

Hear Me Too

Results of the Community Needs Survey 2011



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If you need further information or a different format please email equality@devon.gov.uk, telephone 01392 382260, SMS 0789 610 3530 or write to the Corporate Equality Officer, County Hall, Topsham Road, Exeter EX2 4QD



The *Community Needs Survey* was carried out during the winter of 2010/11, providing a local perspective on equality and fairness and updating our evidence base.

Taking an evidence-based approach to decision making and service delivery is not only built into aspects of law, it makes good business sense. Unlike the private sector, which can judge its success on customer purchases, public services must rely on information including quantitative data and qualitative feedback to understand the impact they have on the people they serve.

The results of the *Community Needs Survey*, in some respects, have confirmed what we already know, whether that knowledge was obtained informally and anecdotally or from research conducted in the past. This in itself shows that inequalities are identifiable, persistent and slow to reduce. In light of the findings in this report and other available data, we hope services will build equality improvement objectives in to service plans as far as possible, with available resources. **We also urge public authorities to pay attention to these five priorities:**

- 1. Find effective and accessible methods of informing people about services and how to look after themselves, particularly in the event of a major local emergency.**
- 2. Continue to safeguard people from hate crime by demonstrating leadership (fostering good community relations through campaigns, events and communications in general), providing effective and accessible reporting systems and victim support (including safe places schemes), ensuring homophobic and disability related hate crimes are included within the hate crime strategy and schools use resources to address identity based bullying and incidents amongst young people.**
- 3. Achieve an accessible, regular and well connected public transport network that also serves the needs of disabled people and women.**
- 4. Ensure services are fully accessible and beneficial for disabled people and carers.**
- 5. Through inclusive engagement and participation, ensure equality is factored into broader goals around adult and child protection (such as domestic abuse) and the economy (job prospects including lifelong learning), and narrow gaps in perceptions and outcomes between all groups by listening to the needs and aspirations of people in relation to their protected characteristics.**

Equality Reference Group

www.devon.gov.uk/erg (or see page 88)



Introduction

Purpose

Under the Equality Act 2010¹, public authorities have a legal duty to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity (remove or minimise disadvantage; meet people's needs; take account of disabilities; encourage participation in public life).
- Foster good relations between people (tackle prejudice and promote understanding).

The duty applies to:

- Age
- Disability (with Carers protected 'by association')
- Gender Reassignment
- Marriage and Civil Partnership (only applies in limited circumstances)
- Pregnancy and Maternity
- Race
- Religion and Belief
- Sex
- Sexual Orientation.

These are known as the 'protected characteristics'.

The Equality Act protects everyone from unlawful discrimination. Some people are more likely than others to experience discrimination such as poor access to information and services, exclusion from activities or hate crime.

Building a fairer society where *everyone* can access services, participate, feel safe, well and achieve their potential is good for the economy and environment and reduces demand on public services.

Generally referred to as 'minority and disadvantaged groups', the purpose of the Community Needs Survey was to capture the views of those at risk of discrimination and exclusion in Devon. It spanned a wide range of issues in order to identify as many influences on an individual's quality of life as possible. Its aim was to provide a local picture which we could compare to national findings. Other key sources of information include the *Joint Strategic Needs Assessment*, *Devon Town Profiles*, education results, service user profiles, complaints data and, at a national level, *How Fair is Britain* - a triennial review carried out by the Equality and Human Rights Commission.

Concerns had been raised that national surveys such as the *Place Survey* did not reach certain groups of people and did not collect the kind of data needed to carry out equality analysis. For example, certain groups are not encouraged to take part because of a lack of communication support and random postal surveys do not reach Traveller and Gypsy

¹ More information about the Equality Act is available at www.devon.gov.uk/equalitylegislation.

communities. Other surveys and pieces of research have been carried out with minority and disadvantaged groups, but these have often been piecemeal leaving gaps in our knowledge. Carrying out a single survey which looks at a wide range of community needs means that everyone can be asked the same set of questions and we can begin to develop a holistic view of communities at a given time, which is useful for strategic planning. It can also tell us where those more detailed pieces of research need to be targeted.

The results, along with other sources of information, can be used to identify objectives and prioritise work that addresses inequalities.

Limitations

The overall response rate of 39% was very encouraging – 25% is usually regarded as good. This was the first survey of its kind to be carried out in Devon and therefore it was difficult to know how successful it would be. We therefore expected some gaps. The intention is to learn from this process, and if useful, run it again in future with a larger target group, paying more attention to groups that were less well represented this time round.

The survey questions were developed in consultation with the Equality Reference Group and partners in the public sector. Some questions were based upon the *Place Survey* and *Equality Measurement Framework* indicators for benchmarking purposes.

It was not possible to meet everyone's requirements and judgements had to be made about the inclusion of certain questions. For example, some people were concerned about the inclusion of questions about domestic violence, but those campaigning against domestic violence were very clear about the need to 'be brave' and include it. The result: the question received a 90% response rate.

The same can be said for including a question about sexual orientation. It is possible that some people would have been put off by the inclusion of these questions resulting in them not completing the survey, but it was felt to be more important to raise awareness of these issues. Some suggested that we should have only asked about sexual orientation with LGB (lesbian, gay and bisexual) groups, but that ignores the fact that people are not confined in boxes and, for example, a gay man may be reached through disability groups.

Even with a guarantee of confidentiality, religion and belief and sexual orientation are considered private matters by some and therefore questions about these characteristics are not often asked in surveys, therefore people have less confidence or understanding about the collection and use of this information. If people required assistance completing forms, the interpreter/support worker was asked not to probe areas that may be considered private and to seek consent before asking, the downside is that this can result in a low response if the individual is not 'Out' for example.

It therefore followed that a high proportion of people did not answer questions about sexual orientation. However, the cohort of people who did say they were LGB broadly matched the population estimate of 6%.

In terms of religion and belief, 11% of people with a religion or belief other than Christianity responded, compared with 0.4% in the 2001 Census. Therefore, despite a high 'did not answer' rate, the representation of minority groups here is at least adequate.

Although the survey attempted to reach most sections of Devon's community, the absolute numbers from some groups were too small to permit further analysis. Although the response from BME (Black and minority ethnic) people as a whole was strong, the numbers from specific groups were too low to be broken down further. The same applies to specific religious and belief groups and people who identified as transgendered. The overall response from disabled people was encouraging, but those responses were overwhelmingly from people with mobility disabilities, leaving other conditions such as mental health less well represented. Rural communities were also under-represented. Some people can never be reached, for example someone whose life is controlled by someone else.

Where possible, we have supplemented information with other sources of research and data and included key comments gathered in the survey (qualitative information).

The survey did not set out to explore barriers at work, as for this staff surveys are a useful method. In addition, pregnancy and maternity issues were not researched but Devon County Council has carried out a separate survey looking at pregnancy and maternity related discrimination at work.

Despite the limitations, this report provides a valuable addition to the existing evidence base and provides pointers to where follow up work could be targeted.



Executive Summary

The responses provide a valuable insight to the needs of Devon's communities. Coupled with national research and other local information, it helps to lift the lid on potential sources of disadvantage and discrimination in the county.

There is plenty of good news in the results: quality of life is good for most people, levels of respect and dignity are high and people are satisfied with most public services. However, some services emerge as the source of considerable dissatisfaction, including public transport. The results identify some general issues that apply to a wide range of people, confirming results from other sources such as the *Place Survey*. These include:

- A low level of perceived influence over decisions that affect a person's area or services.
- A low degree of awareness of information about what public services can provide.
- A low level of satisfaction with some services, mostly notably public transport.

A significant number of people indicated that they did not know what to do in the event of a major emergency.

Looking at the protected characteristics, the results show that **amongst those surveyed:**

Disabled people face numerous barriers including access to employment, transport and many other services. They experience hate crime and their fear of crime is greater than that of non-disabled people. Although they are more likely to call upon public services than others, they are not very satisfied with information about those services. Services need to provide British Sign Language interpreters. The findings mirror messages received by Living Options Devon from service users through consultations, advocacy, enquiries and the Devon Disability Network.

Age: People aged 20 to 34 show significant dissatisfaction with their job prospects and with quality of life in general.

Women experience barriers to use of public transport. Women from BME and certain religious communities have particular needs around domestic violence and abuse. **Men** experienced equally high levels of domestic violence and sexual assault.

Gay, Lesbian and Bisexual people experience the highest levels of hate crime and are also at risk of domestic violence and abuse.

Carers experience many barriers to accessing services such as lifelong learning, cultural facilities and sports and leisure.

BME groups appear to have different perceptions or outcomes with employment which may warrant further investigation, and nearly a third have experienced hate crime.

The conclusions are summarised in the following table:

Table of conclusions

	1	2	3	4	5	6	7	8
	Quality of Life	Access to Public Services	Community Safety & Crime	Getting Involved	Improving the Local Area	Making Savings	Health & Social Care campaigns	Domestic Violence, Sexual Assault & Hate Crime
All results								
Age								
Disability								
Gender								
Race								
Religion and belief								
Sexual orientation								
Carers								

	No major problems or differences in outcomes or perceptions identified; satisfaction is generally high with minor problems experienced by some. Continue to monitor.
	Find out more – this survey suggests that there may be an issue of concern which needs further investigation.
	We have a problem – this survey finds that there is a major issue which should be taken account of by policymakers in Devon.



A) Who Took Part?

Around **1,000** people were invited to take part in the survey.

391 people answered.

338 used the standard questionnaire and **53** used the Easy Read version.

The section indicates the number of people who answered individual questions, making comparisons with the overall population where possible. As mentioned in the introduction, the survey did not set out to be exactly representative of the population, but to ensure that the voices of certain groups were heard.

Percentages are rounded up or down and so may not add up to 100. 0.5 is rounded up.

This section describes all those who took part, including those who opted for the standard questionnaire and those who opted for the Easy Read version. However, as the Easy Read version presented questions slightly differently, the later analysis of answers discusses the two versions alongside each other rather than merging them.

Age

What was your age on your last birthday?

352 people (90%) responded to this question, with answers distributed as shown:

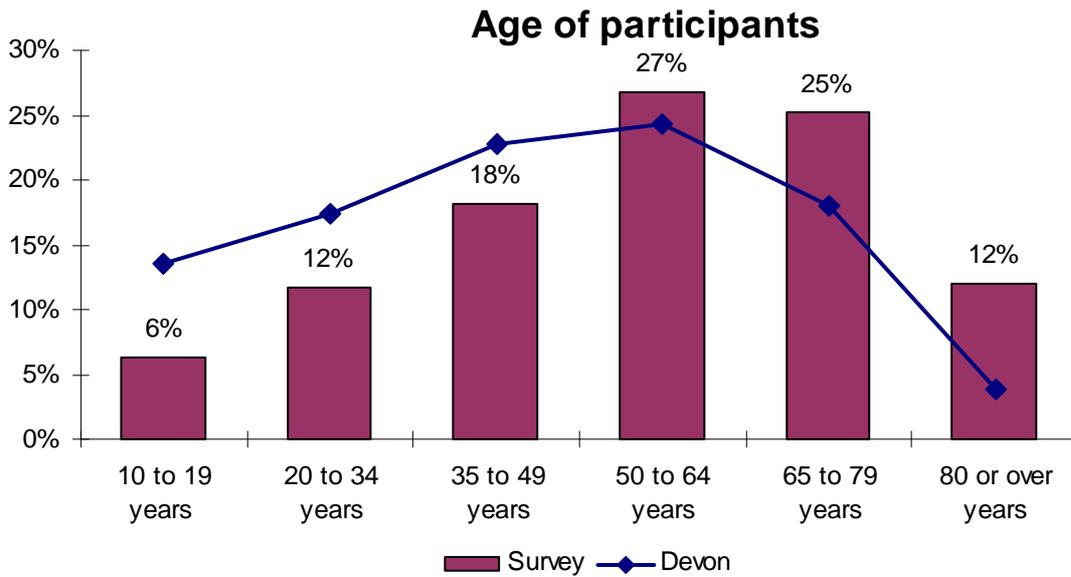
39 people (10%) did not answer this question

Age	Answers	%
10 to 19 years	22	6%
20 to 34 years	41	12%
35 to 49 years	64	18%
50 to 64 years	94	27%
65 to 79 years	89	25%
80 or over years	42	12%
Total	352	100%

As illustrated below, the age profile of participants was higher than that of the Devon population as a whole²:

²

http://www.devon.gov.uk/index/councildemocracy/improving_our_services/facts_figures_and_statistics/factsandfigures/thepeople/peopleestandproj/peoplepoestimates/peoplemyedccage.htm



Gender

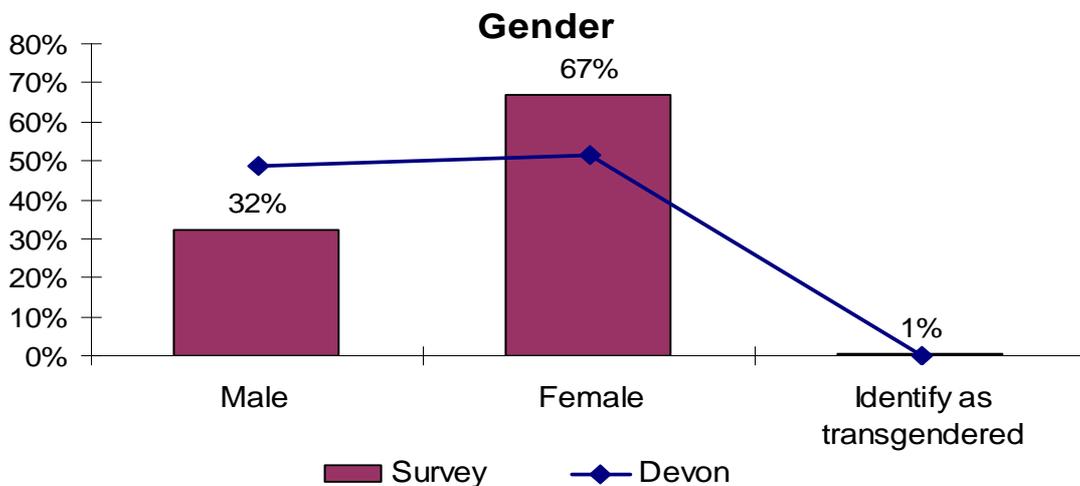
Gender: "Are you.....?"

370 people (95%) answered this question, with answers as shown:

21 people (5%) did not answer this question

Gender	Answers	%
Male	120	32%
Female	248	67%
Identify as transgendered	2	1%
Total	370	100%

The gender profile of survey participants was more skewed towards women than the overall Devon County Council area population³:



³

Two people identified as transgendered (protected characteristic of gender reassignment). According to the NHS an estimated 1 in 4,000 (0.025%) of people receives medical help in the UK for gender dysphoria. GIRES say that organisations should assume that 1% of their employees and service users may be experiencing some degree of gender variance⁴.

Disability

Do you consider yourself to be disabled?

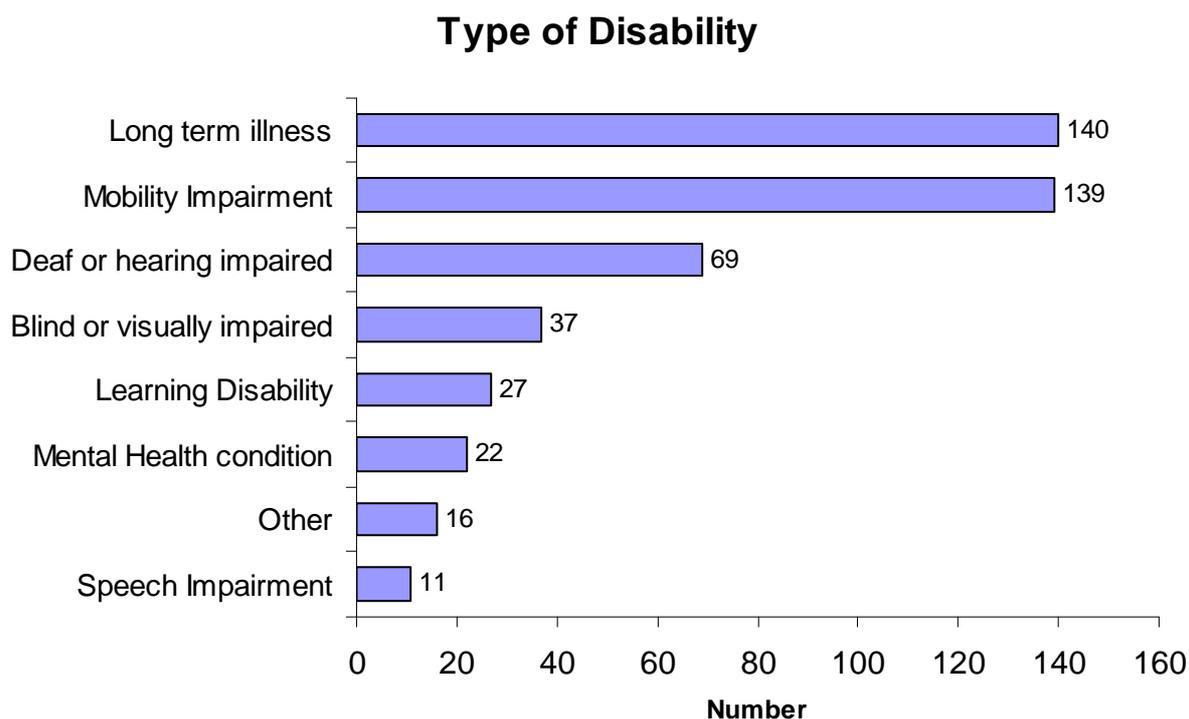
367 people (94%) responded to this question, with answers as shown:

	Answers	%
Yes	221	60%
No	146	40%
Total	367	100%

24 people (6%) did not answer this question

If "Yes", describe your disability

People with mobility impairments were well represented in this survey but some other groups were not so prominent, particularly those with mental illness.



The chart shows the incidence of various types of disability, rather than numbers of people. Some people experience multiple disabilities.

Of those who are deaf or hard of hearing, 15 were (Deaf) British Sign Language users and 54 were not.

⁴ www.gires.org.uk/prevalence2011.pdf

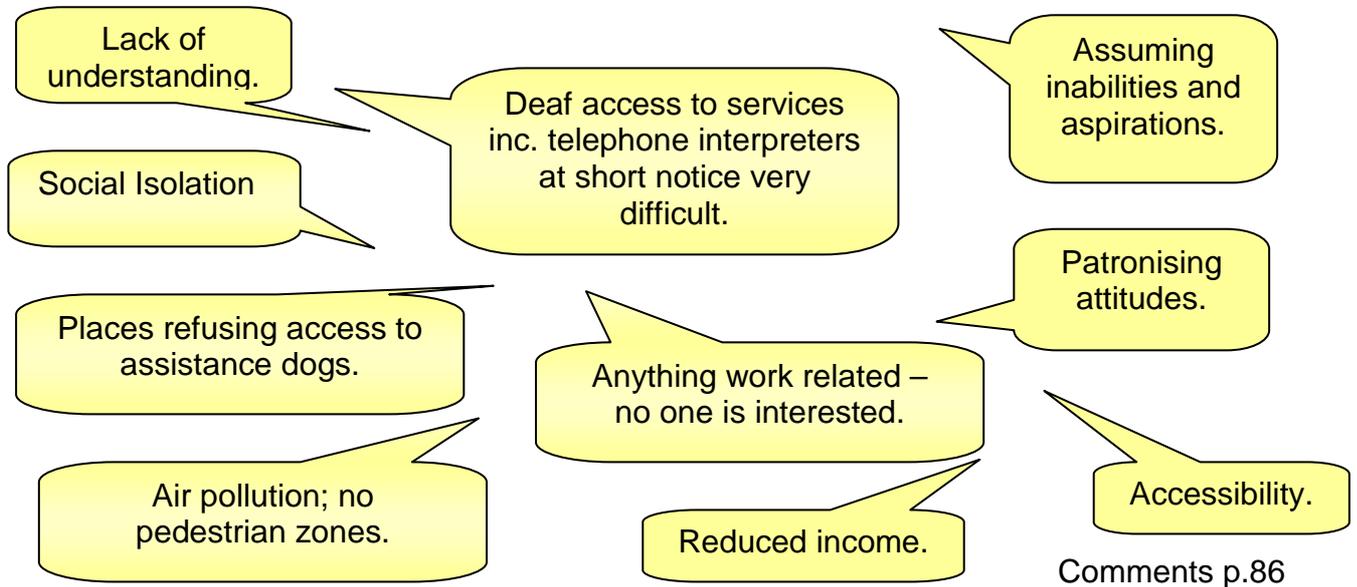
If you are disabled, what barriers do you usually experience?

Only disabled people who chose the standard survey were asked to describe the barriers they face.

145 out of 211 disabled people answered this question and the answers were clustered and counted as shown:

	Barriers experienced (in order of frequency):
1.	Physical Access to buildings
2.	Attitudes and knowledge
3.	Transport
4.	Pavements
5.	Parking
6.	Toilets
7.	Access to interpreters or other specialist services
8.	Signage and other information

The answers have an emphasis on physical access, perhaps reflecting the mix of people who responded to this question.



Ethnicity

How would you describe your ethnic origin?

