the future, there was some praise for its commitment to meaningful involvement of people across Sheffield, whether in terms of their being involved as a part of a community of interest or of identity. There was also praise for the Council for being clear that it valued the role played by a range of groups and organisations in assisting it (and other organisations) with accessing the 'voice' of people across the City. Whilst there was general discontent about the decrease in funding available and the uncertainty this had resulted in, there was some recognition that the Council were trying to deliver their commitment to involvement in difficult financial circumstances.

However, some of this positivity was expressed with a significant caveat, this being that much of this commitment has been historic and delivered by particular members of staff with whom relationships had developed over several years – some senior management and some front-line – and it was felt that ongoing staff and budget cuts puts much of this at risk. It was commonly felt that both formal and informal provision of advice and support from community based organisations was at risk as a result of budget cuts and that this would be exacerbated if existing knowledge, expertise and contacts within the Council were also lost.

Whilst the 'equality hub' was viewed as potentially helpful in developing relationships between community based organisations and the City Council, there was concern over how this would work in practice and how relationships would be maintained. This said, there was a widely held view that the hub had the potential to help the diverse range of community based organisations across the City towards greater collaboration and collectively make an important contribution – this over and above their own more specific contributions.

There was also a strongly held view that the hub had to be given sufficient priority by the City Council to make it work. It was felt that it could not continue to deliver its services effectively, nor deliver on its goal to make Sheffield a more inclusive and fairer City, without ensuring the voice of a diverse range of people were heard by those making decisions which affected the lives of people in the City.

Maintaining the means by which community voice could be co-ordinated was universally considered essential as the City Council was seen not to have the resources or capacity to liaise with all groups itself. This view underpinned the concern expressed by many that it needed to support the network of community organisations through the Voice and Influence route - and by other means, such as ensuring a level playing field in other work it commissioned in the City.

3.2. Perceptions of *Disability Sheffield*

A broad range of perceptions of *Disability Sheffield* were expressed. Some people had not heard of the organisation at all, whether in its current or previous incarnations, with some expressing surprise that this was the case. Some peoples' perceptions were historic in nature, with some expressing negative views on the basis of their experience with its earlier incarnations or previous members of staff. Others (wrongly) referred to *Disability Sheffield* as being primarily focussed on the needs of wheelchair users, some clarifying this by saying that this was understandable 'given its membership' and 'the composition of the group' who ran the organisation.

Amongst people who were aware of *Disability Sheffield*, there was generally a positive response to their work and a strongly expressed view that the staff team were experienced, skilled, knowledgeable and committed. That the staff team includes people with personal experience of living with impairment and of long-standing health conditions was viewed very positively – both within and outside the organisation. This was felt to give the organisation considerable authenticity in its work. Further, there was real recognition that *Disability Sheffield* has delivered much with limited budgets and resources, and that it had developed some innovative initiatives (such as the volunteering service and the provision of social work student placements). However, there was little awareness of who the Trustees were and what they did or how they linked to the organisation's staff, other organisations or disabled people more generally. This latter point was felt to impact on the direction of the organisation and the setting of priorities.

More generally, *Disability Sheffield* was not seen as an organisation which necessarily represented the views, experiences and concerns of the broad range of disabled people across Sheffield. Whilst the organisations' claim to have a pan-

disability city-wide remit was generally accepted as a genuinely held ambition, there were some concerns that this was difficult for it to deliver on the ground. The perceived gaps in *Disability Sheffield's* representation that were particularly highlighted were that it did not appear to have much representation of young people, of people with sensory impairments or of people with mental health conditions. There was also some concern that, whilst the organisation was perceived as having a focus on wheelchair users, that its' inclusion of and focus on older people was limited. There was also particular concern that *Disability Sheffield* was not seen to be actively involved with Black and Ethnic Minority (BME) community organisations or groups.

This said, it was noted on the issue of 'multiple identity' (in particular) that this was a reciprocal area of concern, with some people having fears that some BME disabled people were potentially very isolated and uncertain of which organisation might best be able to provide appropriate support - or even if any such organisations existed. This also applied to other specific groups, such as younger, older and Lesbian, Gay, Bi- and Transgender (LGBT) disabled people, with the view expressed that many people in these groups would be unlikely to think that *Disability Sheffield* was an organisation for them - or that any other organisation was either.

Some organisations said that they felt that *Disability Sheffield* was distant or abstract to them, as it wasn't always obvious whether they could contact it for support and advice. Some were not sure whether they should refer/signpost people to it and (if they did) whether this could undermine their own organisations existence or access to funding. Others said that they could not think of a reason why they would need to use *Disability Sheffield* to gain access to information or to officials in the City Council or elsewhere, although some of these said this was partially a function of them having limited knowledge of what *Disability Sheffield* did. When reflecting on this during interviews, some people wondered whether staff at *Disability Sheffield* felt able to refer/signpost people to their organisations and, in this light, some expressed a positive view on finding a way to developing closer linkages and perhaps areas for closer working in the future.

The current financial climate was a significant driver in organisations' attitudes towards *Disability Sheffield*. This was partly reflected in the range of financial circumstances of different organisations and their general attitudes towards closer working. Some strongly believed their own success was a result of them having a small number of very committed individuals who generated positive outcomes irrespective of funding pressures. The success of others was put down to them having a focussed remit in terms of membership and the type of advice/support they provided, already being closely linked with other similar organisations and having an independent source of funding (e.g. statutory or ongoing funding from the City Council or from such funds raised by their members or gifted to them).