364 people (93%) responded to this question, with answers distributed as shown:

27 people (7%) did not answer

The total response from BME people is 20% (73 people):

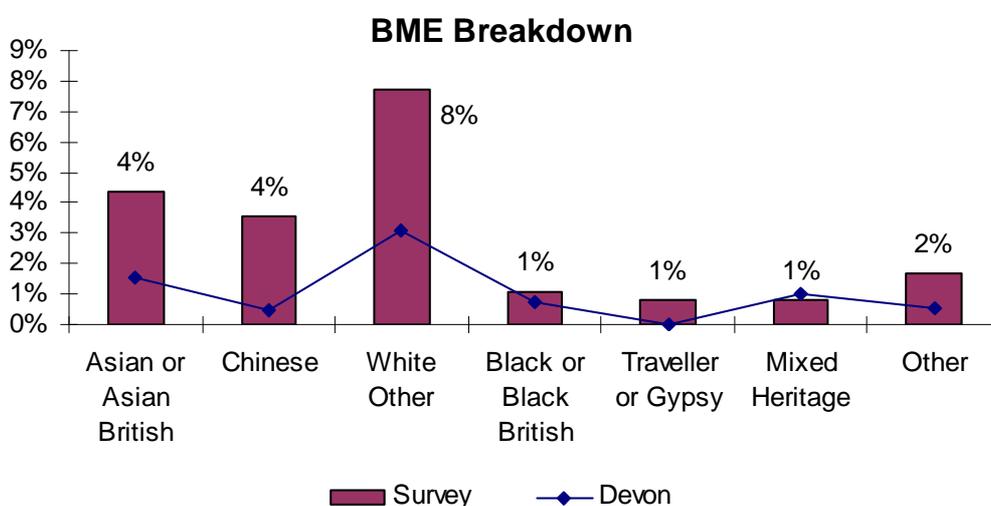
	Answers	%
White British	291	80%
Asian or Asian British	16	4%
Chinese	13	4%
White Other	28	8%
Black or Black British	4	1%
Traveller or Gypsy	3	1%
Mixed Heritage	3	1%
Other	6	2%
Total	364	100%

Based on ONS population estimates for Devon 2009⁵, more BME people are represented in this survey, as are members of each specific ethnic group. This is appropriate for a stratified sample intended to ascertain the views of minority groups. However, the absolute numbers from each ethnic group were too low to permit further statistical analysis.

The ONS survey does not collect information about Travellers and Gypsies, so it is not possible to compare representation with this group. However other figures suggest there are over 4,500 Travellers and Gypsies in Devon (0.6% of the population).

“Other” included Latin American, Bengali and Filipino.

The chart below indicates how the numbers responding compared with the overall Devon population.



Language

What is your first language?

360 people (92%) responded to this question, with answers as shown:

31 people (8%) did not answer

	Responses	%
English	324	90%
Other	36	10%
Total	360	100%

Of the 36 people who answered “Other”, nine indicated what their main language was including British Sign Language, Dutch, German, Polish and Russian.

⁵ <http://www.statistics.gov.uk/statbase/product.asp?vlnk=14238>

Religion and belief

What is your religion or belief?

146 people (37%) answered this question, as shown:

	Answers	%
Christian.	70	48%
No religion/belief.	41	28%
Other religion or belief	35	24%
Total	146	100%

241 people (63%) did not answer this question

24 people indicated the nature of their “other” religion or belief. These included Pagans and Muslims (the largest groups), with Jewish, Bahá’í, Hindu, Humanist and Spiritualist beliefs also represented. Hence eight of the ten major recognised faith groupings were represented. Buddhist and Sikh religions were not identified in the results.

The *Integrated Household Survey 2010*⁶ indicated that 77% of people in Devon have some form of religious affiliation and the *2001 Census* revealed over 100 different faith communities in the South West. In Devon 75% classified as Christian, 16% classified as having ‘no religion’ and 0.4% (about 3,000 people) followed a religion other than Christianity (including Buddhist, Hindu, Jewish, Muslim and Sikh), therefore minority religious/belief groups are more than adequately represented in this survey.

More recently, the *Citizenship Survey*⁷ shows the proportion of people saying they were Christian has fallen from 77% to 70% in 2009-10 and those saying they have ‘no religion or belief’ rose to 21%.

The absolute numbers of people representing each non-Christian faith were too low to enable analysis of these particular communities, although individual comments have been used in the report.

Sexual Orientation

How would you describe your sexual orientation?

107 people answered this question, as shown:

	Answers	%
Heterosexual	86	80%
Lesbian or Gay.	17	16%
Bisexual.	3	3%
Other	1	1%
Total	107	100%

284 people (73%) did not answer this question

⁶ Integrated Household survey 2010 <http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15381>

⁷ Citizenship Survey 2010

<http://www.communities.gov.uk/publications/corporate/statistics/citizenshipsurvey200910race>

Estimates of the size of the Lesbian, Gay or Bisexual (LGB) population range considerably between different measures and sources⁸, but around 6% is generally accepted.

Therefore LGB people appear to be adequately represented in this survey (just over 5% of all respondents).

Other profiles

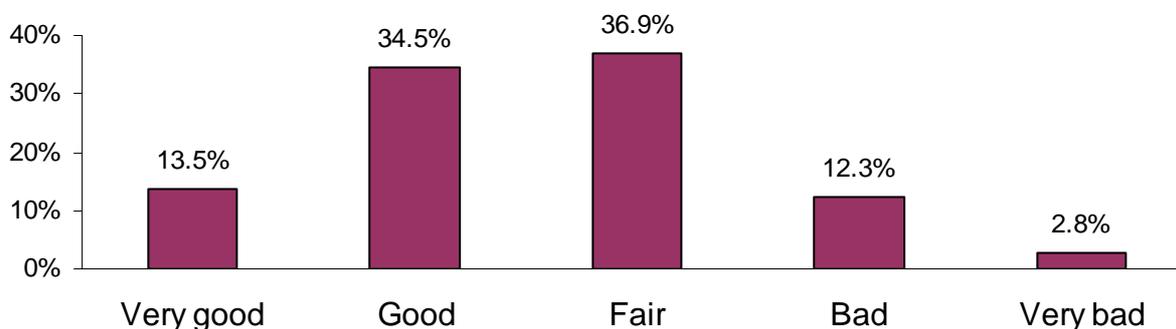
How good is your health in general?

325 people (96%) answered this question (standard survey), as shown:

13 people (4%) did not answer

	Answers	%
Very good	44	14%
Good	112	34%
Fair	120	37%
Bad	40	12%
Very bad	9	3%
Total	325	100%

How good is your health in general?



This question was phrased differently for the Easy Read Survey. 39 people reported that their health was “good”, and 1 as “bad”.

Do you have use of a car?

362 people (93%) responded to this question, with answers distributed as shown:

29 people (7%) did not answer this question

	Answers	%
Yes	235	65%
No	127	35%
Total	362	100%

⁸ Estimating the size and composition of the lesbian, gay, and bisexual population in Britain (2009) Equality and Human Rights Commission http://www.equalityhumanrights.com/uploaded_files/research/research_37_estimatinglgbpop.pdf

The latest figures available on car ownership are taken from the *2001 Census*⁹ and indicate that 81% of households owned a vehicle at that time. Although this information is rather dated, it does suggest that the proportion with access to a car is lower amongst those who replied to this survey than amongst the general population.

Slightly fewer people who identified themselves as disabled (69%) had access to a car compared with non-disabled (77%), showing that disabled people have a higher dependence on public transport.

Do you have any children living with you?

346 people (88%) responded to this question, with answers distributed as shown:

	Answers	%
Yes	65	19%
No	281	81%
Total	346	100%

45 people (12%) did not answer.

In which of these ways does your household occupy your current accommodation?

350 people (90%) answered this question, as shown:

	Answers	%
Owned outright	160	46%
Buying on mortgage	68	19%
Rent from Housing Association or Trust	39	11%
Rent from private landlord	38	11%
Rent from council	21	6%
Other	24	7%
Total	350	100%

41 people (10%) did not answer.

Which of the following best describes your current employment?

325 people (83%) answered this question, as shown:

	Answers	%
Retired	105	32%
Unable to work	51	16%
Full-time employment	41	13%
Part-time employment	36	11%
Volunteer	25	8%
Full-time education	19	6%
Self-employed full or part-time	18	6%
Looking after home	11	3%
Unemployed	11	3%
Other	8	2%
Total	325	100%

66 people (17%) did not answer this question.

⁹ Devon Facts and figure

http://www.devon.gov.uk/index/councildemocracy/improving_our_services/facts_figures_and_statistics/factsandfigures/dfp_transport/transportcarowndevon.htm

Are you a carer?

Only the standard survey asked this question. **297** people (88%) answered:

	Answers	%
Yes	50	17%
No	247	83%
Total	297	100%

41 people (12%) did not answer.

The question was asked a little differently in the Easy Read version, with 3 of the 23 who answered indicated that they were carers. It is estimated that around 10% of people in Devon are carers¹⁰, so more carers are represented in this survey.

If “Yes”, how many people do you provide care for?

Six carers provided care for one child, and a further two cared for two children. 38 carers provided care for one adult, and a further seven cared for two adults.

The *Devon Carer’s Needs Assessment*¹¹ is based on 2001 census data and indicates that 12% of carers are aged over 65. In this survey, 41% are of that age. The intervening period has seen changes in population and in social care practice, which may explain why a higher proportion of carers are now older. Young carers were under represented in this survey.

In this survey, 18% of women stated they were carers and 14% of men stated they were carers.

¹⁰ Devon Carer’s Health Needs Assessment ;

http://www.devon.gov.uk/carers_health_needs_assessment_final_april_2010.pdf

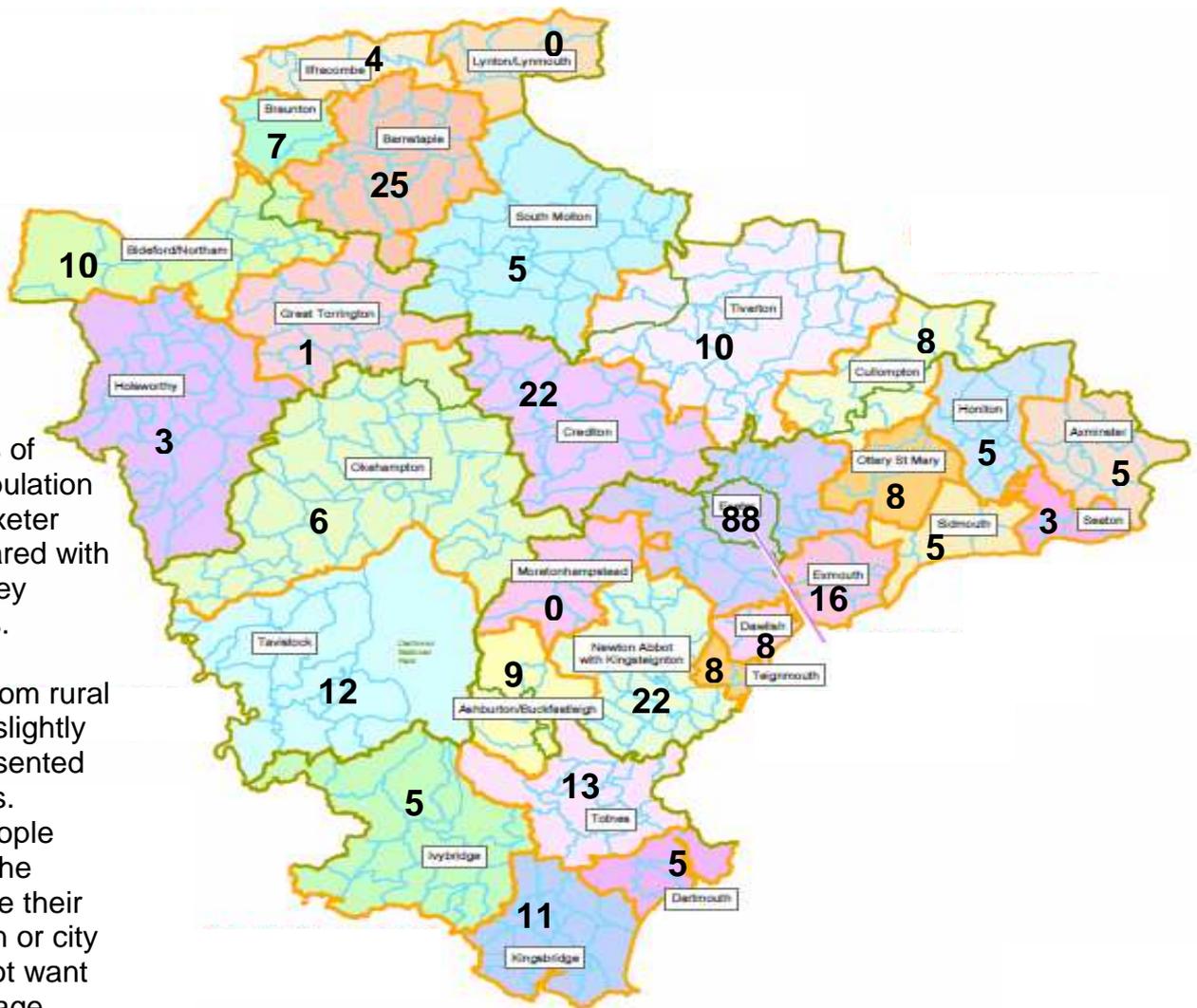
¹¹ http://www.devon.gov.uk/carers_health_needs_assessment_final_april_2010.pdf

Please tell us the name of the village, town or city where you usually live:

Ashburton and Buckfastleigh	9	Ivybridge	5
Axminster	5	Kingsbridge	11
Barnstaple	25	Lynton and Lynmouth	0
Bideford and Northam	10	Moretonhampstead	0
Braunton	7	Newton Abbot and Kingsteignton	22
Cullompton	8	Okehampton	6
Crediton	22	Ottery St Mary	8
Dartmouth	5	Seaton	3
Dawlish	8	Sidmouth	5
Exeter	88	South Molton	5
Exmouth	16	Tavistock	12
Great Torrington	1	Teignmouth	8
Holsworthy	3	Tiverton	10
Honiton	5	Totnes	13
Ilfracombe	4	Total	324
		Did not answer	67

Around 16% of Devon's population live in the Exeter area, compared with 24% of survey respondents.

So people from rural areas were slightly under-represented in the results. Although people were given the option to give their nearest town or city if they did not want to give a village.



Please tell us the name of the village, town or city where you usually work or study:

Ashburton and Buckfastleigh	2	Ivybridge	2
Axminster	5	Kingsbridge	3
Barnstaple	13	Lynton and Lynmouth	0
Bideford and Northam	6	Moretonhampstead	0
Braunton	0	Newton Abbot and Kingsteignton	4
Cullompton	0	Okehampton	1
Crediton	13	Ottery St Mary	3
Dartmouth	0	Seaton	0
Dawlish	1	Sidmouth	2
Exeter	61	South Molton	1
Exmouth	2	Tavistock	3
Great Torrington	0	Teignmouth	0
Holsworthy	0	Tiverton	6
Honiton	0	Totnes	5
Ilfracombe	1	<i>Outside Area</i>	13



B) Analysis

The Easy Read survey covered the same themes as the standard version, but many questions were presented differently. The analysis presented in this section is taken from the standard survey, with results of the Easy Read survey discussed alongside.

The analysis is divided into the eight sections of the survey:

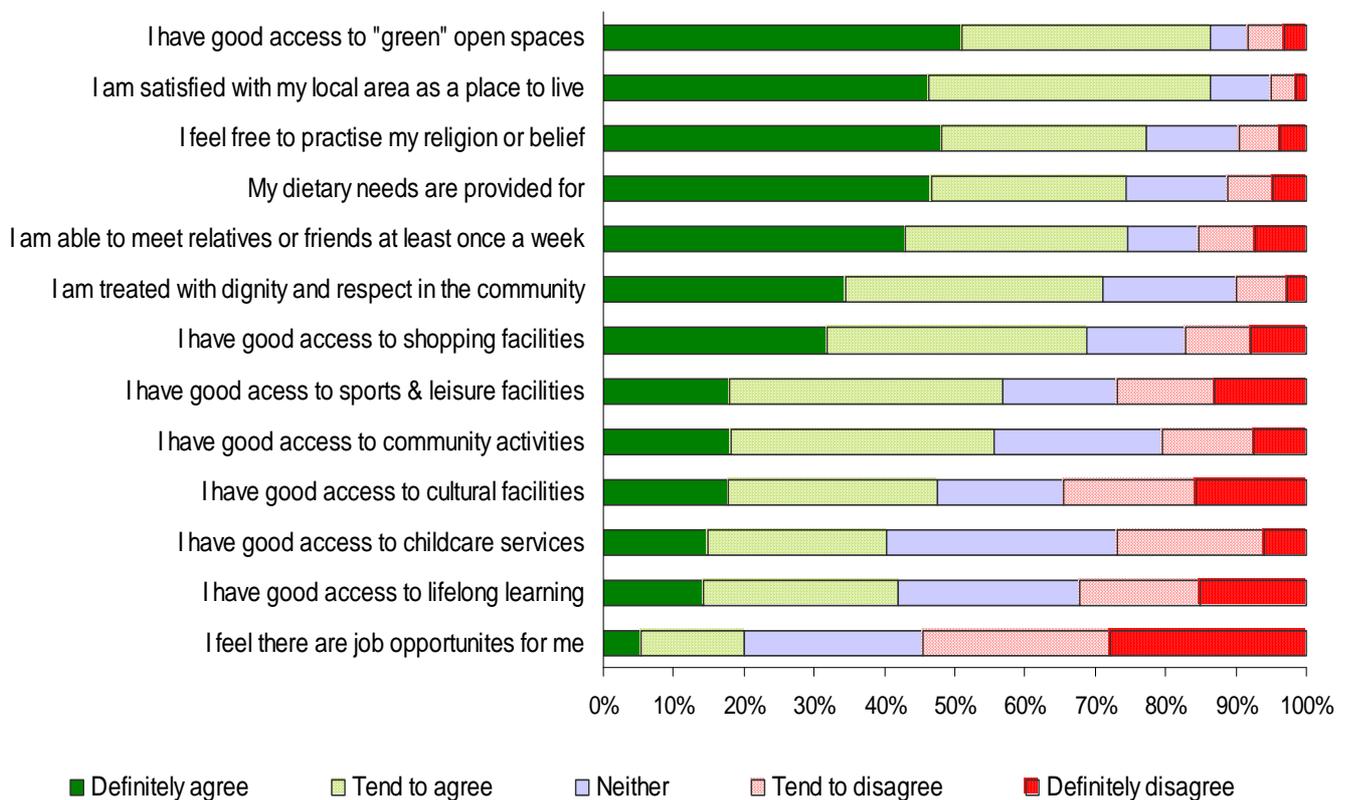
1	Quality of Life
2	Access to public services
3	Community Safety and Crime
4	Getting involved
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6	Making savings
7	Health and social care campaigns
8	Domestic Violence, Sexual Assault and Hate Crime.

1. Quality of Life

The survey asked 13 questions about different dimensions of quality of life. Results are shown in the diagram below. Response rates to these questions were very high, with about 95% of people answering.

The answers reveal generally high satisfaction levels. This bears out the *Place Survey*, run by local authorities in late 2008 to collect information on 18 national indicators of public perceptions of their local area. 86% of respondents to the *Place Survey* either definitely agreed or tended to agree that they were satisfied with their local area as a place to live, placing Devon as the county with 7th highest satisfaction ratings.

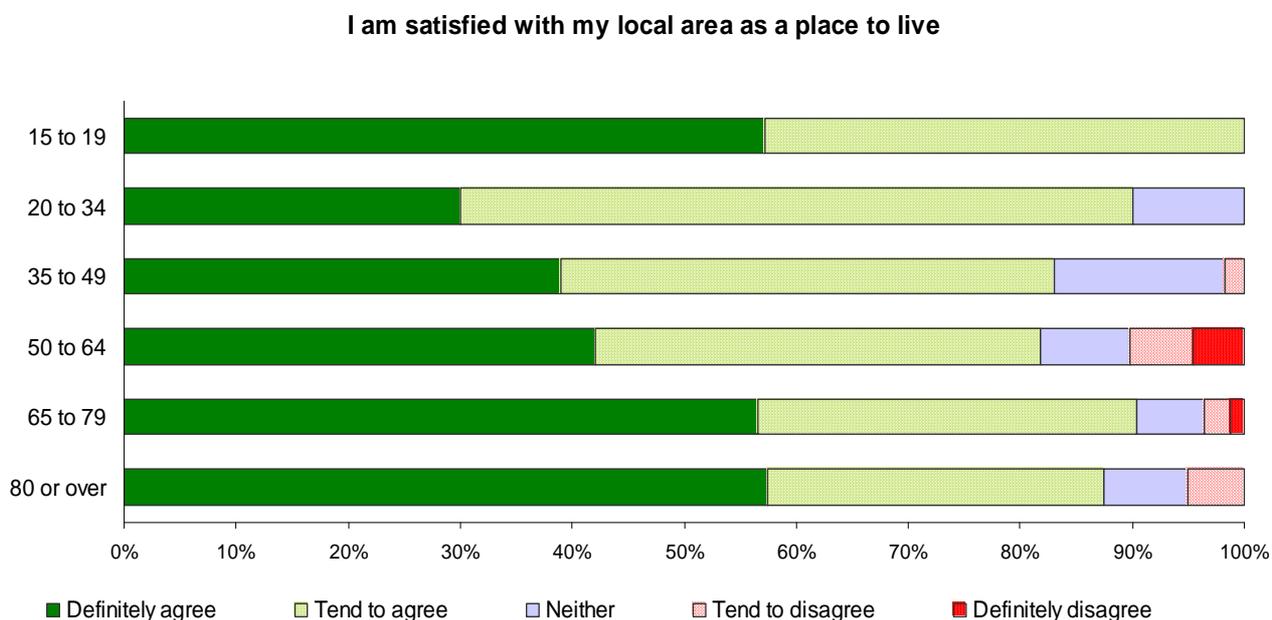
Quality of Life: To what extent do you agree with the following statements?



But does every section of our society share this high overall level of satisfaction with their neighbourhood? We can look firstly at the general issue of satisfaction with the local area as a place to live.

“I am satisfied with my local area as a place to live”

Answers to this question revealed a clear age pattern, with satisfaction changing little with age until peaking in the fifties and early sixties with rising satisfaction.



These results reflect not only a national, but an internationally recognised pattern. 72 out of 80 countries surveyed in 2008 reported lower levels of happiness or satisfaction with life in middle age compared with younger and older adults¹². Researchers found a ‘U-shaped’ relationship between well-being and age, independent of income and other demographic factors. Yet the causes remain a matter for speculation – for example that older people discard the unachievable aspirations of their youth and learn to make the most of their strengths.

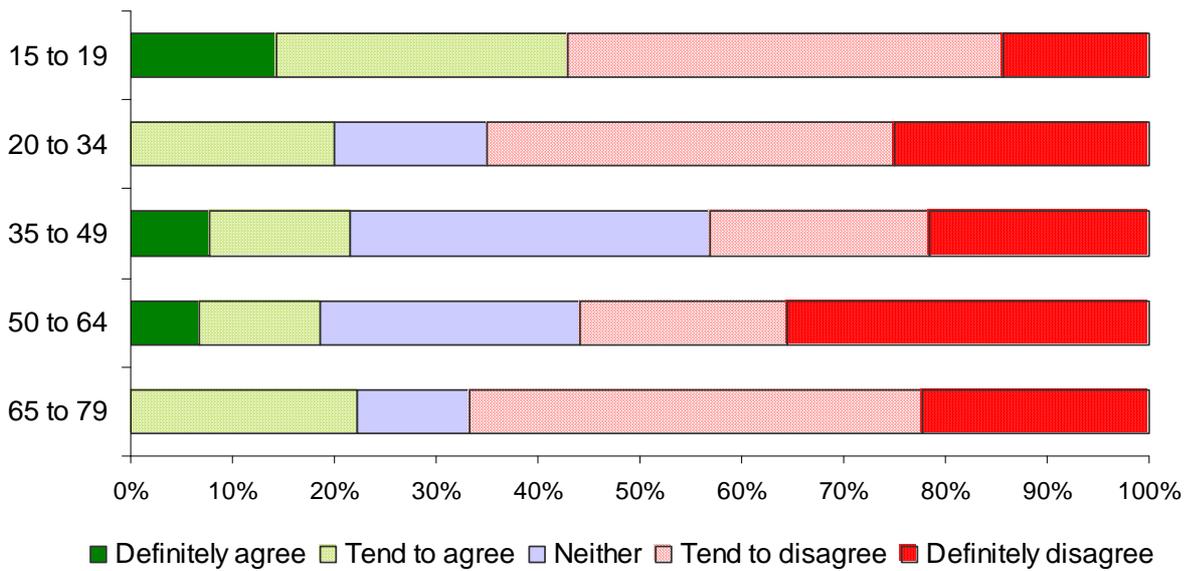
Analysis by ethnicity, disability, religion and belief, gender, sexual orientation or first language revealed no significant variation on this measure of general satisfaction. It would seem that amongst those surveyed, age is the only factor that has an identifiable impact on this issue. With the exception of age, this suggests that in very general terms all sections of the community enjoy living here. But as we go on to consider more specific questions, some of the issues and barriers experienced by people become very apparent.

“I feel there are job opportunities for me”

Turning to more specific questions about quality of life, the lowest satisfaction ratings related to job opportunities. Here there is also an age-related pattern, with the poorest perceptions amongst people aged 20 to 34 and 65 to 79. The fact that only 20% of 20 to 34 year olds agreed with this statement is a matter of concern. It is known that recent changes in the employment rates of younger workers are disproportionately large compared with the rest of the population.

¹² Is Well-being U-Shaped over the Life Cycle? Blanchflower D (2008)
<http://citeseerx.ist.psu.edu/viewdoc/summary?doi=10.1.1.154.2237&rank=1>

I feel there are job opportunities for me

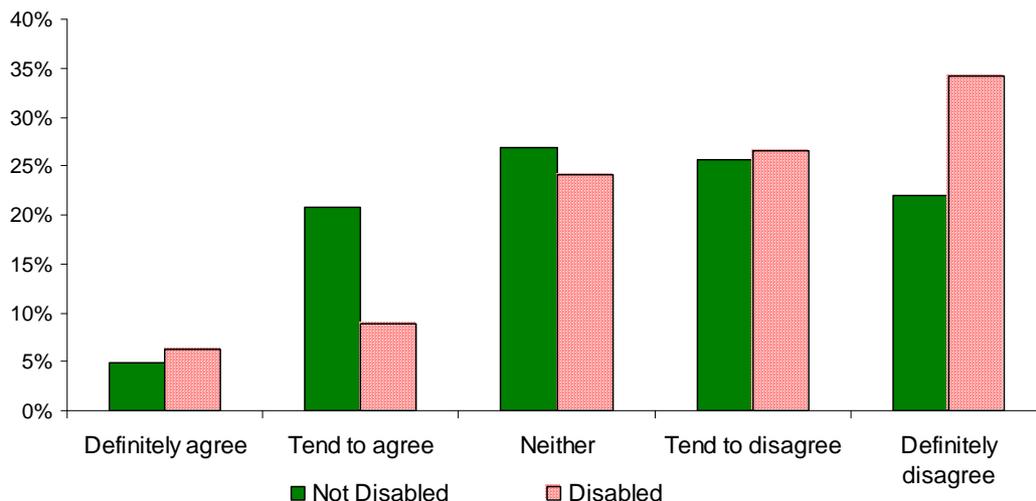


The current recession has severely limited opportunities for new jobs. Research has shown that the period of early adulthood (between 18 and 25) seems to be the time during which people are more sensitive to macroeconomic conditions. They found that being exposed to a recession before age 17 or after age 25 has no impact on beliefs about life chances. However, younger people growing up during recessions tend to believe that success in life depends more on luck than on effort; they support more government redistribution, but have less confidence in public institutions. Recessions seem to adversely effect young people’s beliefs¹³.

Disabled people expressed more negative perceptions about their job prospects:



I feel there are job opportunities for me

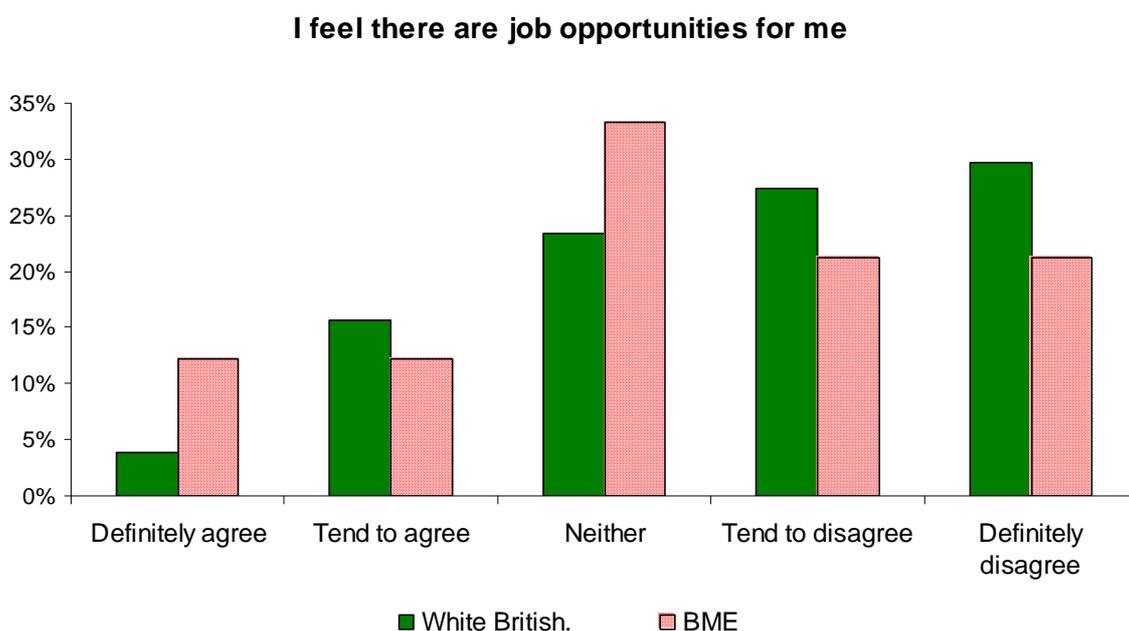


¹³ Giuliano, P. and A. Spilimbergo (2009), ‘Growing up in a recession: beliefs and the macro economy’, NBER Working Paper No. 15321, September 2009 <http://ideas.repec.org/p/iza/izadps/dp4365.html>

This perception is borne out by labour market research. For low qualified British men with disabilities the chances of working halved from 77% to 38% from the 1970s to the 2000s¹⁴. Figures also suggest that 45% of disabled people in their early 20s are not in education, employment or training (NEET). Some of the barriers to employment faced by disabled people are reflected later in this survey.

The Easy Read survey asked “Do you feel there are lots of ways for you to get a job?” 24 answered “No”, 14 “Yes” and 13 “Not sure”. 6 of the “Yes” answers were from those with Learning Disabilities. So these answers were much in line with answers to the standard survey and reflect the problems that disabled people face in finding work.

BME respondents expressed more positive perceptions on this issue:



Between 1995-7 and 2006-8 a steady growth in the number of jobs raised the percentage of women and BME people of working age in employment by twice the average, and the percentage of Bangladeshi and Pakistani people of working age in employment by three times the average¹⁵. We could perhaps speculate that these positive answers may represent a “bounce back” from historically low expectations.

However, the same research has also revealed that some minority groups are still largely excluded from work: for example, nationally employment rates amongst Muslim women are particularly low. There is also a degree of ethnic segregation in the labour market which affects some groups more than others. The low numbers of respondents from each ethnic group make any further analysis difficult here. However it was notable that whilst answers from those who selected Asian, Chinese and White Other as their ethnicity spanned the full range of perceptions. Black and Mixed Heritage respondents were more negative, with the five respondents answering “neither”, “tend to disagree” or “definitely disagree”.

¹⁴ “How fair is Britain” (2010) Equality and Human Rights Commission <http://www.equalityhumanrights.com/key-projects/how-fair-is-britain/full-report-and-evidence-downloads/>

¹⁵ “How fair is Britain” (2010) Equality and Human Rights Commission

This may be a particular issue for specific BME communities in Devon that would merit research, as the sample size here is too small to draw real conclusions.

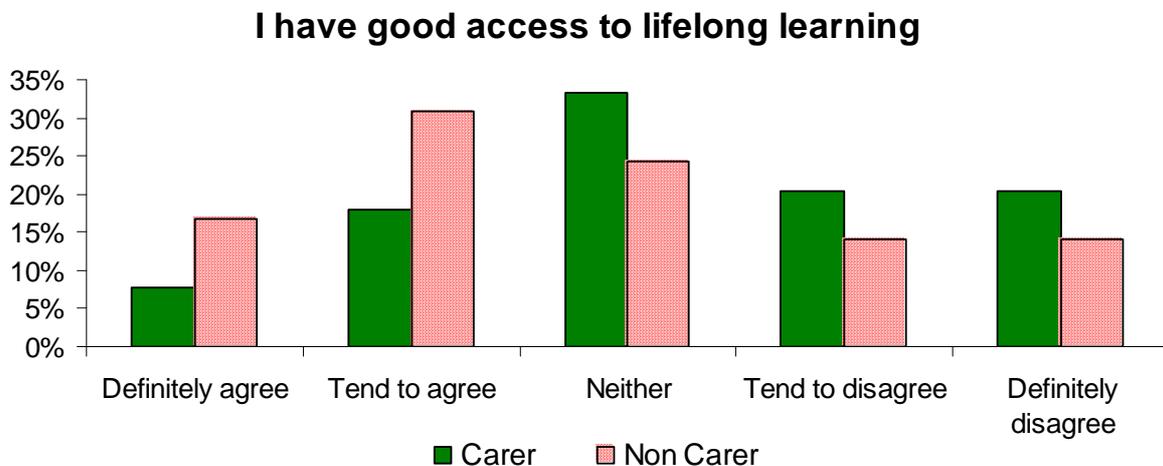
There were no significant differences on this issue looking across gender, religion and belief, first language or sexual orientation. However the question did not probe issues of nature or quality of potential employment, where there are known to be gender differences. Neither did it ask about perceived treatment at work. For example LGB adults are around twice as likely to report experiencing unfair treatment, discrimination, bullying or harassment at work than other employees¹⁶.

“I have good access to lifelong learning”

Access to services is covered in Section 2, but it is interesting that some of the lowest levels of satisfaction with quality of life are those that concern access to services. Of those, access to lifelong learning indicates the lowest satisfaction levels.

This dissatisfaction does not appear to be disproportionately high amongst any particular group, looking across age, religion and belief, disability, ethnicity, gender and sexual orientation with the exception of answers from the British Sign Language users who indicated definite disagreement to the question. This suggests there may be a shortage of access to British Sign Language tuition and support which matches findings of the *Sign Vision* conferences held with Deaf people in Devon¹⁷.

People who are carers also indicated more difficulty in accessing lifelong learning:



Research has also found that people with low prior educational achievement are least likely to participate in adult education, although this link was not investigated in this survey.

¹⁶ “How fair is Britain” (2010) Equality and Human Rights Commission

¹⁷ http://www.devon.gov.uk/sign_vision_conferences_report_2008-2.pdf

“I have good access to cultural facilities”

Satisfaction with access to cultural facilities exhibited an age pattern, with the 15 to 19 year olds expressing dissatisfaction. This is something that may merit some further investigation.

Disabled people also express slightly more negative perceptions. Recent research has highlighted a number of barriers that disabled people face in accessing leisure, social and cultural activities¹⁸. One reason identified is health, because take up of leisure activities is driven by how participants feel on a daily basis. Other barriers include financial constraints, transport, time, caring responsibilities, the range of activities available and access to adaptation.

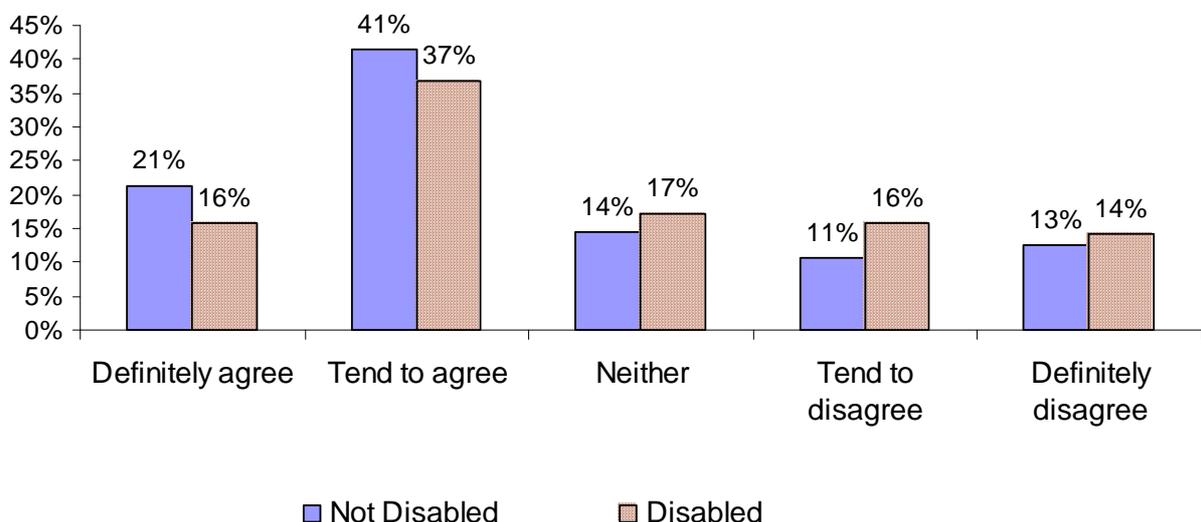
No significant differences regarding ethnicity, gender, sexual orientation, religion and belief or language were identified. Carers, however, answered less positively.

“I have good access to sports and leisure facilities”

Satisfaction with access to sports and leisure facilities shows a similar age pattern, although the 15 to 19 year olds who responded were more positive about this than access to cultural facilities.

In line with the answers to the previous question, disabled people are disproportionately less satisfied with access to sports and leisure, many of the barriers being similar.

I have good access to sports and leisure facilities



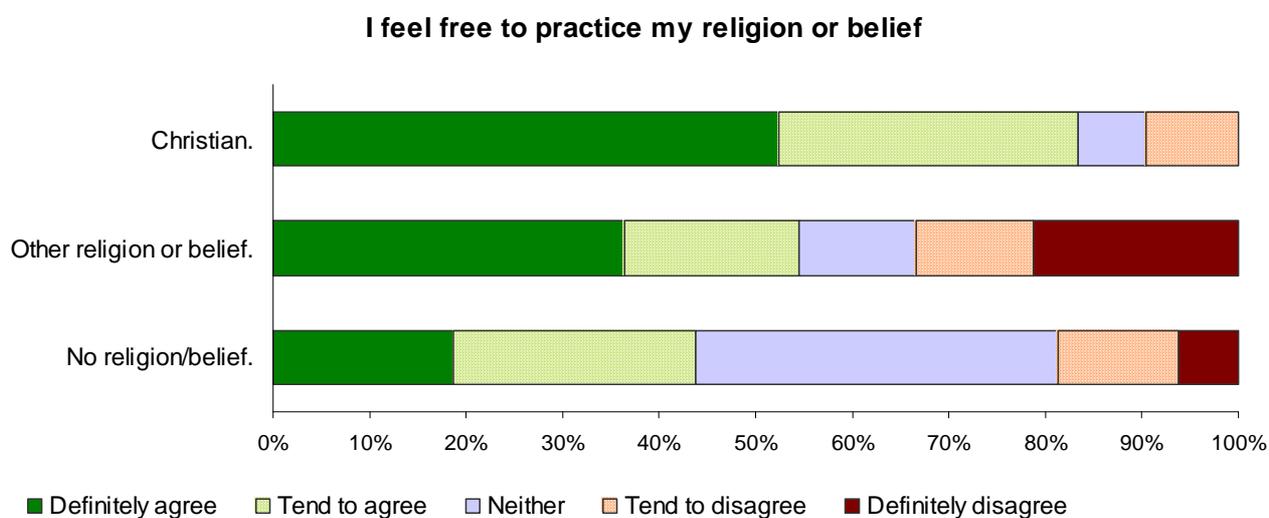
¹⁸ The Life Opportunities of Disabled People: Office for Disability Issues (2010)
<http://odi.dwp.gov.uk/docs/res/los/los-qr-cc.pdf>

"I feel free to practice my religion or belief"

As described in the section Who Took Part, almost all the major religion and belief groups were represented in the survey.

A higher proportion of Christians agreed with the statement, compared with non-Christians. However, definite disagreement with the statement was expressed only by the Muslim and Pagan respondents. Answers from the Muslim respondents were polarised between definite agreement and definite disagreement, although the very small number of individuals means that no conclusions can be drawn from this.

The *Citizenship Survey 2010*⁷ indicated that 6% of people considered that they could not fully practise their religion with freedom.



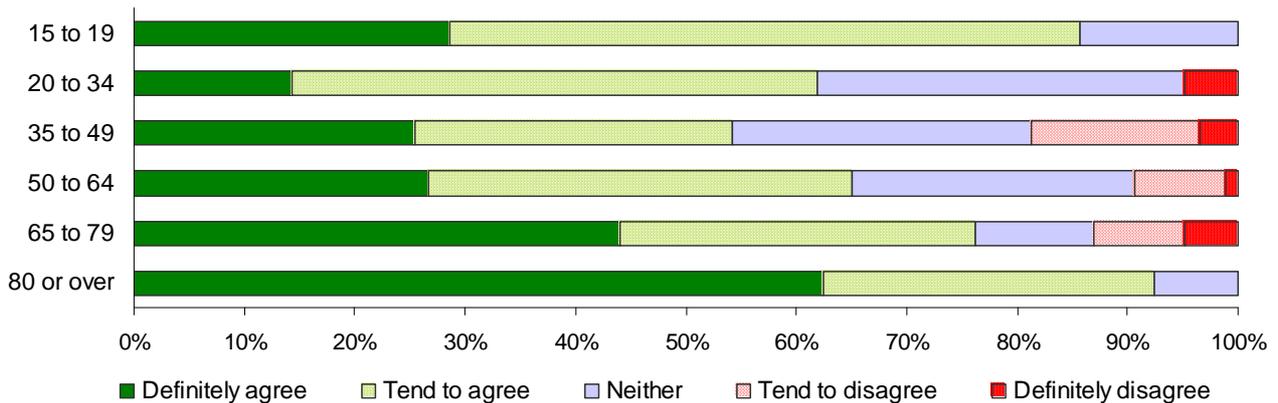
It is worth noting that many of those with no religion or belief felt that the question was relevant and did provide an answer. This may indicate that other forms of contemplation or practice governed by beliefs are important for people without a recognised religion.

Those using the Easy Read questionnaire were asked whether "I feel there are lots of ways to practice my religion". 36 replied "Yes", 6 "No" and 6 "Not Sure".

"I am treated with dignity and respect in the community"

This important question received very positive responses, with over 70% agreeing strongly or tending to agree. The age pattern was the familiar 'U shape', with perceptions of middle aged people noticeably lower than those of the young or old.

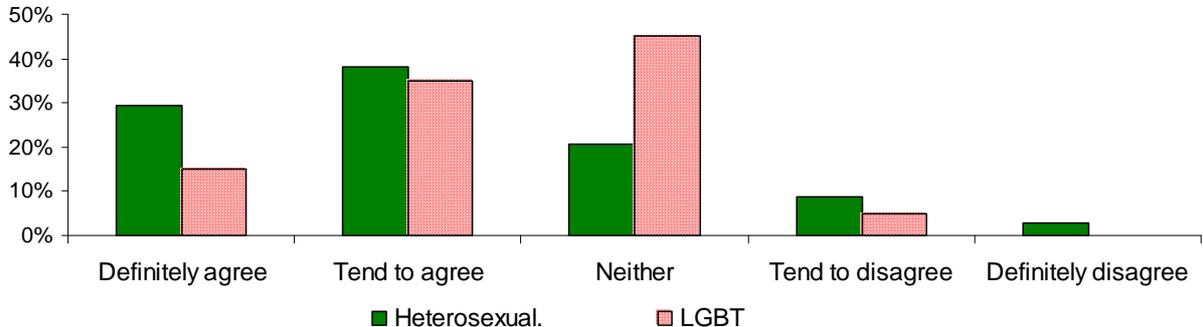
I am treated with dignity and respect in the community



Analysis by disability, ethnicity, religion and belief, gender, sexual orientation or language does not reveal any significant negative answers.

Few LGB respondents expressed disagreement with the statement about dignity and respect, perhaps surprising in view of the findings about hate crime that are discussed later. However fewer expressed positive agreement either, perhaps because of the fear of such crime and the many ways in which homophobia may manifest itself.