Some organisations were wary of collaboration with others (this not limited to *Disability Sheffield*) as they were keen to preserve their identity and independence and to maximise their own chance of securing funding. This revealed a common theme raised by many organisations which accepted that funds were increasingly difficult to access and that there was inevitably going to be some competition to secure them in the future. However, in addition to noting that the City Council would increasingly be limited in the extent to which it could consult, some commented that the changing climate would very likely result in the necessity for increased closer working, sharing of resources and collaborations for funding in the future. It wasn't always the case, but organisations with healthier finances were often the most keen to work in collaboration whilst those existing on smaller budgets (if any) were wary.

3.3. An 'umbrella' organisation for disability?

When asked about how a range of organisations could work together in the future to ensure that the representation of disabled peoples' voice could be as comprehensive as possible, it is fair to say that there was a collective audible groan. This reflected it being a re-occurring issue over many years and that, when asked about it, the response ranged from exasperated to frustrated, from enthusiastic yet disillusioned to resigned and, in some cases, confrontational. Many people had been involved in the voluntary sector in Sheffield (and elsewhere) for many years and both waxed lyrical and complained bitterly about a number (a 'litany' as some referred to it) of attempts to create and maintain a means of organisations linking up, whether this was in the form of a discussion forum, a network, a consortium, etc.

However, there was a clear recognition that there was a need for the City Council and other organisations (such as employers, schools, Carer Agencies) to have a clear and effective route to be able to:

- Seek informed advice as to how to make their services and processes more accessible to, and beneficial for, disabled people;
- Be readily signposted to other organisations to be able to seek specific advice; and
- Access information based on the authentic voice of a broad range of disabled people at short notice to informed thinking and decision making about potential changes to services or processes.

It was almost universally accepted that getting the authentic voice of disabled people heard by those making decisions was becoming increasingly difficult. Whilst it was recognised that senior staff in the City Council remained very open to hearing the voice of disabled people whilst planning current and future services, there were a range of concerns expressed as to the efficacy of attempting to retain a route to influence during a period of rapid staff cuts and re-organisation. As noted above, the

rapid loss and redeployment of staff in the City Council - along with significant reorganisation – has seen many long-standing links lost.

Many organisations expressed significant concern as to how front-line staff would be able to justify resources being spent on accessing the knowledge and expertise of the range of organisations across the City and some were sceptical as to whether the equality hub could deliver sufficient commitment to enable them to do so. This reinforced the general feeling that, despite a range of reservations, there was a need for some means by which the City Council needed assistance in navigating the diverse range of organisations across the City.

Whilst recognising that no other organisation in Sheffield had 'stepped up' to attempt to be an umbrella organisation for disabled people in the way that *Disability Sheffield* had done, there were a range of concerns raised about it actually or appearing to seek to place itself above other organisations in terms of a hierarchy of influence in the City. In addition to the concerns about *Disability Sheffield's* representativeness and priorities, this led to some people holding relatively strong views on the organisations' ambition to be '*the'* organisation of disabled people or to be able to effectively represent the voice of the heterogeneous population of disabled people across the City.

Some felt *Disability Sheffield's* ambition of being the 'go to' organisation was a direct threat to their role, identity and potentially their route to funding and indeed influence. This view was not universally held, but where it was, it was strongly held and something that will need to be addressed head on if closer working (and better representation) is to succeed. Indeed, some argued that such an ambition even existing could be a barrier to some organisations working with *Disability Sheffield* whilst others noted that it was probably more a matter of careful presentation of what was meant by this.

Some organisations referred to *Disability Sheffield* as being but one organisation amongst many in the City, with all having a valid role to play. These people tended to refer to the range of organisations and groups supporting disabled people (and other groups) as already being a network with mutual interests and goals, albeit a very loosely configured one. Interestingly, reflecting the tensions between organisations already mentioned and the different ways in which different organisations already worked, some referred to this as an *actual* network whilst others referred to it as a *potential* network. There were strong views that the politics and disagreements between organisations were sometimes played out publicly and sometimes in ways which prevented linkages developing and such as signposting between organisations taking place. Some argued that such disagreements could only reinforce officials' perception of the sector as being difficult to engage with and possibly result in disengagement or reluctant 'box-ticking' types of involvement.

Some people commented that their organisations were so focussed on delivering support and advice to their membership that they had little time for engaging more generally. In part, this reflected their limited resources and staff/volunteer time, but also related to the issue of perceived relevance of engaging with (any) other organisations. That is, it was often said that an organisation delivering support to a specific group of disabled people (or another community of identity) in one part of the City would have little reason to consider the work of *Disability Sheffield* (or anyone else) as relevant to them or vice versa. This said, some of these organisations noted that they felt themselves to be 'very distant' from the City Council and that they would welcome a means of gaining access to represent their views.

So, whilst there were concerns about how this might be done, there was clear recognition that there was a need for some mechanism by which organisations with shared interests could work more closely together in the future to support the City Council (and other organisations) in its objectives. This said, as already noted, it was commonly said that experience of previous attempts to bring organisations together had resulted in reluctance to attempting to do again. Even amongst these organisations, however, there remained some degree of willingness to engage with any constructive suggestions on how to at least try to develop linkages, albeit ones that were non-hierarchical, low cost and ongoing.