I am treated with dignity and respect in the community

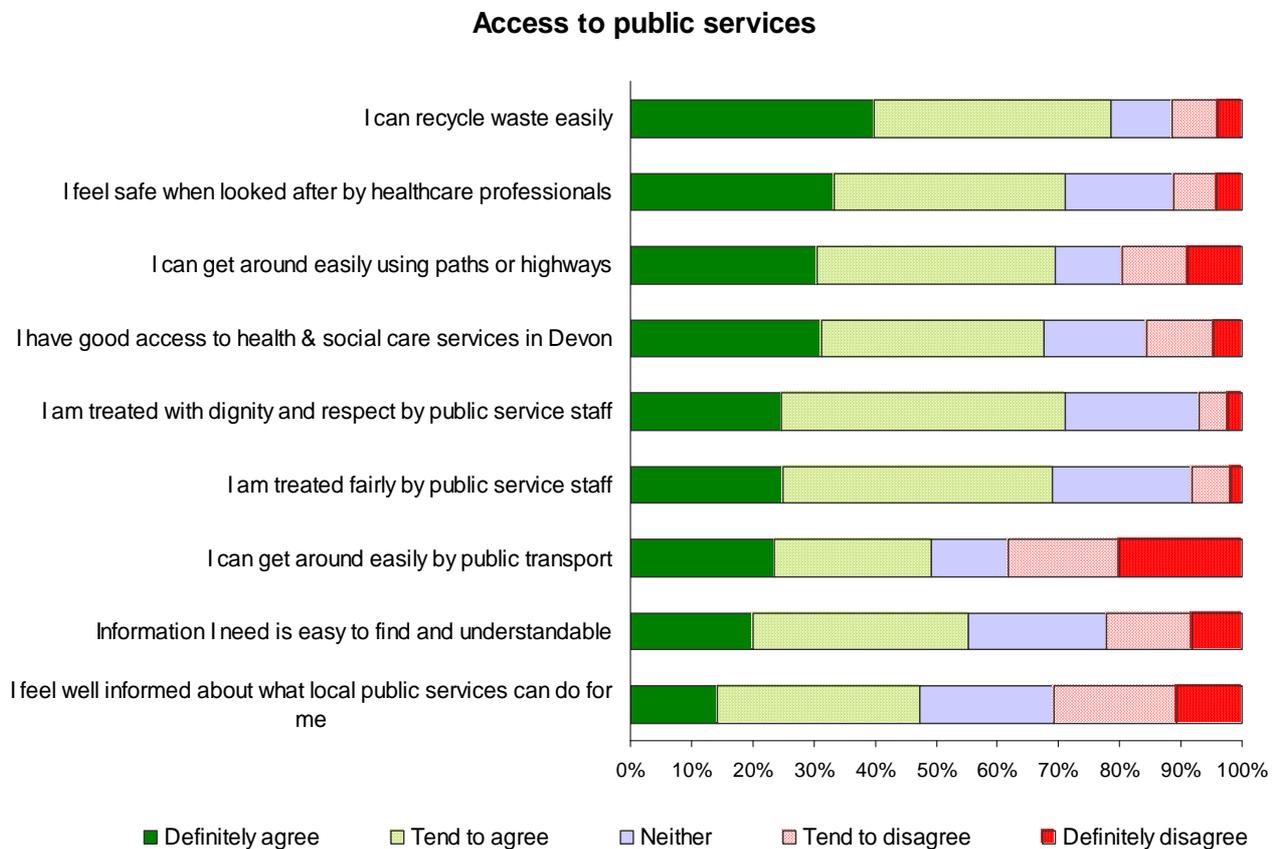


Those using the Easy Read questionnaire were asked whether “I feel people treat me with respect”. 39 replied “Yes”, 6 “No” and 6 “Not Sure”.

Other findings

Nearly 10% of people say they “definitely disagree” that they are able to meet relatives or friends at least once a week – which could indicate pockets of isolation as a result of poor public transport.

2. Access to public services



Response rates to these questions were very high, with about 95% of people answering. Answers to most of the questions about access were largely positive. But some of the least positive perceptions relate to some of the most important aspects of service provision, the first relating to an awareness of the services available:

“I feel well informed about what local public services can do for me”

Fewer than 50% of people agreed or tended to agree that they were well informed about what local public services could do for them. Once again, the familiar age-related pattern could be detected with fewer than 40% of 20 to 34 year olds agreeing with the statement.

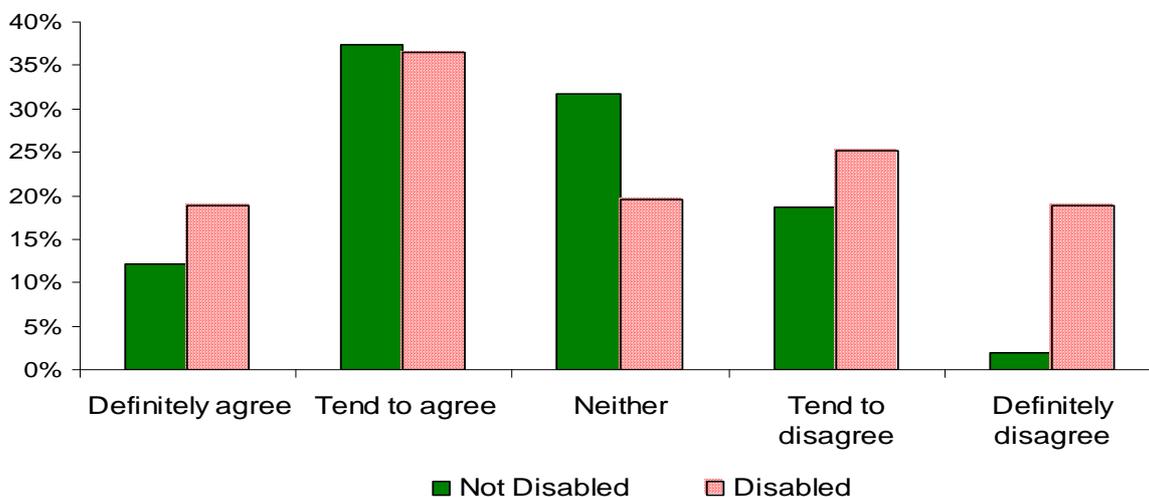
Answers from disabled people suggest this is an issue for concern, with almost 20% definitely disagreeing with the statement. Further research may be necessary to identify why so many people who need the highest levels of support feel so poorly informed. This is a clear finding from the survey.



A recent review by Living Options Devon showed that fewer than 25% of people with physical and sensory disabilities are content with e-based information and alternative formats are necessary. The emphasis on web based and e-mail information is

understandable for its instant nature and ease of administration, however, if used exclusively three quarters of disabled people may be excluded regardless of age.

I feel well informed about what local public services can do for me



Answers from those who do not have English as their main language also expressed poorer perceptions with 42% agreeing, as opposed to 49% of those with English as their first language. But, given the small sample size, this difference cannot be said to be of significance.

Those using the Easy Read questionnaire were asked whether “I feel it is easy to find the information I need”. 27 replied “Yes”, 8 “No” and 16 “Not Sure”.

“I am treated fairly by public services staff”

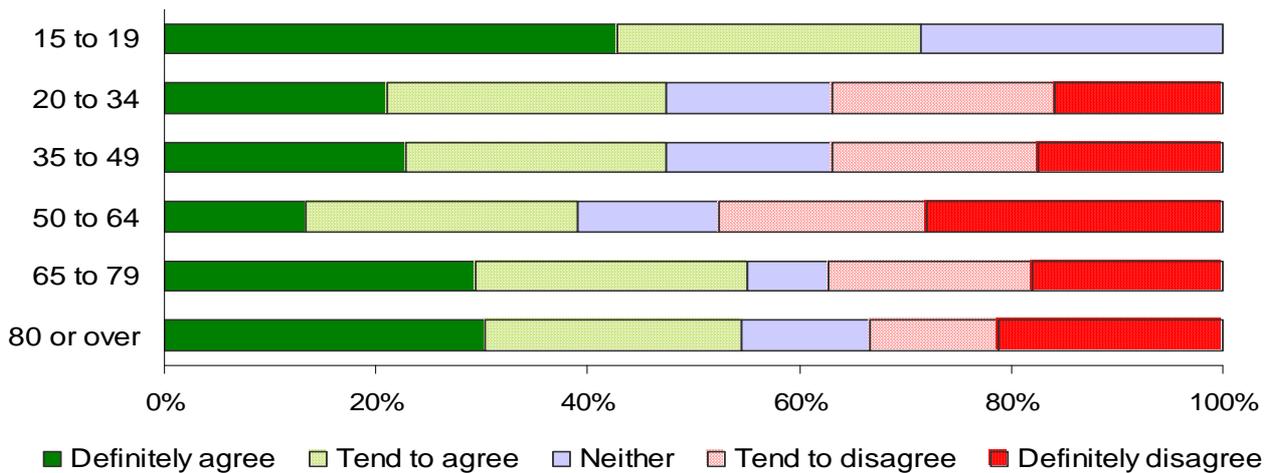
The familiar age pattern again emerged in response to this question, with perceptions of middle aged people being lower than those of the young or old.

There were no significant differences looking across disability, ethnicity, religion and belief, gender, sexual orientation or first language.

“I can get around easily by public transport”

Fewer than 50% of people agreed that they could get around easily by public transport. The age related pattern was interesting, with perceptions dropping steadily to age 64 then rising from 65, possibly illustrating the impact of free bus travel for the over 65s.

I can get around easily by public transport

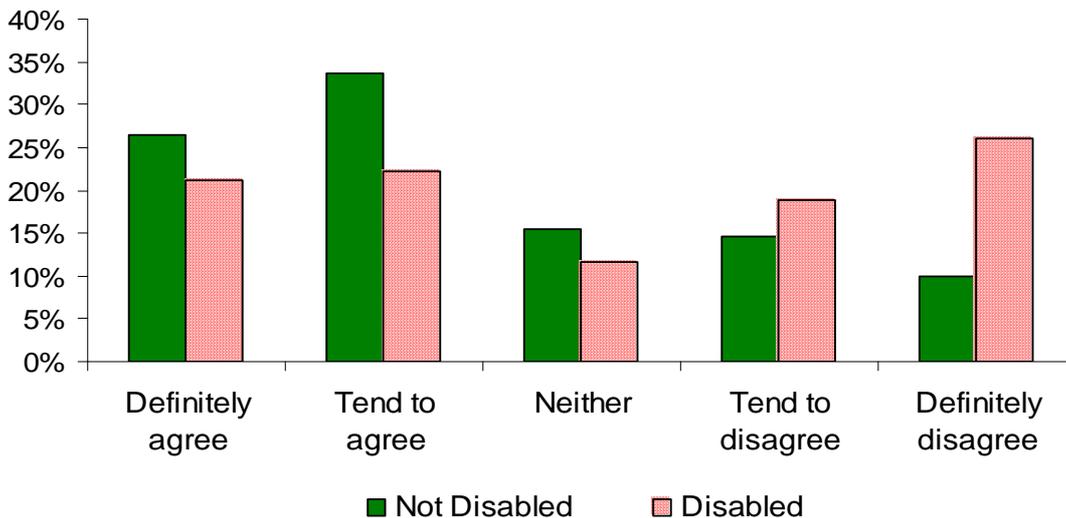


However answers from disabled people reveal a problem. Disabled people expressed considerable dissatisfaction on this issue. Affordable and accessible public transport remains one of the key barriers to disabled persons particularly within rural communities. This impacts upon all aspects of life including access to health, leisure and cultural opportunities.



Answers to the Easy Read version followed a similar pattern. Asked whether “I feel it is easy to get around on public transport”, 31 replied “Yes”, 16 “No” and 2 “Not Sure”.

I can get around easily by public transport



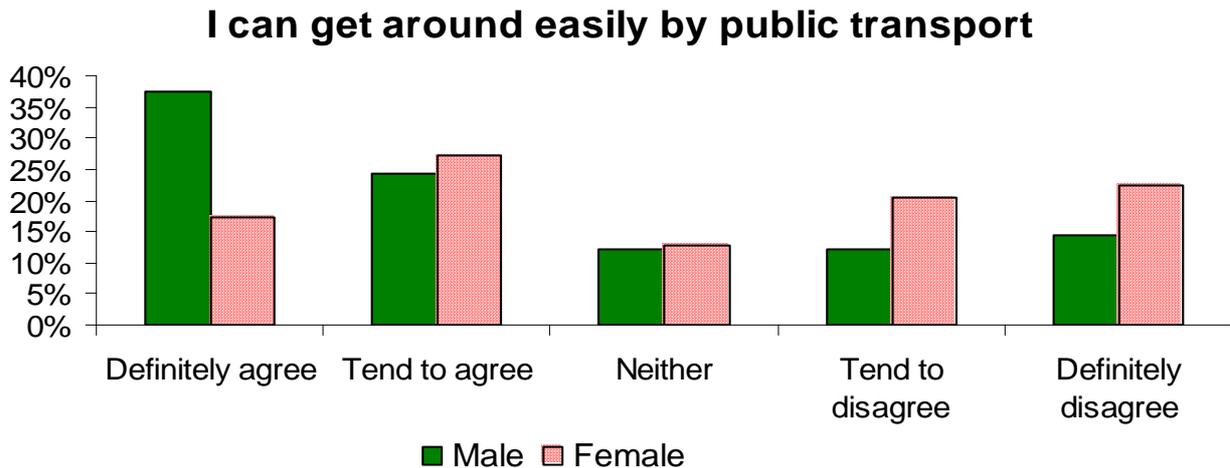
Such problems have been well researched¹⁹. For example, although disabled people want buses to be accessible and easy to use, this is not always the case. Barriers are known to include:

- Bus routes not going to the places disabled people want to go.
- Frequency of service.

¹⁹ <http://odi.dwp.gov.uk/docs/res/los/los-gr-cc.pdf> P111

- Comfort, for example seats being badly designed or too narrow.
- Physical access.
- Buses not running on schedule.
- Bus stops being too far away from home or destination.
- Not being able to carry shopping bags inside the bus.

Access to public transport also appears to be a gender issue, with perceptions of females being slightly worse than those of males.



Research over the years has consistently highlighted that women’s feeling of vulnerability and concerns for personal security restrict the places and times that they travel. This has implications in particular for transport waiting areas and interchanges, the presence and role of transport staff, and management of anti social behaviour²⁰.

Women tend to have a higher dependence on public transport, particularly in a ‘one car family’ where the male partner is more likely to have use of the car. The proportion of women who were the main drivers increased from 38% in 1995/97 to 48% in 2005. However, this was still well below the proportion of men who were the main drivers, which was 63% in 2005²⁰.

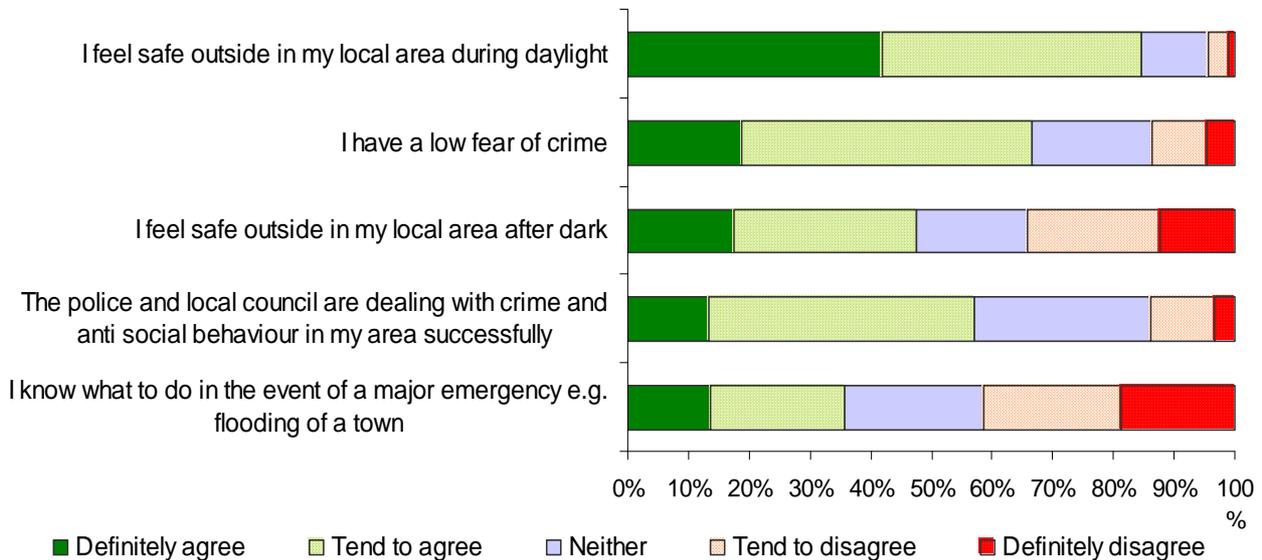
Women are more likely to be a primary carer (often alongside paid employment) and more lone parents are women. Women with young children can have difficulty using public transport – juggling the weekly shopping and buggies, for example. As women tend to outlive men, more women will rely on public transport in older age.

There were no significant differences identified when looking across ethnicity, religion and belief, sexual orientation or first language.

²⁰ Department for Transport – Women and Transport Checklist

3. Community Safety and Crime

Community Safety



Response rates to these questions were very high, with about 95% of people answering. The two areas of greatest concern relate to perceptions of safety after dark and being able to deal with a major emergency.

“I know what to do in the event of a major emergency”

Fewer than 35% of all people agreed to this statement, with 20% saying they “definitely disagree”. This perhaps mirrors the negative response to the statement “I feel well informed about what local public services can do for me”.

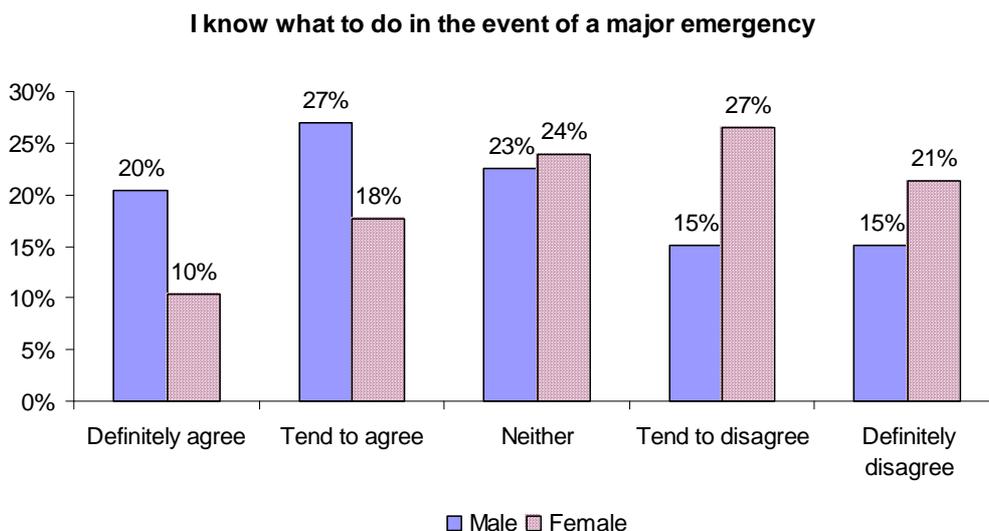


Despite producing plenty of information leaflets such as *Don't Be Scared Be Well Prepared* and other information about services, the information does not appear to be getting through to people. This could be for a number of reasons:

- The information is not accessible (large print, plain English or Easy Read for example).
- Emergencies affect people infrequently and can be so varied in nature. People do not seek out information until they need it: a real challenge for emergency planners!
- Too much information in advance can heighten fear disproportionately and then lead to complacency (“crying wolf”).
- Leaflets and advertisements are not left in the places people visit.
- Written information may be less effective than verbal information, simulation exercises or other forms of social marketing.
- Only very high profile national campaigns with catchy titles and strong investment such as *5 A Day* appear to work (see also Section 7).

More research into effective marketing may be useful and, if better methods can be found, this can potentially save the Council money on costly printing.

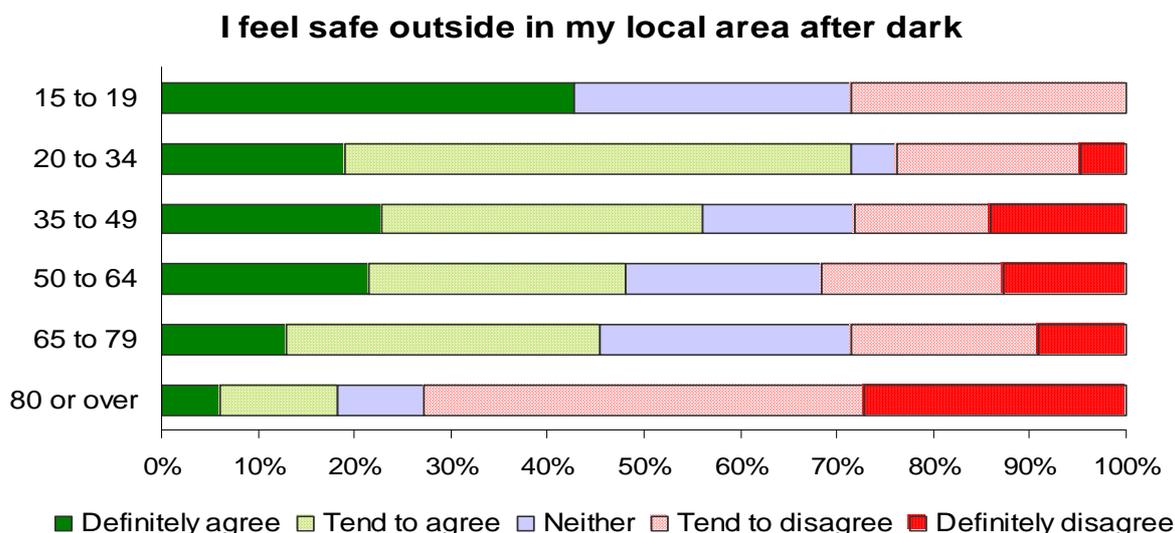
Looking across the various groups, the only discernable difference on this issue is gender, with women being less in agreement with the question.



Answers to the Easy Read version followed a similar pattern. Asked whether “I know what to do if there is a major emergency”, 24 replied “Yes”, 14 “No” and 12 “Not Sure”.

“I feel safe outside in my local area after dark”

Around 50% of people agreed with this statement. This was lower than the *Place Survey* in which a similar question was scored at 68%, ranking Devon as the fifth highest county on this measure. There was a clear age pattern, with perceptions of safety declining with age. Research has shown that that older people tend to be very fearful of ‘street crime’ such as robbery and assault and yet are the least likely victims of such crimes. Those who are most likely to be the victims of this type of attack, men aged 16 to 24 years, do not appear to be excessively worried²¹.



Most significantly, many disabled people disagreed with the statement. More than half of all responding to “definitely disagree” were disabled.