3.4. Developing a network

Whilst people recognised that huge amounts of effort and commitment had gone into establishing a range of ways in which organisations and groups could work together – sometimes formal, sometimes informal, sometimes short lived collaborations with the City Council, sometimes under the mantel of the Third Sector Forum, Sheffield Cubed, Partners for Inclusion, Voluntary Action Sheffield etc. – one of the most commonly mentioned issues was that of such networks then disappearing over time and the linkages and gains being lost.

A related issue was that whatever was set up should involve small amounts of costs and resources to maintain, both at its inception and on an ongoing basis. A common criticism of previous initiatives was that funds, commitment and time were expended on setting up a network, which then remained static and wasn't maintained or actively used. This left many thinking that across Sheffield there were all manner of out of date spreadsheets or mailing lists of networks, that had started with good intention, but then slowly become defunct and it was a significant barrier to engaging with the idea in the future.

People also felt that the 'honeymoon' period after any new initiative starting needed to ensure that any initial enthusiasm and energy was built on to ensure that any contacts, linkages and information remained current and valid. Not doing this was

considered a guarantee of failure as had been the case in the past. It was also felt that the resource had to be collectively owned, with mutual responsibility for updating and maintaining contacts and for initiating events or sharing information and resources. It was also thought important that all organisations getting involved signed up to ensuring the resource was used on a day-to-day basis, for example sharing resources, updates, details of events, and signposting people to other organisations. This has practical issues for ownership, accountability and hosting but these were not thought to be insurmountable. Indeed, some commented that the City Council could fund/provide a host portal for an on-line element to this enterprise as part of its equality hub work to avoid the resource being seen as belonging to any one organisation.

This collective ownership of the network was considered to be essential to make it work in a way that met with most organisations values and commitment to co-production. Some also commented that it overcame the risk of a network being seen to be run on a hierarchical basis with one organisation at its heart. So, whilst there was no objection to *Disability Sheffield* initiating or even initially coordinating such an initiative (especially if it were to retain Voice and Influence funding for disability), there was a caution that this should be done in a way that other organisations in different parts of the City felt that the resource was theirs and had a commitment to ongoing involvement with it.

This said, people remained keen to retain their individual organisational/group identities, so it is important to note that there were mixed views on this issue. However, there was nonetheless agreement that at least some degree of information sharing/linkage would be invaluable albeit that this should not be seen as any attempt at integration of organisations. It was also thought this could avoid duplication of effort and cost.

This issue extended to the organisation of events, workshops, networking opportunities and consultation events. On the surface, some people were keen on the *idea* of fixed interval opportunities for people to get together (three-monthly, quarterly, etc). However, this enthusiasm was muted by the ‘call to reality’ that some noted that they wouldn’t necessarily attend meetings/events/gatherings unless there was something happening at the event that was directly relevant to their day to day needs. This was particularly the case in volunteer led groups/ organisations where people may either need to take time off paid work to attend or otherwise attend in the evening. So, for example, there was enthusiasm for events to be organised around shared themes – such as transport, housing, training/education, access to particular services – or particular groups of disabled people.

In addition, it was clear that for many the city-centric nature of most current events was a barrier – even if a psychological one. Reflecting the need for a pan-disability, City-wide network where disabled people from all communities could participate and

make their views known, there was some enthusiasm for events taking place in a range of venues in different parts of the City, ideally in venues which local groups already use and which they could host (perhaps in partnership with other organisations). Rotating where events were held and ensuring a range of officials and stakeholders were able to attend would be a very visible way of ensuring that a range of perspectives were held in different contexts.

Finally, there was some discussion that not all networking/consultation has to be done by virtue of physical meetings. There was recognition that social media was underused and that it offered a much larger potential audience with which to exchange ideas. *Disability Sheffield* has recently extended its use of Twitter, as have many other organisations, but there was enthusiasm for a means by which some social media activity could be co-ordinated or more readily shared/accessed (e.g. a Sheffield wide LinkedIn disability network or Facebook page. Another idea that was raised emerged in respect of an initiative that happens on Twitter in the area of social care - where #socialcarecurry events take place and people who can attend an event to discuss specific issues of concern and people who cannot attend can participate on line.

3.5. Thinking towards the future

In addition to thinking about how *Disability Sheffield* might work with other organisations to develop and maintain a shared network of organisations with shared interests, people were asked to describe some specific things they thought *Disability Sheffield* should consider in going forward. A broad range of issues were raised, with some of these being presented as opportunities or challenges and others and risks to think about. The main issues raised are presented here.

Broadening membership

Some organisations commented that they were ‘member led’ organisations and a key way in which they felt they had increased their visibility was by actively recruiting people who contacted them for support or advice. In addition, some had developed gradiated membership to encourage people to join at whatever level they preferred. This ensured that only people who wanted to be active in the organisation were contacted regularly about events and campaigns, whilst those who wanted to join in on an ad hoc basis were provided with regular relevant information and encouraged to join in when they wished to.

People who had done this said it increased overall membership and ensured a wide circle of people could be contacted and drawn upon if there was a need to gain access to specific experiences or expertise (this is particularly important if the

request was at short notice). Some organisations had relatively sophisticated systems in place for this kind of differentiation, whilst others noted it was more ad hoc and labour intensive. Some organisations were surprised that *Disability Sheffield* was not more active in promoting itself and seeking to recruit members. This was something several thought would be a very useful initiative for *Disability Sheffield* to prioritise and undertake.