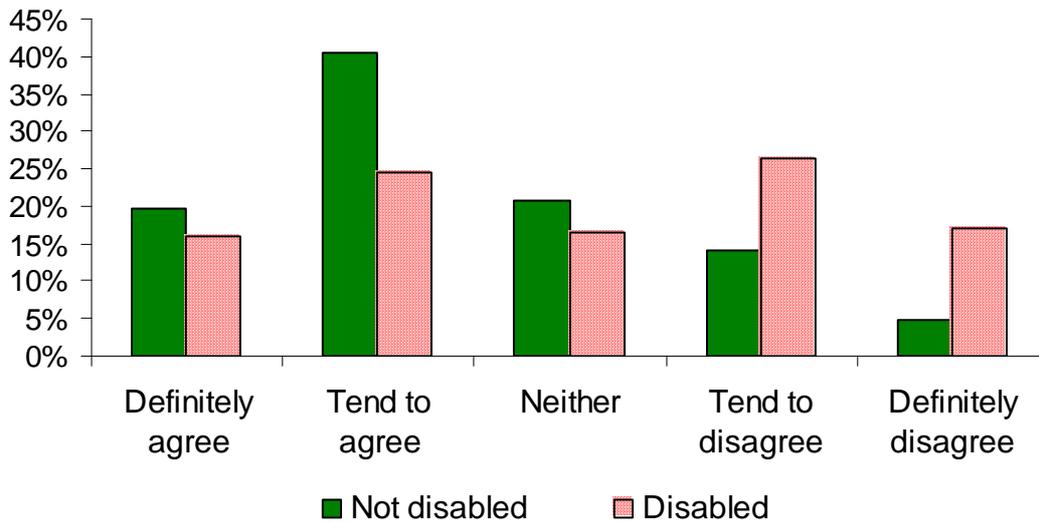


²¹ <http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/hosb0611/hosb0611?view=Binary>

With the introduction of reduced street lighting it is clear that older people and disabled people would require more support and appropriately targeted information that addresses their heightened safety concerns, even though national research points to a reduction in crime when street lighting is reduced.

Those using the Easy Read questionnaire were asked whether “I feel safe outside after dark”. 22 replied “Yes”, 19 “No” and 7 “Not Sure”.

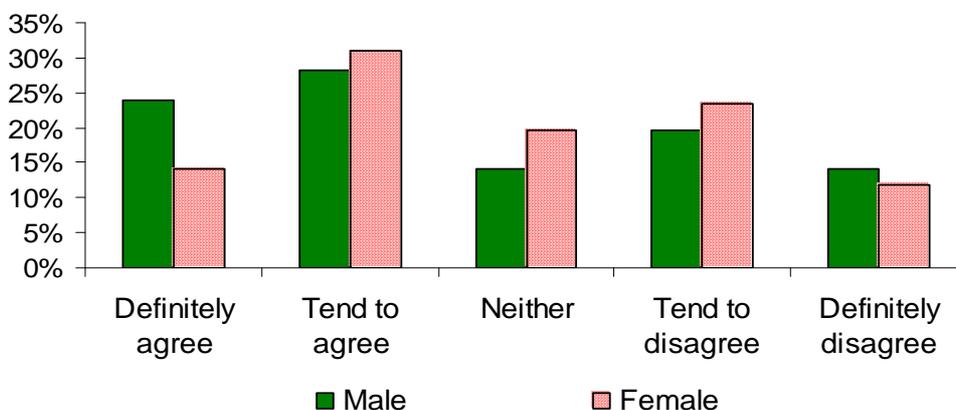
I feel safe outside in my local area after dark



This is consistent with national research, which has established that disabled people are significantly more likely to worry about violent crime: 16% of those with a disability have high levels of worry about violent crime compared to 12% of those without.

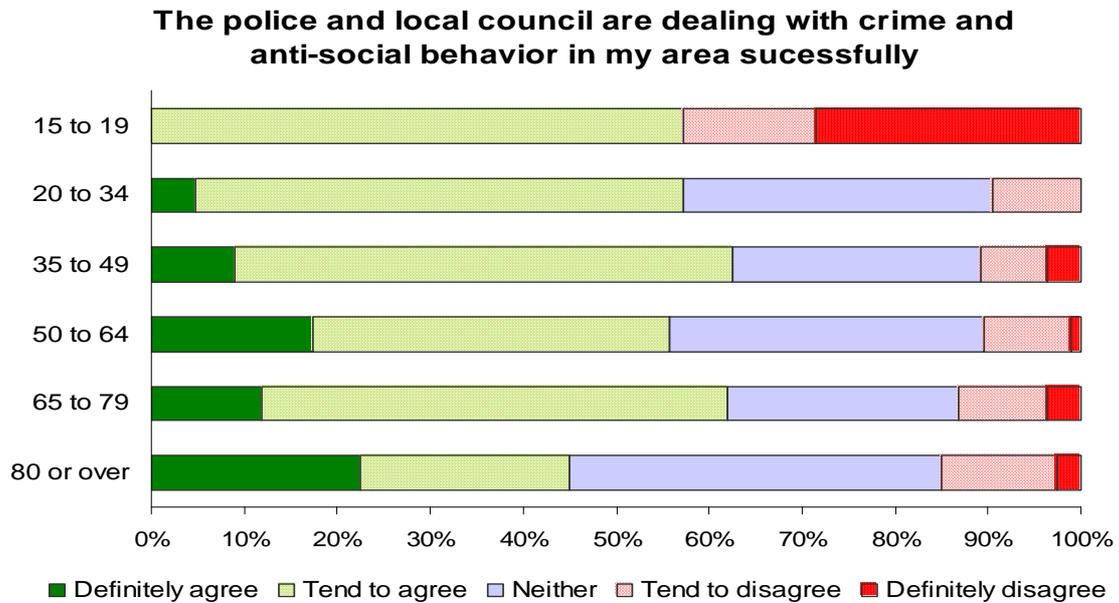
There were no major differences when considering ethnicity or other variables. It was surprising that little gender difference was found, as research indicates that women are more fearful than men because of the nature of crimes towards women which include rape and sexual assault. Generally, 31% of the population feels unsafe in these situations, but more than twice as many women (45%) as men (17%) say they feel unsafe. So both the overall perception and the gender balance appear comparatively good in Devon.

I feel safe outside in my local area after dark

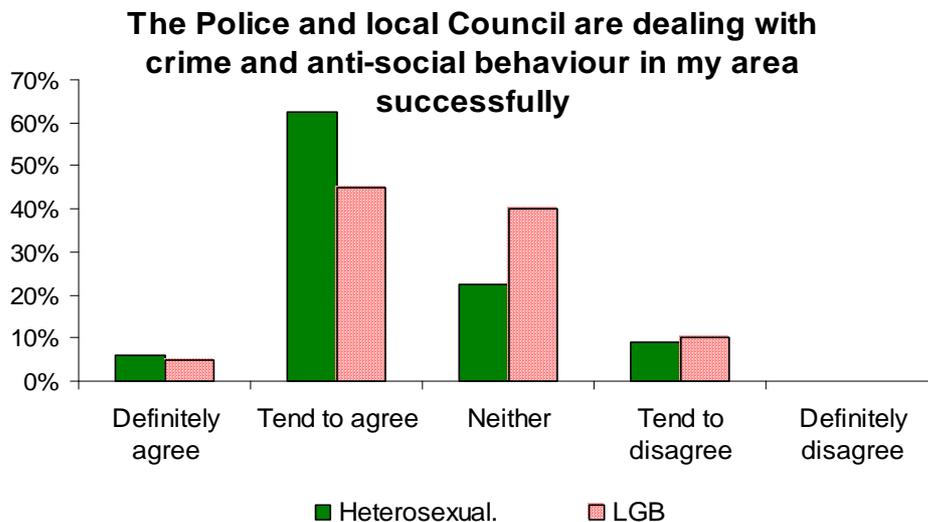


“The Police and local Council are dealing with crime and anti-social behaviour in my area successfully”

57% agreed or tended to agree with this statement. This is very much in line with the *British Crime Survey Quarterly Update to December 2010*²² in which 52% agreed that “Police and local council are dealing with the anti-social behaviour and crime issues that matter in the local area”. Trust and confidence in the Police and local council did appear to increase steadily with age:



There were no major variations looking across other characteristics including gender. The cohort of young people is too small to draw any firm conclusions but could indicate lower levels of trust and confidence. Answers from LGB people were slightly less positive. It is known that there is a fear of homophobic and transphobic attitudes and treatment from the police²³, which may be a contributory factor to these answers.

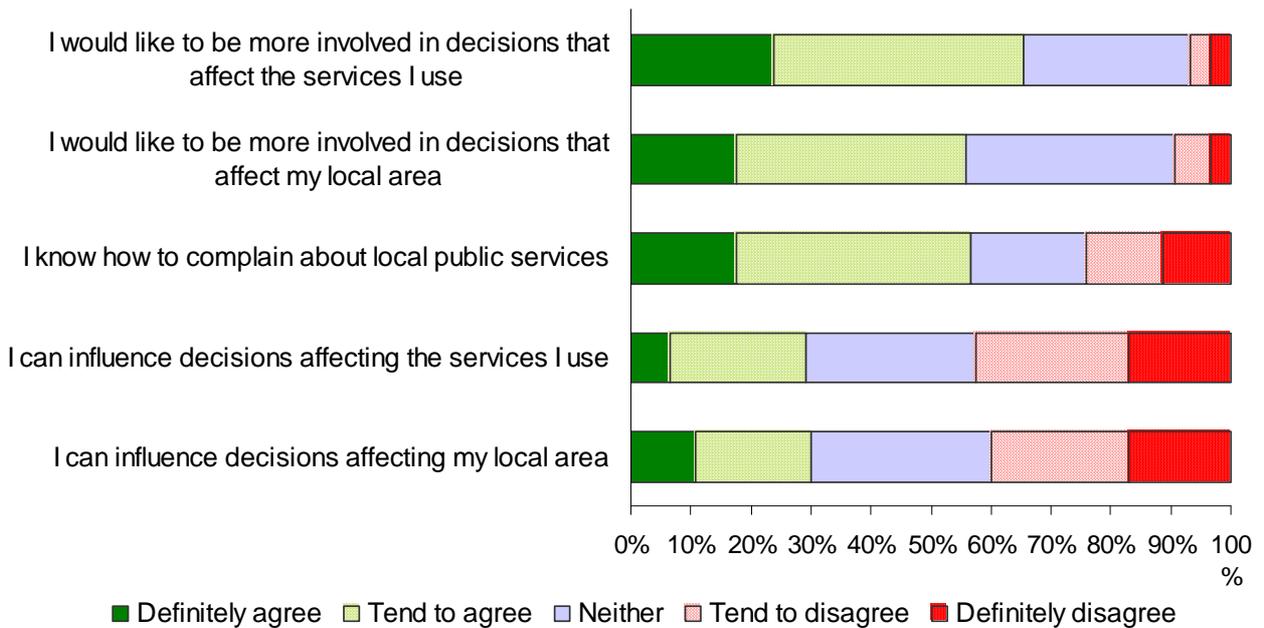


²² <http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/hosb0611/hosb0611?view=Binary>

²³ http://www.equalityhumanrights.com/uploaded_files/research/research38_so_hatecrime.pdf

4. Getting involved

Getting involved



About 95% of respondents answered these questions.

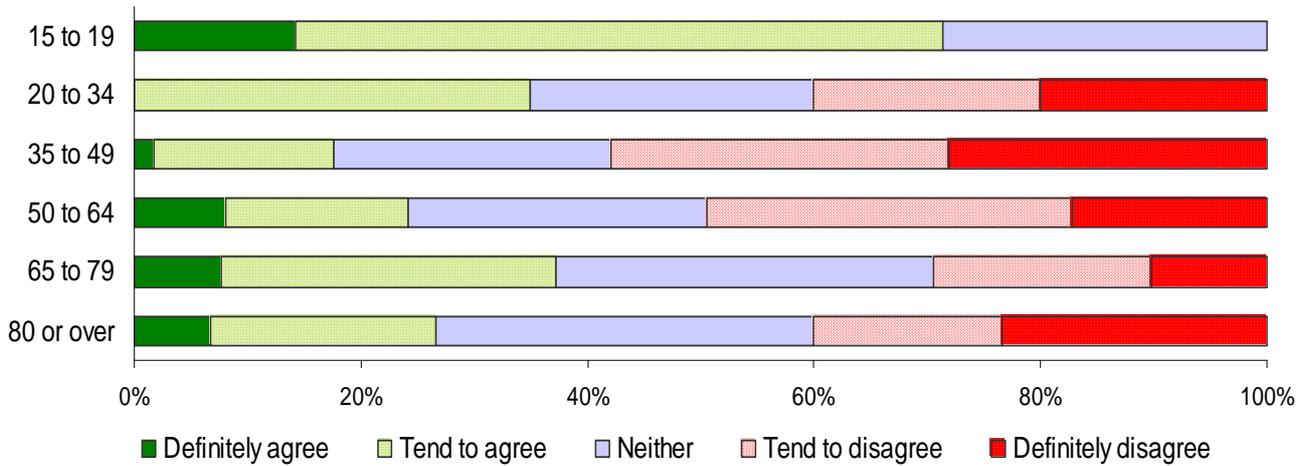
Overall it would seem that only around 30% of people felt that they could influence decisions about services or their local area, and around 60% felt that they would like to extend their influence.

This pattern was reflected in the Easy Read version, which asked “I feel it is easy to get involved”. 8 people answered “Yes”, 14 “No” and 16 “Not Sure”.

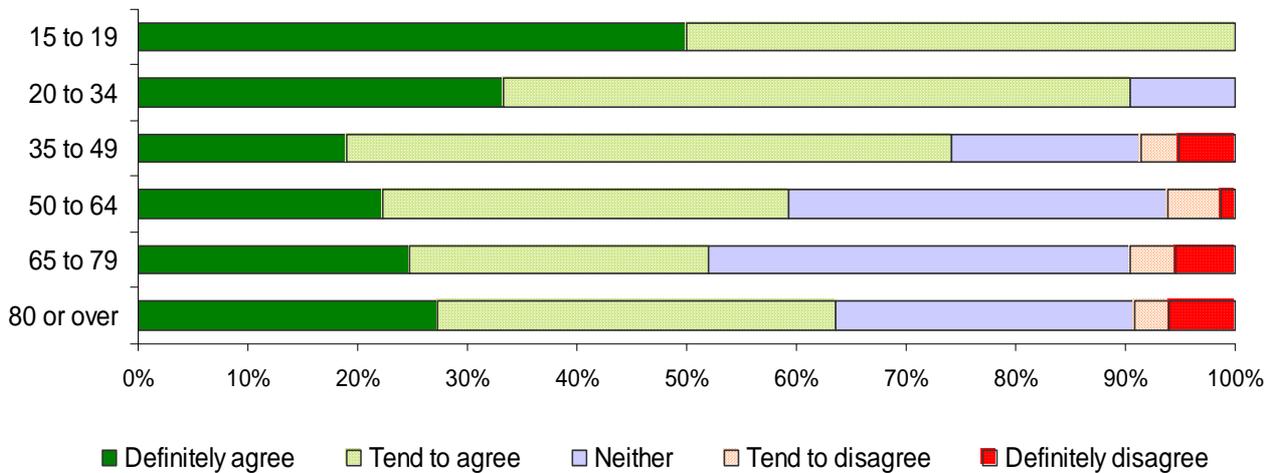
“I can influence decisions that affect the services I use”

“I would like to be more involved in decisions that affect the services I use”

I can influence decisions about services I use



I would like to be more involved in decisions that affect the services I use



Answers from the seven 15 to 19 year olds showed that they already feel well involved in decisions about services that affect them, and are keen to maintain and extend their influence but this is a very small cohort.

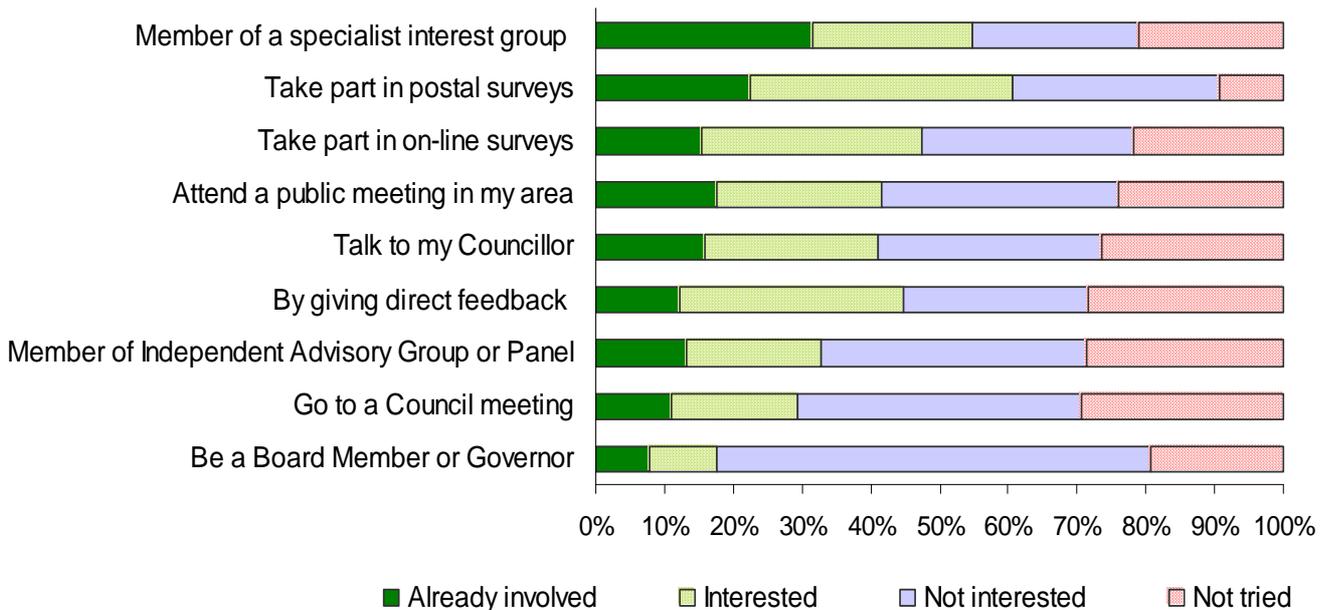
By contrast, all other age groups feel less involved at present and are keen to gain more influence. This is surprising in view of recent initiatives such as the Carers Network which strive to involve clients in social care issues. Further research may be useful to differentiate between perceived influences on various services.

There were no differences found on these questions when looking across gender and ethnicity. However it was interesting that non disabled people felt that they wanted greater

influence on services than disabled people – possibly a reflection of the nature of services received by disabled people.

This pattern was reflected in the Easy Read version. Asked “I feel it is easy to get involved”, 18 people answered “Yes”, 14 “No” and 16 “Not Sure”. Asked whether “I would like to be more involved”. 27 people answered “Yes”, 9 “No” and 10 “Not Sure”.

How would you like to be more involved in the decisions that affect your local area?



The most commonly used methods by those who took part in the *Community Needs Survey* are specialist interest groups and surveys. The most popular are direct feedback and surveys, while least desired are board membership and formal meetings.

People were also given the opportunity to provide comments to the question “how would you like to be more involved in the decisions that affect your local area or the services you use?” People described difficulties with involvement due to the nature of the respondent’s disability or commitments such as caring responsibility. Possible solutions could include the use of advocates to help communication, assistance and support, or appropriate methods. A few felt that that it was impractical for them to take part, or that they no longer wished to.

Barriers encountered also related to respondents not feeling that they were listened to, or that what they said as unpalatable. Involvement would need to be before decisions were made.

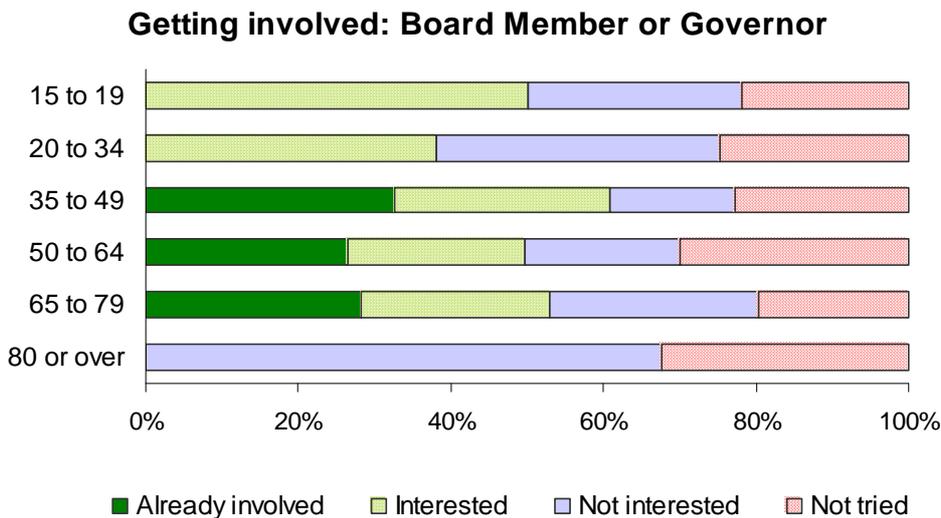
Other ways of being involved included:

- Advocates e.g. for care plans and assessments.
- Delegate powers and funds to work with Parish Councils.
- Digest of forthcoming issues, with opportunity to feedback.
- Information on how to get involved e.g. on TV.
- Regular visits by officials to local areas.
- Set up an ‘Open Hearts Open Minds Project’.

- Travellers forum.
- Working with local council to set up composting scheme.

Being a Board Member or Governor

The only people who said they were involved in such bodies were aged between 35 and 79 years. However, those in the 15 to 34 age group expressed interest in participating.



Disabled people were less likely to be either involved or interested, possibly due to the barriers they face in participating in formal meetings. 12% of non-disabled people are already involved in this way, compared with 6% of disabled people.

No differences were identified when looking across ethnicity, gender, religion and belief or sexual orientation or first language.

Participation in formal governance arrangements was clearly less attractive overall and tended to be age-specific. But membership does provide a greater degree of influence over decision making. With the current political emphasis on *Localism*, how can public authorities give more power to the people?