Some people reflected on the issue of membership and of signposting between organisations. This led to a discussion in some cases whereby it was noted that some people may benefit from being associated with more than one organisation in order to get all the relevant information they need. So, it was raised as a possibility that people might want to think about their identity (and their needs and wishes) in terms of disability status, gender, age, sexuality, location, ethnicity, faith, etc. and perhaps be encouraged/enabled to become associated with – and receive information from - more than one organisation.

This was viewed as important by several people – given the 'double' or 'triple whammy' some people experienced in terms of their personal characteristics, circumstances or preferences. Similarly, it was also noted that organisations and groups should be encouraged to develop their own awareness of the full range of other groups in the City, such that they could signpost their members (or enquirers) or seek information on their behalf.

This was viewed as something that could be developed over time, but which could reinforce the importance of peoples' multiple identities being reflected in the way in which organisations were identified as being potentially useful to them. It would also enable such organisations to work together with the City Council on areas where it was planning activity for specific groups of people.

Moving towards a more campaigning model

Some people believed that many organisations in Sheffield, including *Disability Sheffield*, were too passive on many matters which affected the lives of disabled people and that this may need to change in the near future.

Some thought this was a result of the tension between the different types of activities which the organisation is involved in and a reflection of **(i)** a preference to attempt to influence informally and **(ii)** a reluctance to be seen as part of the 'awkward squad'.

In some cases, people said their organisations also experienced this tension, but in respect of *Disability Sheffield* it was noted that the nature of such as the advocacy role with service 'gatekeepers' (some of whom may not always value the input of third parties) raised issues about the way in which the organisation balanced its overarching aims to promote independent living for disabled people with its need to

maintain good day-to-day working relationships to improve outcomes for disabled people.

It was also noted that there was a particular tension between maintaining relationships with mid-to-senior management – who were widely considered as being committed to delivering in partnership and hearing how services might best be delivered – and front-line staff who are under pressure to deliver services on much reduced budgets. Whilst *Disability Sheffield* staff were generally considered as having very positive relationships with staff at all levels within the City Council and with people in a range of other organisations, the suggested response to this was for them to capitalise on this and develop these partnerships further.

Achieving this will be difficult and not without risk. However, there was a relatively strong view that by taking steps to become a 'one-stop Centre for Independent Living' by working in partnership with other organisations across the City, *Disability Sheffield* could develop its role and provide the City Council with a 'critical friend/challenge function' with the voice of disabled people from all communities at its heart. This would not necessarily be 'campaigning' in the traditional sense, but some commented that it would represent a noticeable shift towards a more active expression of the values of the organisation.

Seeking remuneration for what was once 'free'

The current financial situation was a matter of concern to almost all organisations and there was a common tension between wanting to maintain relevance and usefulness to the City Council on one hand and respond to the financial realities they are facing on the other.

Many organisations commented that it was not sustainable for the City Council to reduce/withdraw funding from groups and organisations and still ask for the same levels of assistance, advice and support. However, it was also noted that even if funding were not available, then it remained advantageous to organisations to remain within the Council's circle of influence (e.g. by participating in the Equality Hub etc.). There was widespread concern that many officials did not consider the financial implications to organisations of providing the support that they did and that there remained an attitude that 'voluntary is free' when this is far from the case for the individuals and organisations concerned.

There was a real tension on this issue, as most people thought it was unrealistic to expect the City Council to begin to pay for something that they had been getting for free for several years, especially in the current financial situation. However, some people felt that many professionals didn't value support that was not paid for and that

some thought that they were providing voluntary organisations with an important opportunity for engagement by inviting them to make their views known.

This creates a potential for real tension in the relationship between *Disability Sheffield* with the City Council (and others) when representing the voice of disabled people in the context of their wider financial circumstances being uncertain. To respond to this, it is important that *Disability Sheffield* develops a relationship with a range of stakeholders, especially those in the City Council, that places a value on the advice, expertise and support it provides. Further, it is important that it seeks to develop means by which such support (e.g. training, awareness raising, running consultations, provision of advice, etc.) is done on a remunerated basis and/or as part of wider packages of work which the City Council already commissions but where there is no level playing field in the commissioning process.

Increasing diversity within the organisation

As noted above, *Disability Sheffield* was viewed positively in terms of the expertise and knowledge of its staff, but it was thought to be unrepresentative of the diverse population of disabled people across the City. This raises concerns that (as with other organisations) *Disability Sheffield* is not accessing a sufficiently diverse range of views in its work.

Further, by virtue of not having a recognisably broad membership, particularly of active members – of all ages, with a range of impairments/health conditions and in different parts of the City – there is a risk that the organisation is drawing too much on the same people and thus representing the same voices. To some extent this can be an asset in that those who have been involved are 'savvy' and know how to engage and make their views known. However, there is a risk that these can be seen as 'professional disabled people' presenting a form of 'received wisdom'. Over time, this representation of a homogenous perspective could suggest that the problems/issues are simple and existing solutions may work for all.

If *Disability Sheffield* is to show the City Council a representative picture of what disabled people across the City think, want and need, then it is essential it reaches out to a wider constituency. This is not just increasing its own membership, but rather ensuring that it works closely with a broad range of other organisations covering all communities across the City.

3.6. A financial reality check

Ensuring financial sustainability in the medium to longer term was something all organisations had at least some concerns about, and a range of perspectives were

expressed on how organisations might respond to the ongoing uncertainty and changing environment.