How Fair is Britain finds a connection between socio-economic background and someone's "sense of power and voice" citing that professionals are more likely to vote, more likely to hold elected office, and more likely to feel that they can influence local decisions than people from other occupational groups. Boards and governing bodies will want to seek the skills and knowledge that professionals bring, so it's not surprising that the two go hand-in-hand. The age-profile may be reflecting professional status.

Boards and governing bodies probably need to strengthen their links with people who do not feel they have the power, skills or time to become members but nonetheless are stakeholders in how the service is provided. The boards and governing bodies will need to be more transparent and consultative, and could appoint representatives from special interest groups to improve connections.

“Talking to my Councillor”

Being able to speak directly to an elected representative (Councillor) is an important method of raising issues. However, fewer than 50% of respondents either already did so or were interested in doing so, which must be a general issue of concern. Again it is important to understand if any section of society feels excluded from using this avenue.

Answers to this question were very similar across the age range, although none of the 15 to 19 year olds had spoken to their Councillor even though they expressed an interest.

Similar proportions of disabled and non-disabled people already speak to their Councillor, although levels of potential interest in doing so were slightly lower amongst disabled respondents.

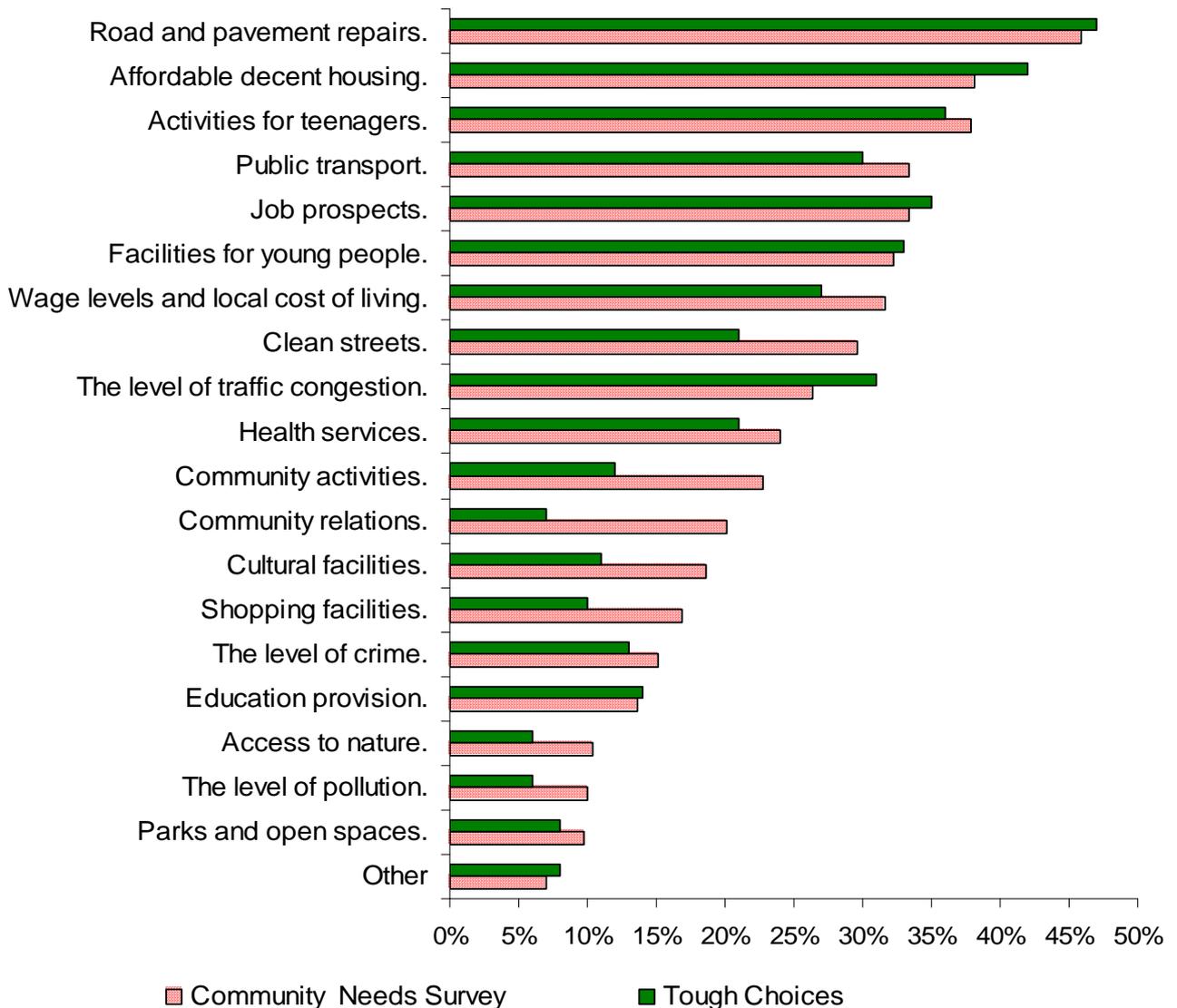
No differences were identified when looking across gender, ethnicity, religion and belief or sexual orientation or first language.

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5. Improving the local area

Which things do you think most need improving in your local area?

Which things do you think most need improving in your local area?

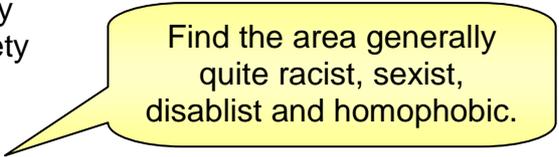


“Other” included:

- Access to BSL Interpreters.
- Better gritting where disabled people live.
- More Travellers sites.
- Facilities for/attention to disabled people (5 comments).
- Financial help for older people.
- Informal education for young people.
- Assessment and support for carers.
- Services for women affected by sexual violence.

Other general issues were specified including anti-social behaviour, reducing pollution, public transport, refuse collection, consultation, footpaths, allotments and a village community centre for computer/book lending.

Overall, answers given in this survey broadly matched those gathered during *Tough Choices*, a large scale consultation exercise which was taken into account by Devon County Council in setting its budget for 2011/12. Both surveys placed road and pavement repairs, affordable decent housing and activities for teenagers at the top. However, there is a significant difference in the score for Community Relations. This shows that certain sections of society are more likely to place importance on Community Relations than the majority population – because they are more likely to be impacted by it.



Find the area generally quite racist, sexist, disablist and homophobic.

There were also large variations in the results for Community Activities, Shopping Facilities and Cultural Facilities, reflecting the issues that survey respondents have with access for disabled people.

People understandably place a great deal of importance on basic needs in their area: a house to keep them warm, comfortable and safe, the ability to get around for provisions, social interactions (including facilitating this for teenagers) and the ability to work.

In terms of getting around, the 2006 *Disability Equality Scheme Survey* in Devon found that 35.5% of disabled people had difficulties with pavements and roads being too bumpy, narrow or uneven, speed bumps being painful and drop kerbs or ramps too high or not level for access. Five years on, in this survey 'pavements' came out as the 4th highest barrier.

With regard to access to suitable and affordable housing, poor housing has a massive impact on health and wellbeing. Poor housing is costing the NHS over £600 million a year²⁴. Access to suitable accommodation is a major barrier for Travellers and Gypsies whose life expectancy is ten years lower than the national average²⁵ equivalent to the most deprived geographic areas in Devon. The Devon-wide Gypsy and Travellers Housing Needs Assessment identified a shortfall of at least 181 pitches and problems experienced by the travelling community in accessing services, including healthcare.

The Community Needs Survey did not explore housing issues, however accommodation for Gypsies and Travellers is a major equality and human rights issue. Fuel poverty in Devon is also above the national average, with one in five rural households classed as fuel poor in the county. Fuel poverty disproportionately affects older households and rural districts of Devon where the housing stock is older and incomes are generally lower²⁴.

Answers to the Easy Read version followed this pattern very closely, with the top five issues identified for improvement being Jobs, Affordable Housing, Activities for Teenagers, Clean Streets and Roads/pavement repairs.

²⁴ <http://www.devonhealthandwellbeing.org.uk/jsna/topics> (Joint Strategic Needs Assessment)

²⁵ European Commission for Human Rights 2009

Which public services, information or facilities are most important to you and why?

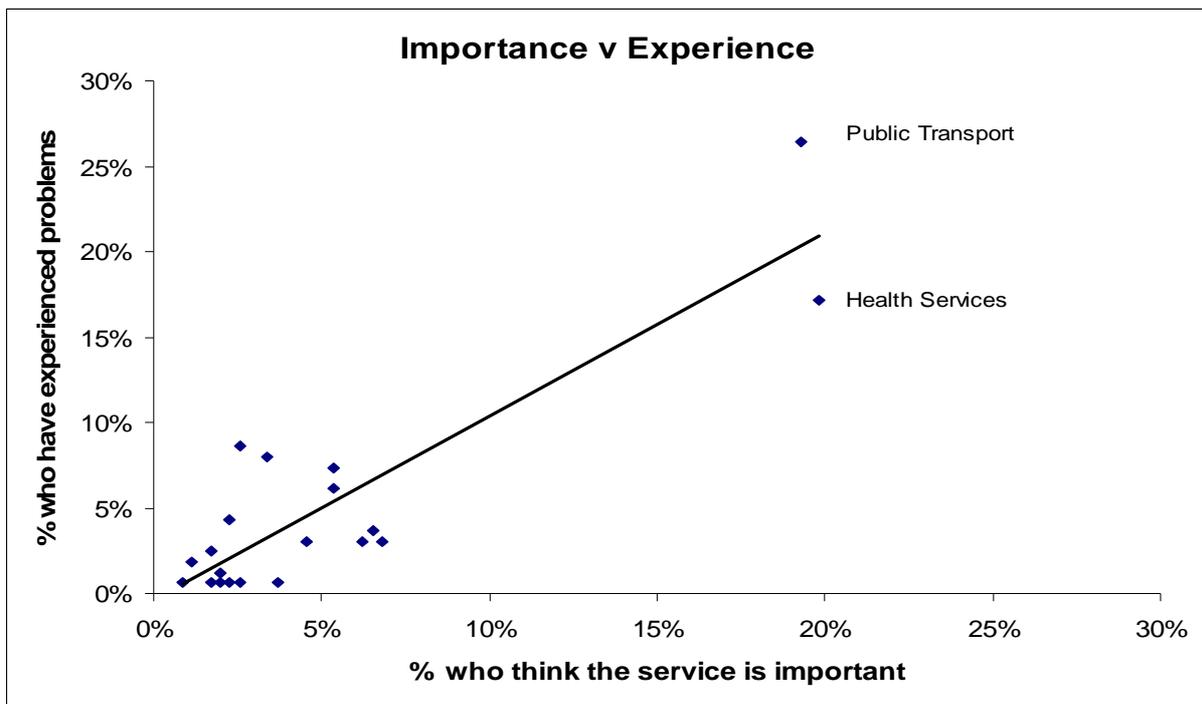
As with many general population surveys, transport was most dominant with health close behind.

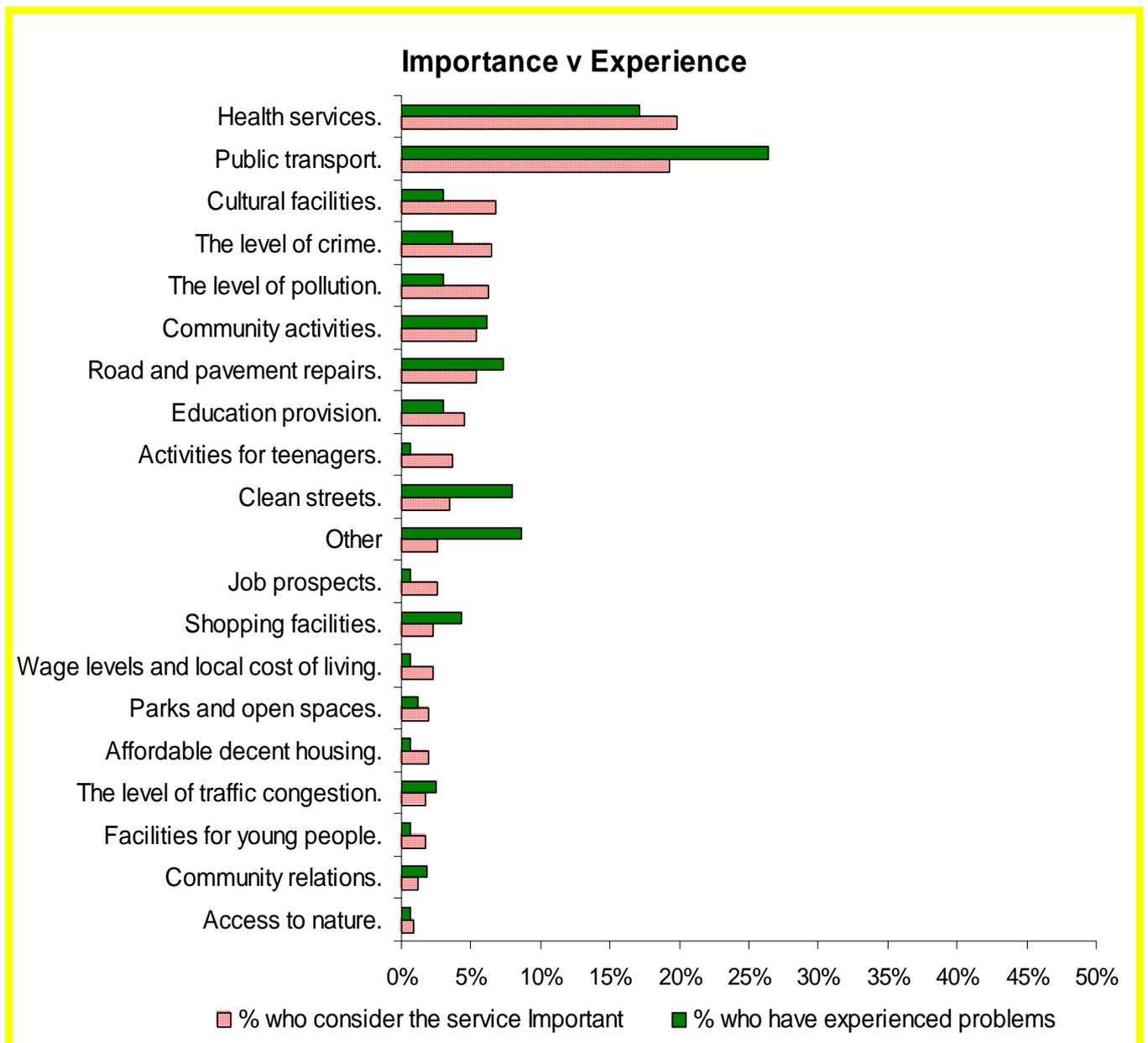
As with other surveys the frequency, reliability and cost of public transport was evident compounded by the lack of public transport in many rural areas and in the evenings. Additionally there were issues around accessibility and dependence on public transport to access services, or to facilitate independence if unable to drive. Other problems with transport included lack of pavement and road maintenance and disabled parking. Poor pavement repair results in trip hazards and can affect daily life.

Having good, accessible health services and social care was important for age, carers, disability, and other specific or general health reasons. People also expressed importance around general quality of life including community relations, outdoor activities, clean air, safety and security, libraries, access to information, refuse collection, affordable housing and education.



Comments p.70





The 'Importance v Experience' tables compare the question of importance with the next question – “which public services, information or facilities to you have any problems using or are unhappy about?”:

Which public services, information or facilities do you have any problems using or are unhappy about?

Again transport was the main concern with specific equality issues. As with the previous question the frequency, reliability and cost of public transport was evident compounded by the lack of public transport in many, rural, areas, and in the evenings, together with specific access issues e.g. wheelchair access or communication with drivers. Other transport issues included uneven pavements and problems with parking.

Equality awareness, or lack of, was also highlighted from loop systems not being provided, lack of wheelchair access, lack of toilets, to lack of understanding of deafness. Other areas highlighted include activities and facilities, refuse and waste, health, education and safety.

NHS and Local Authorities appear to speak different English to the one I do.

Public transport is irregular, insufficient and expensive.

Not enough facilities for young people.

Concerned about the cuts.

Does not appear to be any support to help people with mental health problems.

Doors difficult to manoeuvre if alone.

Refer to telephone, not just the internet.

Variations in interpretation of Blue Badge rules by wardens in different places.

Background music often too loud for hearing aids.

Bus runs before 9.30am, so have to pay.

Don't feel safe as no mirrors to check before going into the subway at Exe Bridges.

Comments p.74

What suggestion do you have for improvements?

Various suggestions were made for improvements, although these tended to be around what type of improvement was needed rather than specific suggestions for improvements.

Suggestions for improving transport were the most frequent. They included more accessible buses, lower fares and better integration between bus and rail.

Involve disabled people in decision making: Does anyone ever go around in a wheelchair to find out what it's like getting around the shops and the library etc?

Better physical access to shops, toilets and other facilities was also frequently mentioned.

Disabled paths for river and country walks, more seating in parks etc.

Disabled people in particular wanted to see the roads and pavements improved.

Repair paving slabs so that wheels don't get stuck.

Drop kerbs opposite each other, rather than having to stay in road until the next drop kerb to get back on pavement. Make it an offence to park on a drop kerb.

As a blind person – no wheelie bins etc. on pavements

Others wanted service staff to have more knowledge and awareness and be more open.

All services need to improve their deaf awareness.

Commission LGBT services.

Monitor services.

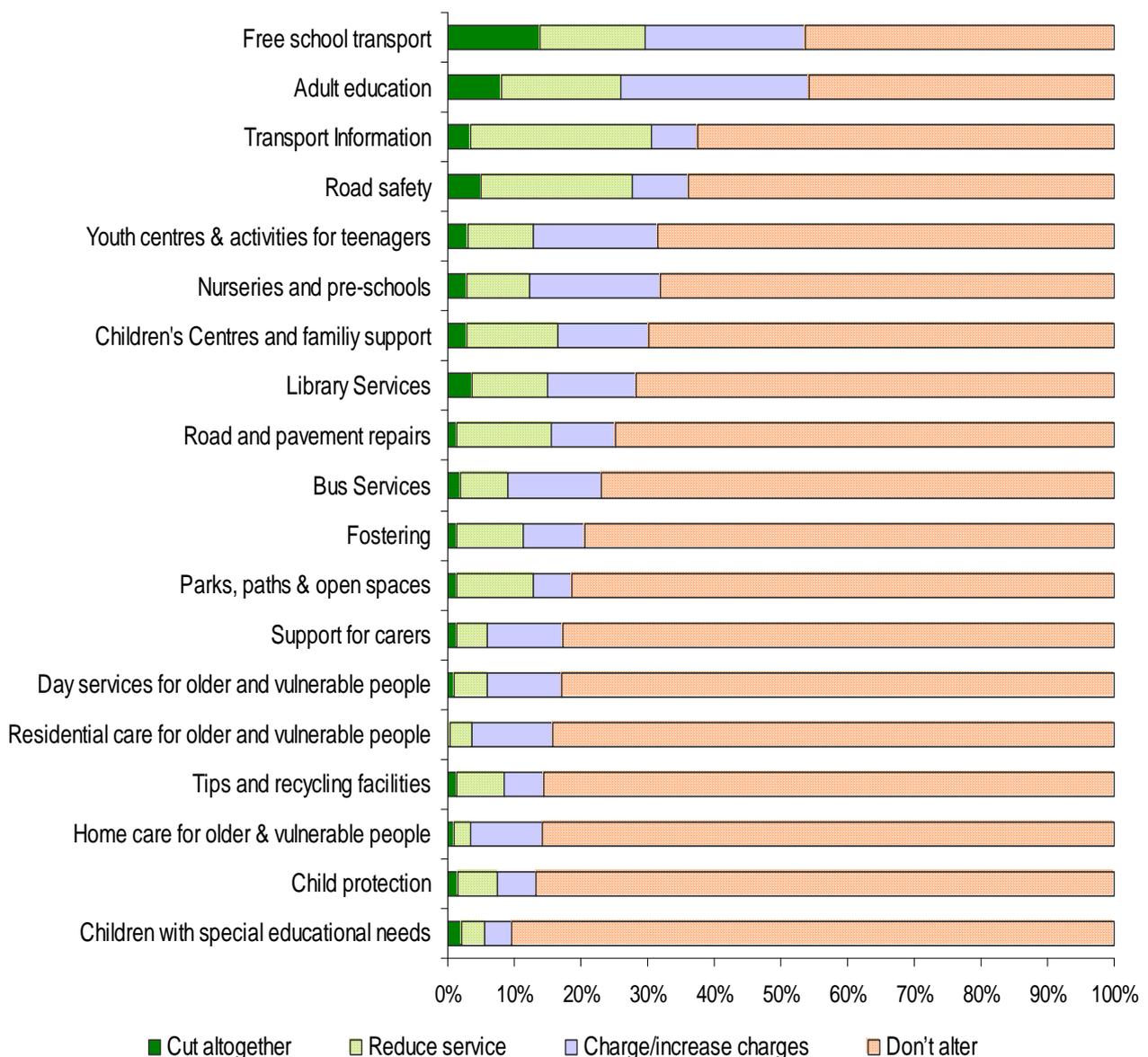
Liaise with local people in a variety of ways. Get officers out to talk to people, more debates in suitable formats.

6. Making Savings

If savings have to be made, how would you prefer this to be achieved?

Answers to this question highlight the problems involved in making the budget cuts that are required. These indicated an overwhelming wish to retain most services as they are at present. However the answers provide some indication of the scope for future cuts or areas for which additional charging may be acceptable. Its worth noting that only 16% of people had children living with them, therefore the respondents are less likely to place importance on school related services. About 70% of people responded to this question:

If savings have to be made, how would you prefer this to be achieved?