Some noted that their organisations' financial circumstances were healthy and that they had little concern over their ongoing viability. In some cases, this was explained in terms of their organisation having gone through significant restructuring over a period of years and adopting a business-led approach to their finances. In some cases, the importance of having a clear plan focussed on ensuring funding was in place to keep the core aims of the organisation alive were stressed. Others commented that they existed 'on fresh air and sheer determination'.

In some cases, the 'success' of ensuring organisations gained a stable footing was explained in terms of having non-charity sector people (i.e. people with business experience) in key positions, whilst in others it was noted that having an influential board of trustees with a clear vision as to what the short, medium and long-term objectives were was critical. Whilst not universally the case, some organisations commented that whilst people from social care backgrounds may well have an in-depth understanding of the issues they are concerned with, they may not have the financial wherewithal to ensure sustainable and effective delivery of their organisations aims in these difficult times. In these cases, it was noted that getting a 'business savvy' advisor or trustee was now a necessity.

A range of other responses were noted as important to consider when thinking about financial sustainability, for example: holding sufficient reserves to be able to be confident about future activities, promotion of the organisation as a charity (to enable people to donate, leave legacies, etc.), attracting business sponsorship (for general purposes, specific projects, events etc.) and developing regional and national linkages with similar organisations. In addition, as noted above, many organisations had begun to consider how they might begin to gain access to commissioned work or grants and to working out how to develop packages of support/advice for which they would seek remuneration (for example, becoming an expert provider of services in areas which are statutory requirements).

This was noted as being far from easy. Indeed, it was commented that it was often extremely difficult. In some cases, making this shift was noted as having alienated many members and trustees. Further, some commented that contacts within such as the City Council had passed comment on the nature of the changes without fully appreciating the financial realities the organisations were operating under.

It was noted by some that they were aware that *Disability Sheffield* has done some of these things, or at least started to do or to think about them. However, it was commented that the organisation did still have the tendency to be very 'charity sector' at times and thus risked being perceived as a free resource but not a valued means of accessing expertise, knowledge and authentic 'voice'.

As part of the wider work in finding a way forward in the Voice and Influence work then, it is clearly important for *Disability Sheffield* (as other organisations) to recognise and make such as the City Council aware that ensuring its financial sustainability is critical to it being able to help the council meet its objectives. Ensuring that the City Council values the support that Disability Sheffield provides, both formally under any Voice and Influence funding and informally, is critical in ensuring it can raise its profile and gain further financial support and backing - not just on a charitable basis, but also a business one. Sometimes this will involve taking a stance and being clear that 'voluntary does not mean free' and that some support and advice is worth paying for, and at other times it will involve *Disability Sheffield* competing for commissioned work and ensuring that the provision of advice and support does not leave the organisation at risk of being excluded from tender exercises.

4. Conclusions

This chapter sets out some thoughts for consideration to help *Disability Sheffield* navigate some of the challenges and opportunities ahead. In-so-doing, it sets out some which the organisation might pursue – most specifically on how it might continue to engage with a range of organisations and stakeholders to represent the voice of disabled people and to influence (or at least inform) both policy and practice.

It sets out some issues to which it may be difficult to respond. This emphasises the importance of further discussion involving all staff within the organisation and with a broad range of organisations and stakeholders across the City, including the City Council. In an era of ongoing budget constraints, some of these discussions will be difficult but they are important if the diverse voice of disabled people across the City is to be heard and Sheffield is to deliver on its objective of being a fairer and more inclusive City.

4.1. Opportunities, challenges and tensions

In their re-commissioning of the Voice and Influence work, Sheffield City Council acknowledged that it cannot access the diverse range of views and wishes of disabled people across Sheffield itself. Indeed, it went further and said this is something it shouldn't do as there are a number of organisations which already do this very well for them and help them meet their objectives. Taking forward the City Council's new approach to community engagement presents *Disability Sheffield* (and other organisations in the equalities field) with a range of opportunities, challenges and tensions in ensuring that such a diverse voice is represented authentically.

These are presented under the following three headings:

- The ambition to be the 'go to' disability organisation is potentially counter-productive and alienating and should be broadened to more evidently demonstrate that it aims to work in real partnership with other stakeholders;
- A flexible, innovative and most importantly shared way of engaging with the diverse population of disabled people and their representative organisations needs to be developed and maintained; and
- A realistic strategy needs to be put in place to ensure *Disability Sheffield* can deliver its essential services, pursue its aims *and* ensure its financial sustainability.