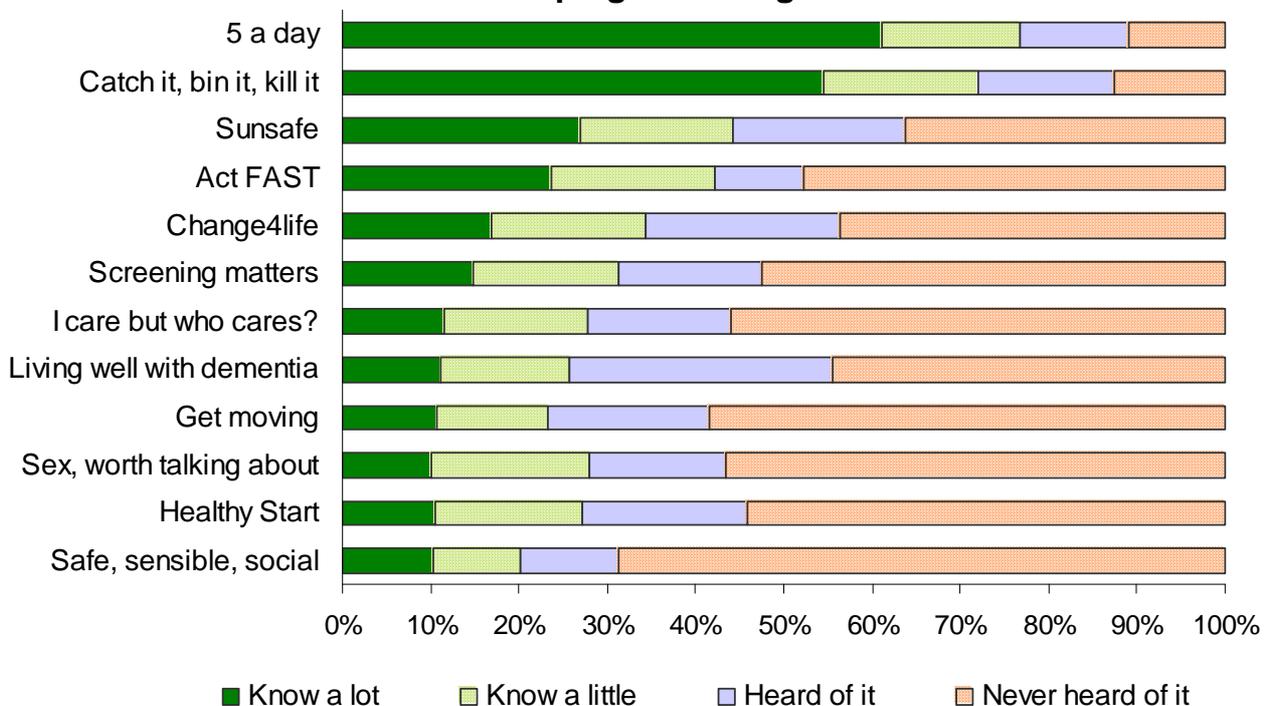
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7. Awareness of health and social care campaigns

How much do you know about the health and social care campaigns?

A 2004 report by the Health Improvement Agency²⁶ concluded that behaviourally based interventions can be significantly more cost-effective than traditional service delivery. A subsequent report by the National Consumer Council *It's Our Health 2006* described how social marketing could be used to deliver the policy goals required. Health promotion has subsequently become more sophisticated, using a wide variety of approaches to convey the desired messages. About 90% of people responded to this question.

How much do you know about the recent health and social care campaigns or slogans?

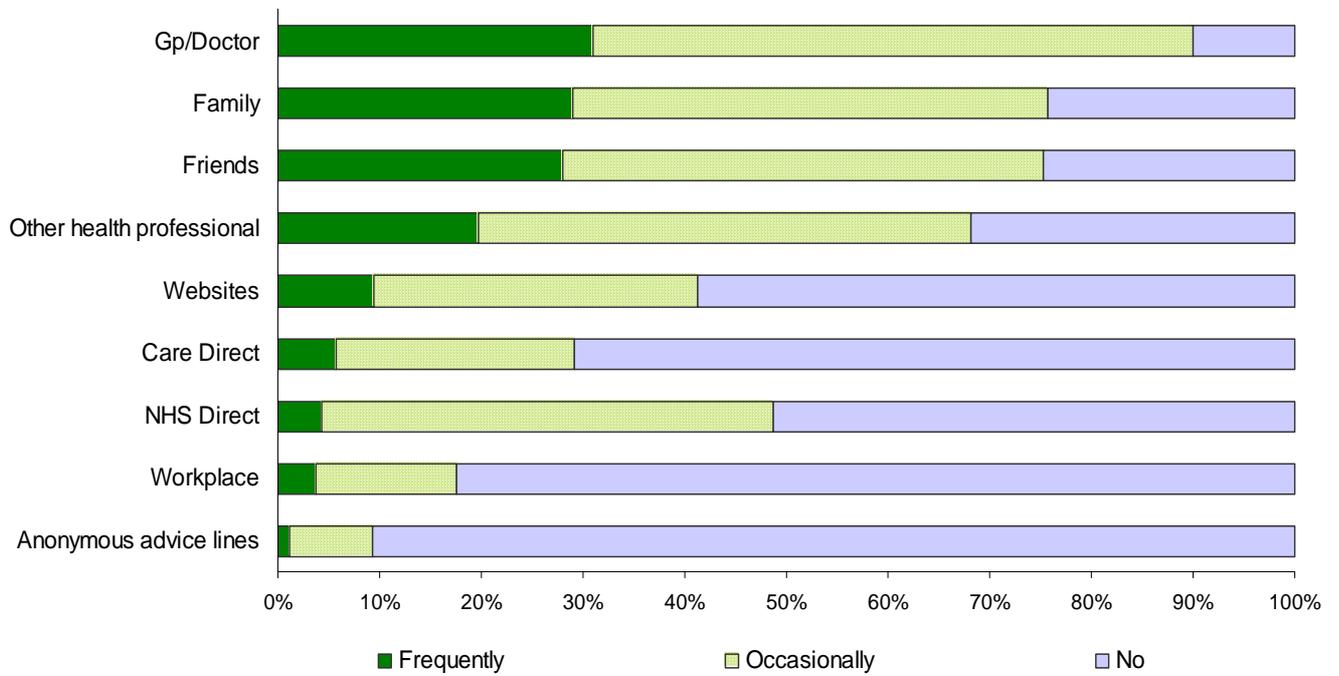


On the face of it, awareness of many of these campaigns is low apart from *5 A Day* and *Catch It, Bin It, Kill It*, which are high profile national campaigns. But other campaigns are targeted at particular sections of the population. 47% of carers knew a little or a lot about *I care, but who cares*. As stated previously in Section 3, analysis would be needed to establish the effectiveness of each of these campaigns in Devon and how they could be improved.

²⁶ The Effectiveness of Public Health Campaigns 2004 Health Development agency.
<http://www.nice.org.uk/niceMedia/documents/CHB7-campaigns-14-7.pdf>

Answers from the Easy Read version followed this pattern: The three campaigns with highest awareness were *5 A Day*, *Change 4 Life* and *Catch it, Bin it, Kill it*. Those with lowest awareness were *Healthy Start*, *Screening Matters* and *Living well with Dementia*.

Do you talk to or seek advice from the following about health and social care issues?



8. Domestic Violence, Sexual Assault & Hate Crime

Have you been a victim of domestic violence or abuse in Devon?

305 people (90%) responded to this question, with answers as shown:

	Responses	%
Yes	40	13%
No	265	87%
Total	305	100%

33 people (10%) did not answer

13% of respondents reported having been a victim of domestic violence and abuse. This is below the national average.

Those using the Easy Read version were asked whether they had experienced abuse or violence, rather than specifically domestic abuse. Hence the answers have not been amalgamated. 6 (25%) of this group replied “Yes” and 18 (75%) “No”.

Domestic violence and abuse affects many agencies across the county and has a huge financial toll on statutory services. It remains a largely hidden issue and national research indicates one in four households are affected. Although national research has clearly established that women are more likely to be victims of domestic violence and abuse, the proportions of men and women who answered “yes” were exactly the same with the exception from BME respondents where only one man reported abuse. Domestic violence and abuse was carefully defined on the questionnaire and this may have helped more men to identify themselves as victims. Alternatively, some women may have felt unable to disclose a “yes” response. This is worth exploring further.

Other research indicates that LGB people are more likely than average to have experienced sexual assault and domestic violence during their lifetimes. It is suggested that this may be due to difficulties in finding relationships and therefore sticking to the partner they have, for better or worse. In this survey 11% of LGB people stated they had been victims compared with 7% of heterosexual respondents. But in fact only five victims disclosed that they were heterosexual, and two disclosed they were LGB. So this survey alone does not verify that LGB people are more prone to domestic abuse.

A slightly higher proportion of BME people (21%) reported this than White British people (17%). *How Fair is Britain* states there is significant under-reporting of domestic violence and abuse particularly amongst women from minority religious and ethnic communities. It also highlights under-reporting by disabled women abused by, but dependent on, their carers. Evidence suggests new immigrants and asylum seekers may not know what support is available.

Violence against women is one of the most widespread human rights abuses in the

world. Whilst the UK is showing greater recognition of domestic violence and abuse in general, women from minority ethnic and religious communities may be restrained by ‘cultural taboos’ where the status of domestic violence is different. A sense of ‘bringing shame on the family’ and an inability to divorce can create problems for women wanting to escape or end abuse. As an example, Polish law has recognised domestic violence as a criminal offence, but the legal system has not treated it seriously with government prosecutors not charging an isolated incident of abuse as domestic violence unless it results in severe injury²⁷.

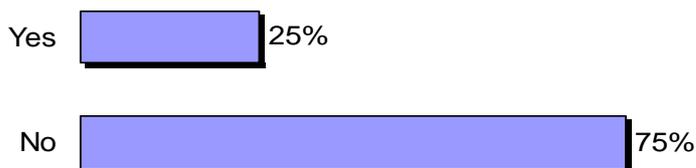
Reduce the taboo and stigma associated with domestic violence.

Confidence in seeking help would impact the number of people experiencing domestic violence and abuse. The findings could indicate the need for better targeted services to LGB people and across cultures, alongside adequate services for both men and women.

If “Yes”, did you report the incident to an agency?

If yes, did you report the incident to an agency

Only 25% of victims did report the incident:



BME people experiencing domestic abuse have been found to be less likely than White British people to access statutory services²⁸. This was borne out by this survey: 27% of White British victims of domestic violence and abuse had reported the offence, compared with 19% of BME victims.

If you did not report the incident, what would help you report it?

Of the 18 people that replied to this question, six felt they would report instances if they had greater confidence that the issue would be addressed. Two specifically cited their fear of comeback from the perpetrator. Better confidentiality, general understanding by those involved and availability of British Sign Language interpreters were also mentioned. However four people considered that nothing would encourage them to report, either because they felt it was their own responsibility to address such situations or that it was simply too personal.

Being reassured that concerns and recommendations would be addressed.

Feeling safe enough.

Comments p.84

²⁷ [http://www.theadvocatesforhumanrights.org/Poland_domestic_violence_\(2002\)_10-18-2002_2.PDF](http://www.theadvocatesforhumanrights.org/Poland_domestic_violence_(2002)_10-18-2002_2.PDF)

²⁸ How Fair is Britain

Have you been a victim of sexual assault or abuse in Devon?

296 people (88%) responded to this question, with answers as shown:

	Responses	%
Yes	13	4%
No	283	96%
Total	296	100%

42 people (12%) did not answer

4% of respondents reported having been a victim of sexual assault or abuse. This is lower than the national average.

The proportions of men and women in this survey who reported they had been victims were very similar. This is surprising as research clearly shows that women experience over three-quarters of domestic violence and sexual assault, and encounter more extreme forms than do men, and more women responded to this survey.

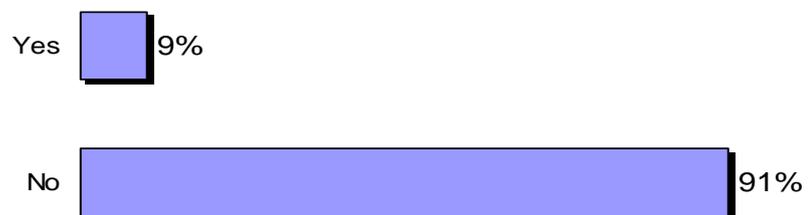
Sex crimes are known to affect young people: In 2009/10 a quarter of all rapes reported to the police were against under 16s. Over a half of all male rapes reported were from under 16s¹⁶.

A significant finding is the lack of confidence in reporting:

If yes, did you report the incident?

If yes, did you report the incident to an agency

Only 9% did report the incident:



If you did not report the incident, what would help you report it?

Reasons given were very similar those quoted for domestic violence: a need to be confident the matter would be dealt with effectively and sensitively. It was also mentioned that a free phone number would be more helpful than the present 0845 number.

Assurance that It would be dealt with sensitively.

Support when young and understanding it affects us for all our lives.

Although we are dealing with small numbers here, this could indicate a significant level of under reporting.

Comments p.84

Have you been a victim of Hate Crime in Devon?

303 people (90%) responded to this question, with answers as shown:

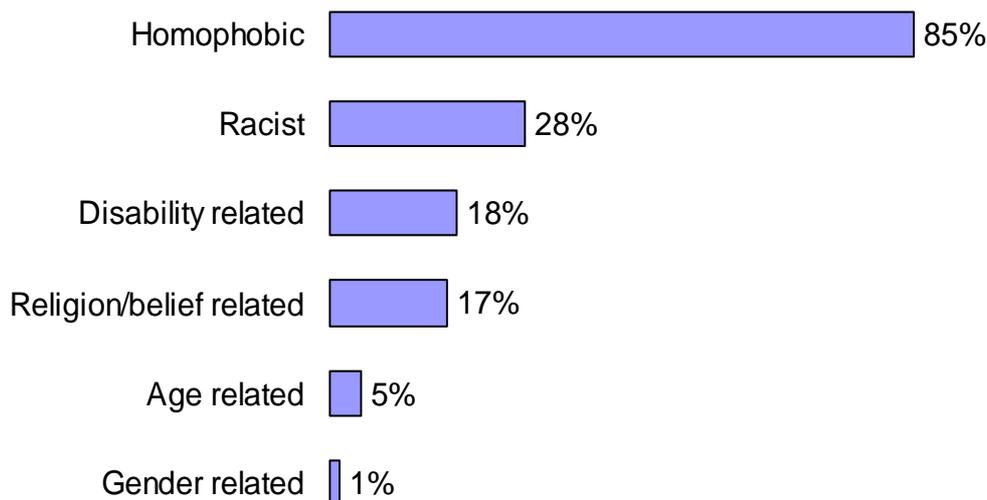
	Responses	%
Yes	72	24%
No	231	76%
Total	303	100%

35 people (10%) did not answer

24% reported being a victim of hate crime.

The most frequently mentioned hate crime was disability related. However, calculated in proportion to the numbers of survey participants, almost all the LGB respondents said they experienced hate crime (85%). This is higher than the findings of the study *Homophobic Hate Crime*²⁹, which suggested that one in eight (12.5%) of lesbians and gay men and one in twenty (5%) bisexuals had experienced a hate crime or incident in the year to February 2008.

Hate crime as proportion of respondents



The *Devon Community Safety Mapping Project* in 2010 revealed that amongst the 256 BME people surveyed, 35% said they had been a victim of racist abuse/incidents in the previous year.

In 2009/10, 430 Hate Crime incidents were reported to the police, of which 77% were criminal offences. 4% were disability related, 1% were transphobic, 12% were homophobic and 82% were racist (some faith based incidents may be included as racist) and we know there is significant under-reporting of these incidents.

²⁹ Homophobic hate crimes and hate incidents

http://www.equalityhumanrights.com/uploaded_files/research/research38_so_hatecrime.pdf

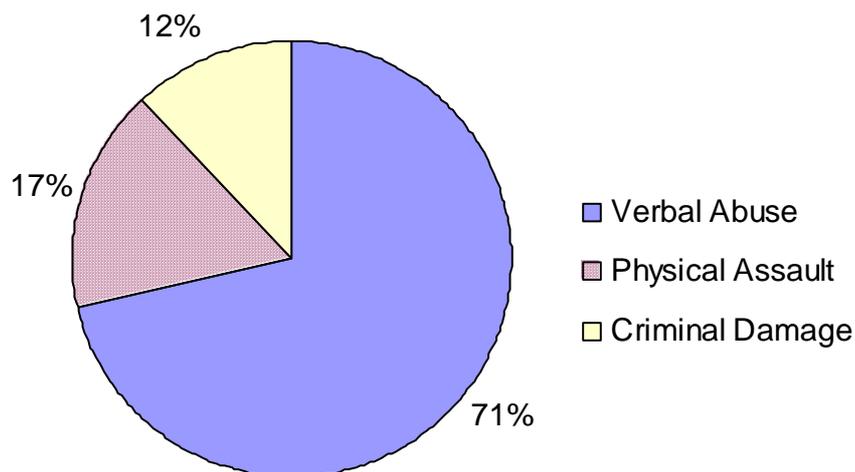
Hidden in Plain Sight is a recent³⁰ report that explores the extent of harassment of disabled people. It includes case studies and makes recommendations to public authorities to help them deal with the problems.

If “Yes”, what happened?

The diagram below reflects incidents that could be classed as hate crimes. It reveals that verbal abuse is the most frequent experience, but that physical assault and criminal damage are often experienced.

People often describe a series of incidents which begin with verbal abuse and escalate over time. This pattern of incidents beginning with lower level abuse mirrors *Allports Scale*, a study into the Holocaust which identified the link between genocide and ‘anti-location’ a term Allport used to describe verbal abuse and spreading bad rumours about a particular group. Insults are commonly seen as harmless by the majority but it sets the stage for more severe acts of prejudice and hatred if left unchallenged.

Hate Crime - Nature of incident



We often get racist abuse from people when they see our caravan.

We were assaulted by some homophobic men "Queer Bashing" for the night.

People copying and being silly about me Signing to friends.

Verbal abuse about autistic son.

³⁰ <http://www.equalityhumanrights.com/hidden-in-plain-sight-the-inquiry-final-report>

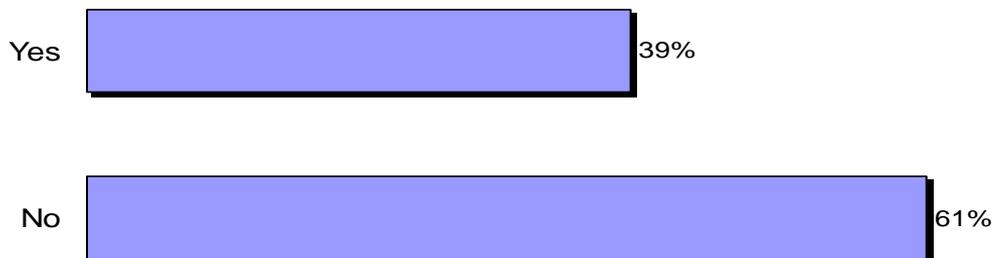
I was told to go back home (I'm a third generation Bengali, born and brought up here)".

Verbal abuse for walking hand in hand (2010).
[LGB]

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If "Yes", did you report the incident to the police or other organisation?

If yes, did you report the incident to the Police or other voluntary organisation?

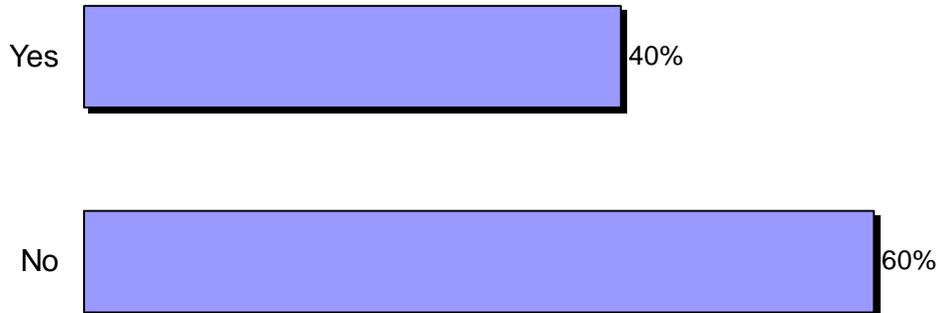


Hate crime, although under-reported, is more frequently reported than domestic violence or sexual abuse. As far as homophobic hate crime is concerned, some evidence suggests that the main reasons for non-reporting is that victims do not think the incident is serious enough to report, or they did not know that the incident perpetrated against them was a criminal offence. Other reasons include beliefs that the police would not do anything or treat the incidents seriously³¹.

³¹ http://www.equalityhumanrights.com/uploaded_files/research/research38_so_hatecrime.pdf

If you did report it, was it dealt with effectively?

If you did report it, was it dealt with effectively?



If you did not report the incident, what would help you to report it?

Answers mirrored those given for domestic violence and sexual assault, including confidence that the issue would be dealt with, general awareness and understanding and ease of access to a British Sign Language Interpreter.

Further to this better public and organisational understanding of issues would help in the reporting of incidents as well as preventing them from occurring in the first place.

Don't want to report; want better education and public information so people are not so narrow, insular and ignorant.

Comments p.86

BME	An abbreviation for 'Black and minority ethnic'. It does not include 'White British' people but does include British born people (e.g. a British person with Black African Caribbean heritage) and White people with non-British heritage (e.g. White French). It also includes Travellers and Gypsies.
BSL/British Sign Language	British Sign Language (BSL) is used by Deaf people – people with profound hearing loss.
Devon Town Profiles	The Devon Town Profiles provide a statistical overview, based on a series of facts and figures, of what life is like in each Devon town area. Each of the 29 profiles contains a baseline of information including population profiles. www.devon.gov.uk/devontownprofiles .
Disability	A person who has, or has had, a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. (<i>Physical covers Sensory impairments</i>).
Equality and Human Rights Commission	An organisation with a statutory remit to promote and monitor human rights and to protect, enforce and promote equality across the nine protected characteristics. www.equalityhumanrights.com
Equality Measurement Framework	A source of data for measuring equality which was used to inform the report <i>How Fair is Britain</i> . http://www.equalityhumanrights.com/key-projects/equality-measurement-framework/
Equality Reference Group	The Equality Reference Group advises and supports Devon County Council's work on equality and diversity, providing ideas and scrutiny. It symbolises the partnership of Devon County Council with the local community in its commitment to equality, and includes members from various local organisations pressing for equality. Although acknowledged and supported by the Council, the Equality Reference Group members are independent of the County Council.
GIRES	The Gender Identity Research & Education Society
Hate Crime	Hate crime is any offence committed against a person or property that is motivated by the offender's hatred of people because of their association with one or more of the protected characteristics. For example, you can be a victim of hate crime because of your race, religion, disability, age, sexual orientation, gender or gender identity.
Homophobia	Prejudice or hatred of people who are lesbian, gay or bisexual.