Disability Sheffield as the 'go to' disability organisation

- *Disability Sheffield* should retain and develop its unique identity as an 'umbrella' disability organisation with a pan-disability and City-Wide focus. However, it needs to present this 'ambition' carefully and in a way that embraces rather than alienates other organisations.
- Voice and influence activities are the cornerstone of what *Disability Sheffield* does to improve the lives of disabled people, both directly and indirectly, but it is essential these are not seen as separate from the day-to-day services it provides - such as advocacy, support and information- as these are part of the way by which the organisation stays in touch with peoples' lived experience. *Disability Sheffield* should ensure it gains understanding of a diverse range of people through this means as well as more formal consultations.
- *Disability Sheffield* should take an initial co-ordinating lead role in future Voice and Influence work on disability, but this should be seen as reinvigorating the way in which a broad range of organisations can work together to improve the lives of disabled people from all communities across the City. It should be seen as a first step in establishing a sustainable loose network of equality organisations with an ongoing commitment to maintaining links for information and resource sharing, signposting and closer working.
- *Disability Sheffield* needs to recognise that it cannot connect with and deliver its services to all of the groups it would like to across Sheffield on its own (e.g. young people, people with mental health conditions, parents of disabled children, people in BME communities and LGBT disabled people). Significant efforts need to be made both to increase the organisation's membership (in particular its diversity) and to make itself more relevant to people across the City. One aspect of delivering this would be through gradiated membership and active recruitment, another would be a more pro-active approach to the promotion of the aims of the organisation through a range of media and events.
- *Disability Sheffield* needs to develop the links it already has with a broad range of organisations and stakeholders - and foster new ones - to access and promote the voice of disabled people in all communities and all areas of the City. Failure to do this will reduce its ability to maintain the current high regard in which it is held and the level of impact it is considered as having. This activity would need to be done in a way that was seen to be mutually beneficial, for example attending other organisations meetings/events and seeking opportunities to 'reach out' rather than 'call in'.

Towards a co-produced loose network of equality organisations

- Lessons should be learned from the long history of attempts to establish and maintain networks across Sheffield. Developing and maintaining a network of

organisations/groups should be an ongoing enterprise, not something that is done with a large fanfare and little follow-up. The most sensible way forward would appear to be to establish a loose network of organisations and stakeholders who could link up both directly and/or via a central 'hub' (whether in partnership with the City Council as part of the Equality Hub or independently augmenting this) where details of organisations could be saved and shared via a host portal/website.

- It is hardly surprising there is relatively little interest in attending ad hoc meetings in the City Centre which are not evidently relevant to a broad range of people/organisations. One way of countering this would be to run workshops in a range of locations around the City (perhaps those identified in Chapter 2) in partnership with local organisations and focussed on shared themes of interest and/or on specific groups. Key to ensuring success will be genuine shared ownership and co-production of such events.
- Some social media activity (e.g. LinkedIn, Facebook, Twitter), is already used by *Disability Sheffield* and other organisations. However, this is often only in 'broadcast' mode rather than interactive and is not always used in a way that can signpost people to more detailed information (as per the case with e-newsletters for example) or to websites/key contacts. It would be worthwhile *for Disability Sheffield* (and others) working together to develop a co-ordinated social media strategy, particularly around specific events, announcements, issues or groups of disabled people or people in particular areas.

Financial sustainability

- Given ongoing changes to existing/potential funding streams, ensuring financial sustainability must remain a priority activity for *Disability Sheffield*. If it is not, the essential work the organisation does is at risk. This will result in many organisations (not just the City Council and other statutory organisations) losing access to *Disability Sheffield's* considerable expertise and knowledge which have been - and continue to be - shown to be beneficial. It is important that the staff team are involved in discussions about the potential direction of activity and for Trustees to have an opportunity to benefit from this grounded experience.
- To enable *Disability Sheffield* to continue to support disabled people across the City, it will become increasingly important that innovative ways of developing how to get the advice and support it delivers (and can deliver) valued – and financially supported - by a range of organisations: including the City Council, Health organisations, employers and care providers. The CredAbility[8] and GeneroCity[9] developments are promising both in terms of raising awareness of disability issues in Sheffield but also as fundraising ventures.

[8] See URL: http://www.disabilitysheffield.org.uk/credability
[9] See URL: http://www.disabilitysheffield.org.uk/generocity-sheffield

- Similar monetisation of knowledge and expertise will need to be done in the future, including such as charging for training, access auditing and disability awareness training. This will be difficult, but partners and stakeholders need to be made aware that as guaranteed funding reduces it is more true than ever that 'voluntary does not mean free' and that *Disability Sheffield* provides a valuable connection to the diverse population of disabled people in the City and the organisations which work with them.
- Whilst Disability Sheffield has been relatively successful in winning tenders and grants in recent years, it has little experience in securing ongoing funding for the provision of training, expertise and awareness raising. It would be beneficial to continue to bring in external consultants and draw on experience from other User Led Organisations (both local and national) to provide advice on how this might be developed.

4.2. Final thoughts

There are many opportunities for closer working, mutual signposting and capacity building and the need for innovative and creative solutions is greater than ever. It is clear the significant knowledge, expertise and commitment in organisations across the City has the potential to ensure the voice of the diverse population of disabled people can continue to be represented effectively. If *Disability Sheffield* can ensure that its role is one which embraces rather than alienates other organisations, its role could be an invaluable one and one which is mutually beneficial.

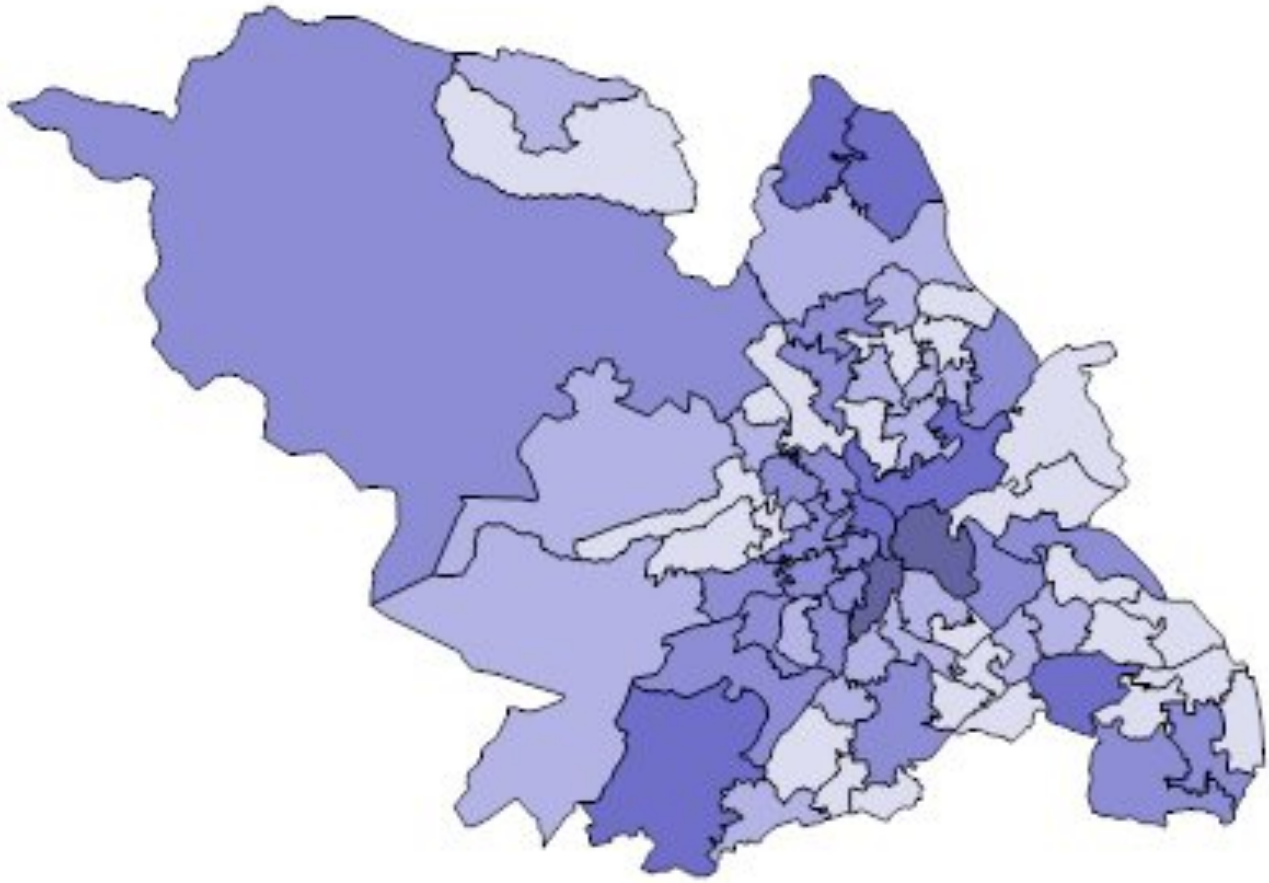
In all of this, however, it is essential that *Disability Sheffield* ensures that all of its work and that of its partners is focussed on promoting independent living for disabled people and is led by the voice of disabled people. In thinking about structures, processes and finances, this core aim can easily be forgotten or neglected. And this absolutely should not be the case. It should be at the heart of everything that is done if Sheffield is to become a more inclusive and fairer City for all of its residents.

Annex A

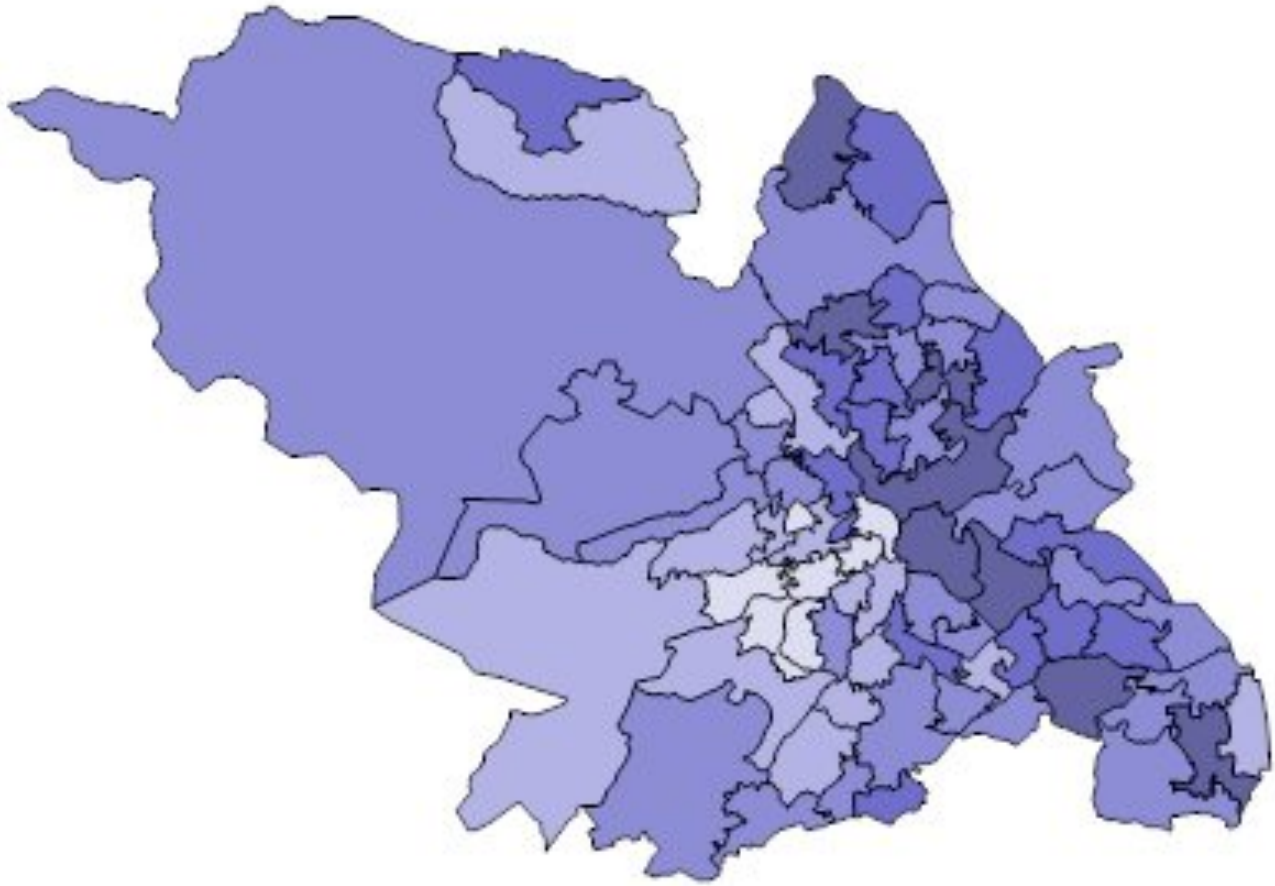
This Annex contains diagrammatic representation of the content of Tables 2.5, 2.6 and 2.7.

The darker the colour in the Chart, the higher the proportion of disabled people in that area

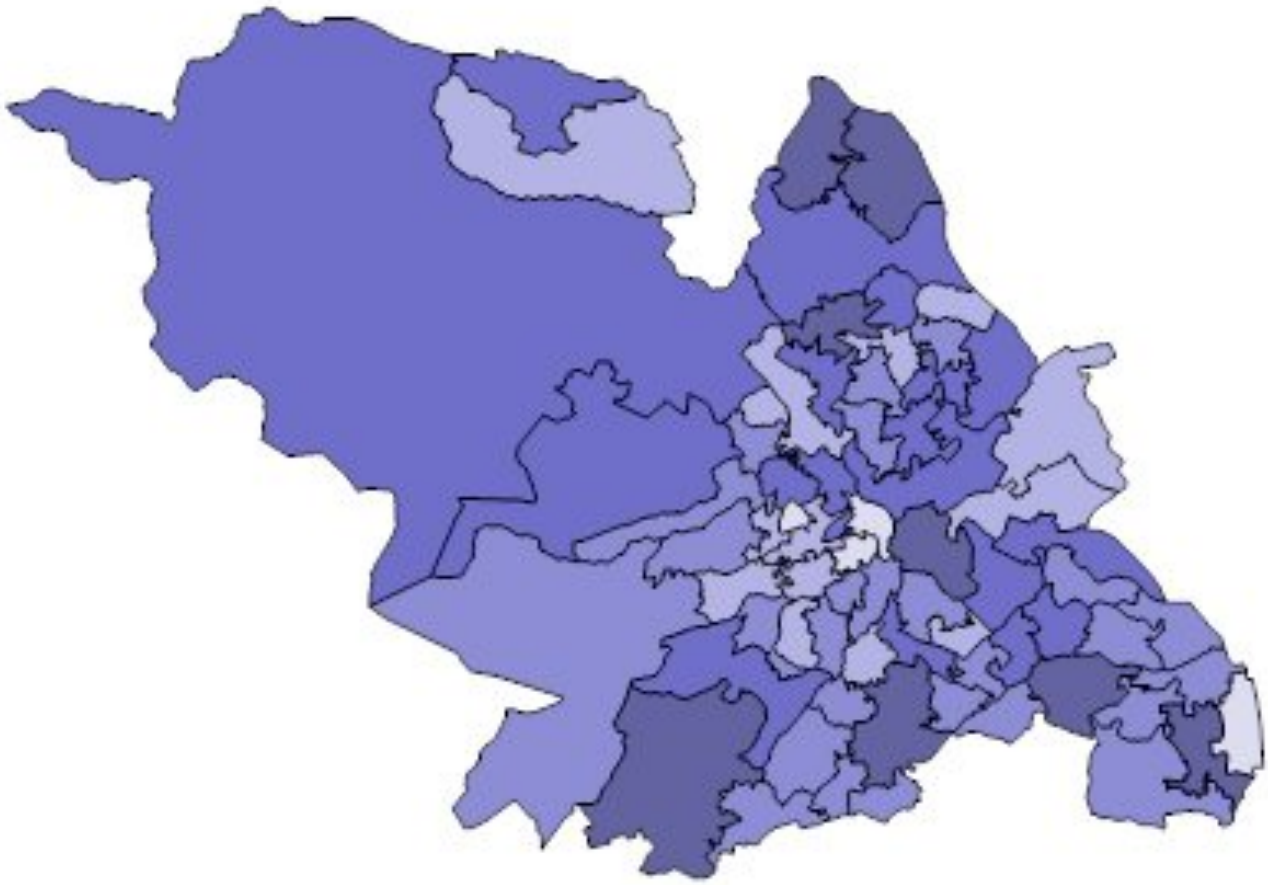
1. Difficulties AT ALL (Table 2.5)



2. A LOT of difficulties (Table 2.6)



3. A LITTLE Difficulty (Table 2.7)



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