Joint Strategic Needs Assessment	The Joint Strategic Needs Assessment is a process that identifies the current and future health and wellbeing needs of a local population, informing the priorities and targets and leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities. The Joint Strategic Needs Assessment in Devon is becoming a shared online evidence base providing information and intelligence about the communities of Devon called Devon Health and Wellbeing. The website contains details and papers for the Devon Healthier and Stronger Communities Partnership, health and wellbeing strategies, Annual Public Health Reports, the Joint Strategic Needs Assessment and a library of strategies, plans, needs assessments and other reports.
LGB and LGBT	LGB is a term used to describe three types of sexual orientation: Lesbian, Gay, Bisexual. T stands for Trans which includes people with gender dysphoria and other aspects of gender identify (see also Transgender below). Gender identity is not the same as sexual orientation, although the expression of prejudice is often similar (hence why L, G, B and T are often used together) but very different things in themselves. Likewise, the experience of a gay man may be different to a lesbian woman, for example when accessing healthcare.
Localism	The Localism Act intends to devolve more powers to councils and neighbourhoods and give local communities greater control over local decisions like housing and planning. (May 2011)
NHS	National Health Service
ONS	Office for National Statistics
Place Survey	The Place Survey was used to collect information on 18 national indicators for local government, used to measure local government performance for 152 county councils, metropolitan district councils, London boroughs and unitary authorities.
Protected Characteristics	There are nine characteristics that are protected from unlawful discrimination under the Equality Act. They used to be frequently referred to as 'equality strands'.
Religion and Belief	Religious and philosophical beliefs including lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Sexual orientation	Attraction towards the same sex (lesbian or gay), the opposite sex (heterosexual or 'straight') or to both sexes (bisexual).
Transgender	A general term used to describe a person who is proposing to undergo, is undergoing or has undergone gender reassignment (the process of changing physiological or other attributes of sex).



Community Needs Survey at a glance

Methodology

The choice was made to run a survey rather than focus groups in order that more people could get involved and to keep costs to a minimum. It also provided us the opportunity to compare the results. Opportunities to give written/verbal feedback were provided so that the results included the kind of qualitative information that is obtained in focus groups.

Around 1,000 questionnaires were sent out through the voluntary sector in order to reach target groups. An online version was also available. Provision for alternative formats and access to interpreter support was promoted and budgeted for. Senior Council helped distribute the survey to housebound people. Plain English and a clear layout with 'happy/sad' symbols were used in order to keep alternative formats to a minimum – some people whose first language is not English said the survey was so easy to use they did not need it translated.

The overall response rate of around 39% was encouraging.

An Easy Read version was also produced and used specifically with younger people and people with learning disabilities.

The total cost of running the survey was £2,735 which included a £1,350 contribution to the purchase of text analyst software for the Council. Other costs included:

Braille and Moon versions: £51

Postal costs for Fusion (disability) Partnership in distribution of survey: £148

Interpreter support and facilitation for people with communication or language needs: £906

Printing questionnaires: £280.

The costs were equivalent to:

£2.70 per person for the target of 1,000 or £7 per person based upon 391 completed questionnaires. This is more cost effective than focus groups which can exceed £10 per person.

This does not include staff costs associated with developing the survey (figures not available).

The Survey:

Why are we asking you to complete a survey?

- We want to know which public services, information and facilities are important to you and how we can improve your quality of life and access to services.
- All councils are facing a reduction in public spending over the next few years. The results of this survey will also help inform decisions when setting future council budgets. This survey complements the Tough Choices Countywide Survey but asks additional questions relevant to minority or disadvantaged communities.

- Public services include those provided by local councils, schools, health services, the police and national parks.

How to complete the survey

- If you prefer not to answer a question, please leave it blank.
- The whole process is anonymous. No-one completing this survey will be identified in the results.
- This survey takes approximately 20 minutes to complete.
- If you can use a computer, this survey is available online at: www.devon.gov.uk/communityneedssurvey

Enquiries or complaints

- If you do have a specific enquiry or complaint please telephone 0845 155 1015 or email customer@devon.gov.uk. Sorry, we cannot respond to complaints made in this survey because they are anonymous.

How to return the survey

Please complete this survey and return in the enclosed reply paid envelope, postal address Devon County Council, County Hall, Exeter, EX2 4AZ, before the **31 January 2011**.

If you need this form in another language or format, or need help completing this form please telephone 0845 155 1015 or email customer@devon.gov.uk.

Thank you for your time.

Are you completing this on behalf of someone else (for example, you are a carer or advocate)? If you are completing this on behalf of someone else, please make sure the information you provide is about them.

Yes No

Quality of Life

Options for ‘to what extent do you agree with the following statements?’:

Definitely agree



Tend to agree



Neither agree nor disagree



Tend to disagree



Definitely Disagree



Not relevant to me



To what extent do you agree with the following statements?

Quality of Life

- I am satisfied with my local area as a place to live.
- I feel there are job opportunities for me.
- I have good access to life-long learning (e.g. adult education).
- I have good access to sports and leisure facilities.
- I have good access to community activities.
- I have good access to shopping facilities.
- I have good access to 'green' open spaces/nature.
- I have good access to cultural facilities (e.g. museums and cinemas).
- I am able to meet relatives or friends at least once a week.
- I feel free to practise my religion or belief.
- My dietary needs are provided for.
- I am treated with dignity and respect in the community.
- I have good access to childcare services.

Access to public services

- I can get around easily using paths or highways.
- I can get around easily by public transport.
- I can recycle waste easily.
- Information I need is easy to find and understand.
- I feel well informed about what local public services can do for me.
- I have good access to health and social care services in Devon.
- I feel safe when looked after by healthcare professionals.
- I am treated with dignity and respect by public services staff.
- I am treated fairly by public services staff.

Community safety and crime

- The police and local council are dealing with crime and anti-social behaviour in my area successfully.
- I have a low fear of crime.
- I feel safe outside in my local area after dark.
- I feel safe outside in my local area during daylight.
- I know what to do in the event of a major emergency e.g. flooding of a town.

Getting involved

- I can influence decisions affecting the services I use.
- I know how to complain about local public services if I need to.
- I would like to be more involved in decisions that affect my local area.
- I would like to be more involved in decisions that affect the services I use.
- I can influence decisions affecting my local area.
- Member of a special interest group (e.g. a disability group organised by a local charity or other community group).
- Member of an Independent Advisory Group or Panel about services (e.g. LINK for health and social care).
- Take part in postal surveys.
- Take part in on-line surveys.

How would you like to be more involved in the decisions that affect your local area or the services you use?

Select from: Interested in getting involved this way/Not interested in getting involved this way/Already involved/Not tried.

Take part in on-line surveys.

Take part in postal surveys.

Member of an Independent Advisory Group or Panel about services (e.g. LINK for health and social care).

Member of a special interest group (e.g. a disability group organised by a local charity or other community group).

How would you like to be more involved in the decisions that affect your local area or the services you use?

Same selection options as above.

Be a Board Member or Governor.

Talk to my Councillor.

Attend public meetings in my area.

Go to a Council meeting.

By giving direct feedback (e.g. using a complaints process).

Other, please describe:

Which of the things below, if any, do you think most needs improving in your local area? (area within 15-20 minutes walking distance from your home) (Please cross X up to 5 boxes only).

Access to nature.

Activities for teenagers.

Affordable decent housing.

Clean streets.

Community activities.

Community relations (people getting on well together in your local area).

Cultural facilities (e.g. cinemas, museums).

Education provision.

Facilities for young people.

Health services.

Job prospects.

The level of crime.

The level of pollution.

The level of traffic congestion.

Parks and open spaces.

Public transport.

Road and pavement repairs.

Shopping facilities.

Wage levels and local cost of living.

None of these.

Don't know.

Other (please outline below):

Which public services, information or facilities are most important to you and why?

Please list in order of importance (e.g. 1,2,3...):

Which public services, facilities or information do you have problems using or are unhappy about? Please describe:

What suggestions do you have for improvements?

If savings need to be made on the following local services in your area how would you prefer to see this achieved?

Select from: Cut altogether/Reduce service/Charge/increase charges/Don't alter/Don't know

Tips and recycling facilities.
Bus services.
Transport information.
Library services.
Parks, paths and open spaces.
Children's Centres and family support.
Nurseries and pre-schools.
Child protection.
Supporting children with special educational needs.
Fostering.
Free school transport.
Road and pavement repairs.
Road safety.
Day services for older and vulnerable people.
Support for carers.
Home care for older and vulnerable people.
Residential care for older and vulnerable people.
Adult education.
Youth centres and activities for teenagers.
Other. (please describe):

How much do you know about the recent health and social care campaigns or slogans?

Select from: I know a lot about it/I know a little about it/Have heard of it/Have never heard of it.

Catch It, Bin It, Kill It.
Act F.A.S.T.
Sex, worth talking about.
Change4Life.
Sunsafe.
5-A-Day.
Safe, Sensible, Social.
Get Moving.
Screening Matters.
Healthy Start.
I Care But Who Cares?

Living Well With Dementia.

Do you talk to or seek advice from the following about health and social care issues?

Select from: Yes, frequently/Yes, occasionally/No/Not sure

GP/Your Doctor.

Other Health Professional. (e.g. nurse, health visitor)

Friends.

Family.

Workplace (e.g. occupational health, HR).

NHS Direct.

Anonymous advice lines.

Websites (NHS, Department of Health).

Care Direct.

Hate Crime, Sexual Assault, Domestic Violence and Abuse.

Have you been a victim of domestic violence or abuse in Devon?

Domestic abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have ever been, intimate partners or family members).

Yes No

If yes, did you report the incident to an agency?

Yes No

If you did not report the incident, what would help you to report it?

If you are a victim of domestic violence or abuse and want confidential help you can call: 0808 2000 247.

Have you been a victim of sexual assault or abuse in Devon?

Yes No

If yes, did you report the incident to an agency?

Yes No

You can report any matters to the Police on 08452 777 444 or by calling in person to a Police Station. Your report will be handled with discretion and sensitivity.

Have you been a victim of Hate Crime in Devon? (for example, verbal abuse, criminal damage, harassment or assault because of your race / ethnicity / skin colour, religion, sexual orientation, gender, gender identity, age, or disability.)

Yes No

If yes, what type of incident was it?

Age related.

Disability related.
Homophobic.
Racist.
Religion / belief related.
Gender related.
Transphobic.
Other (please describe):

If yes, what happened and when did it happen?

If yes, did you report the incident to the police or other voluntary organisation?

Yes No

If you did report it, was it dealt with effectively?

Yes No

If you did not report the incident, what would help you to report it?

You can report any matters to the Police on 08452 777 444 or by calling in person to a Police Station. Your report will be handled with discretion and sensitivity.
www.devon.gov.uk/reporting-hate-crime.

About you...?

Now we need to ask some questions about you. This will help us compare results - for example, if men and women have different needs or experiences.

What was your age on your last birthday? Please write in below:

Are you...?

Female/Male/Identify as transgendered/Intersex or other

Do you consider yourself to be disabled? (e.g. you have a physical, sensory or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day-to-day activities.)

Yes No

If yes, please describe your disability: (select all that apply)

Blind, visually impaired or partially sighted.

Deaf (British Sign Language user).

Hard of hearing or deaf (not BSL user).

Learning disability.

Long term illness or health condition (e.g. lasting more than 12 months).

Mobility impairment.

Mental health condition.

Speech impairment.

Other (please describe):

If you are disabled, what barriers do you usually experience?

How is your health in general? Would you say it is...

Very good/Good/Fair/Bad/Very bad

What is your first language?

English

Other (please describe):

Do you have use of a car?

Yes No

Do you have any children (people under 18 years) living with you?

Yes No

How would you describe your ethnic origin?

Asian or Asian British.

Black or Black British.

Chinese.

Mixed heritage.

Traveller or Gypsy.

White British.

White Other.

Other ethnic origin or other description (please describe below):

What is your religion or belief?

Christian.

No religion / belief.

Other religion or belief (e.g. Buddhist, Jewish, Muslim, Pagan, Humanist), please describe:

How would you describe your sexual orientation?

Heterosexual.

Lesbian or Gay.

Bisexual.

Other. (e.g. Pansexual)

In which of these ways does your household occupy your current accommodation?

Owned outright.

Buying on mortgage.

Rent from council.

Rent from housing association/trust.

Rent from private landlord.

Other (please describe):

Which of the following best describes your current employment?

Employee in full-time job (30 hours plus per week).

Employee in part-time work (under 30 hours per week).

Self-employed full or part-time.

On a government supported training programme (e.g. Modern Apprenticeship).

Full-time education at school, college or university.

Unemployed and available for work.

Permanently unable to work due to illness/disability.
Wholly retired from work.
Looking after home.
I work as a volunteer.
Doing something else (please write below):

Are you a 'carer' who is unpaid and looks after or supports someone else who needs help with their day-to-day life due to a disability, illness, or old age?

Yes No

If yes, how many people do you provide care for as a 'carer'?

Children aged 17 or under.
Adults aged 18 or over.

Please tell us the name of the village, town, or city where you usually live: (if you do not wish to tell us the village, you can tell us the nearest town).

Please tell us the name of the village, town, or city where you usually work or study if applicable: (if you do not wish to tell us the village, you can tell us the nearest town).

Thank you very much for taking part in this survey. Now you have completed your survey, please return it in the pre-addressed envelope supplied by the **31 January 2011**.

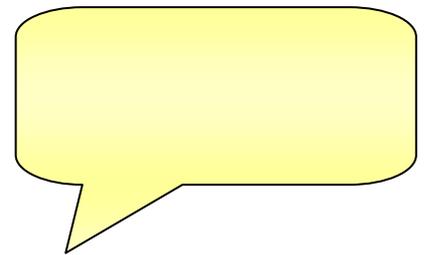
Comments

Responses to open text questions which are comments made by people completing the survey.

Q7. Which of the things below, if any, do you think most needs improving in your local area? (Page 42)

Other:

- “Access to BSL interpreters”.
- “Assessment and support for carers”.
- “Better gritting were disabled people live”.
- “Disability awareness for community activities”.
- “Facilities for disabled people”.
- “Financial help for older people”.
- “Informal education for young people”.
- “More attention to disabled people”.
- “More level access to shops”.
- “More Travellers sites”.
- “Services for women affected by sexual violence”.
- “Social opportunities e.g. for people with Aspergers”.



Other general issues included: policing pubs and drunken behaviour, reducing noise and pollution, better public transport in the evenings and weekends, better public transport links e.g. Tiverton/Tiverton Parkway, parking, refuse collection/local recycling and collection information, opportunity to air opinions properly, being listened to without fear from authorities, footpaths, allotments and a Village Community Centre for computer studies/book lending.

Q8. Which public services, information, or facilities are most important to you and why? (Page 44)

As with many general population surveys, transport was most dominant with health close behind.

As with other surveys the frequency, reliability and cost of public transport was evident compounded by the lack of public transport in many rural areas and in the evenings. Additionally there were issues around accessibility and dependence on public transport to access services, or to facilitate independence if unable to drive. Other problems with transport included lack of pavement and road maintenance and disabled parking. Poor pavement repair result in trip hazards and can affect daily life.

Having good, accessible health services and social care was important for age, carers, disability, and other specific or general health reasons. People also expressed importance around general quality of life including community relations, outdoor activities, clean air,

safety and security, libraries, access to information, refuse collection, affordable housing and education.

Transport issues

Public transport x 40 comments covering the following issues:

- “No reduction as visually impaired depend on it”.
- “Accessible public transport for wheelchair access/mobility scooter and pushchairs”.
- “Cannot use trains as platform too far away”.
- “Buses, X38 and 88, don’t operate in evenings; 88 often late and sometimes doesn’t turn up at all. Bus service to Derriford is very unreliable”.
- “Connections and convenience/frequency of timing. Links and timing in rural areas poor”.
- “Buses are far too expensive”.
- “Public transport a high priority, want to reduce car use, but bus fare prohibitive”.
- “Public transport in terms of affordability and reliability, among the most expensive nationwide. As a non-driver I rely on buses to get me to work”.
- “Public transport to enable getting to facilities, hospitals/surgeries and enable independence”.
- “Ring & Ride service/Community transport”.
- “Shelters at all bus stops”.

Roads and pavements x 10 comments covering the following issues:

- “Road and pavement repairs; being a wheelchair user it can have a severe detrimental affect on daily living”.
- “Pavement repair, don’t want to trip on uneven paths”.
- “More dropped curbs needed, though some done for private cars are dangerously steep”.
- “More policing of road traffic infringements; speeding, use of mobile phones, and ignorance of the Highway Code”.

Disabled parking x 5 comments covering the following issues:

- “More provision of disabled parking (including at RD&E and work)”.
- “None blue badge holders taking up spaces”.
- “Residents parking; public take up parking, so can’t park safely”.

Other:

- “Crediton’s traffic problems, especially in the High Street; pollution and noise unbearable”.
- “Information regarding transport during snow, or floods, etc”.
- “Public transport, cycling, and walking: reduce congestion and improve the local quality of life – air, health and community relations (more contact through walking and cycling than when people use cars). Make central Exeter car-free”.
- “Road safety”.
- “Traffic congestion; heavy vehicles in Topsham – pollution causing Asthma. Speed limit mostly ignored”.
- “Transport becoming far too expensive”.

Health

x 40 comments about healthcare were made covering the following issues:

- NHS/health services x 15
And specifically: “as disabled and a carer”; “as a carer I need the back up”; “because I am getting old”; “suffer from various illnesses”; “vital when required”; “have a condition the relies on good health responses”; “Hearing aids etc”; “HIV services”; “additional support team”; “dentist”.
- “Accessible parks and riverside walks”.
- “Air ambulance”.
- “Carers support”.
- “Chiropodist”.
- “Domiciliary care – could not manage without it”.
- “Easy access to hospitals”.
- GP overcrowding; long waits for appointments x 2
- Health and social care x 2
- “Health and well-being for families”.
- “Increase money allocated to the NHS”.
- Local hospital/walk-in health centre x 3
- “Mental health”.
- “Midwives and health visitors”.
- “Surgery and pharmacy”.
- Swimming pool within affordable distance x 2

Refuse

x 16 comments were made about waste collection and recycling covering the following issues:

- “Bins should be taken every week, not every two weeks”.
- “Effective disposal of refuse and recycling as much as possible by collection from residence”.
- “Need for local community facilities: Having to travel. Would be un-green to drive it all to centres ourselves”.
- “Picking up rubbish left on roadside – told come on Thursdays”.
- “We live remotely and it’s difficult to take rubbish to the road”.
- “Why isn’t there a uniform approach to recycling across the County?”.

Other issues:

- “Clean environment/communal areas x 2 “because it makes life pleasanter and gives a feeling of pride”.
- Cleansing and road sweeping x 2
- “Dog [mess] is a daily problem”.
- “Loo cleaner”.
- “More cleaning – clean my flat entrance”.

Community

16 comments about ‘community’ were made, covering the following issues:

- Accessible community activities and social support x 3 including “encourage closer community bonds”
- Community relations and getting people working together x 2
- “Community services – help people who are feeling lonely”.
- “Easy access to schools, doctors, hospital, dentist, youth centre for communities”.
- Facilities for young people/youth club/service x 4
- “Focus on community as widening gap between the generations”.
- Meeting places, community groups and activities x 4

Safety and security

- “Approachable police service that responds to public calls and feedback”.
- “Community safety e.g. community support officers – want to feel safe and have minor issues dealt with quickly”.
- Crime prevention x 2
- “Find the area generally quite racist, sexist, disablist, and homophobic”.
- “Good policing against racism and crime”.
- Local police provision for crime free area x 2
- “Local policing – occasional anti-social annoyance”.
- “No closure of police station”.
- “Police – it’s important to live in a safe environment, Exeter is safe place to live. More policing of road traffic infringements”.
- Police – to feel safe when out. x 2
- “Police available on streets”.
- “Police patrol to maintain safety, especially young people hanging around making racist comments”.
- “Police; Ambulance; Fire Brigade”.
- “To feel safe in the community and feel effectively serviced by law”.

Library

x 10 comments were made about libraries, including:

- “As enjoy reading”.
- “Can be accessed by all of the community, free, valuable source of information”.
- “Education is very important”.
- “For college work”.
- “For internet access, which you can’t afford”.
- “Libraries (Central/St Thomas) vital source of information, access to computers, and books”.
- “No library cuts”.
- “Rural visits at least every two weeks if really valuable, as cannot afford to buy books”.
- “To access information”.

Education

- Adult education/lifelong learning x 3
- “Education – give children better chance than I did, as they will be looking after me when I’m old”.
- “Education centre”.
- Education opportunities x 2

- “Education services“.
- “Education, mainstream not marginalised education for the disabled“.
- “Improvement to all education facilities“.

Housing

- “Affordable decent housing“.
- “Affordable housing for single people on low incomes“.
- “Affordable housing for young families“.
- “More social housing, that is adequate and affordable“.
- “Rented accommodation that is affordable“.
- “Suitable housing for disability and independence“.

Information

- “Bill information, Council Tax, how to pay etc“.
- “Information on how to get involved in decisions that affect my local area“.
- “On arts, performances, galleries“.
- “Tourist Information Centre – information on everything in area“.
- “Where to get information other than online“.

Q9 Which public services, facilities, or information do you have problems using or are unhappy about? (Page 45)

Again transport was the main concern with specific equality issues. Other categories included activities and facilities and refuse. As with the previous question the frequency, reliability and cost of public transport was evident compounded by the lack of public transport in many, rural, areas, and in the evenings, together with specific access issues e.g. wheelchair access or communication with drivers. Other transport issues included uneven pavements and problems with parking.

Equality awareness, or lack of, was also highlighted from loop systems not being provided, lack of wheelchair access, lack of toilets, to lack of understanding of deafness. Other areas highlighted include activities and facilities, refuse and waste, health, education and safety.

Public transport

x 10 comments made about frequency/availability of buses particularly at weekends and in the evenings including:

- “Bus service just reduced due to lack of funding“.
- “Bus service needs to be increased, not reduced, if being encouraged to leave car at home“.
- “Lack of public transport in the evenings means cannot go to the theatre or other events“.
- “Local bus no longer stops nearby“.
- “No buses to my village, as disabled cannot get to the main road as too far away“.
- “Only one bus a day, unless walk further; which I can’t“.
- “Only two buses a week, just not enough“.

x 2 comments were made about the need for a bus service to the hospital:

- “No direct bus to the local hospital”.
- “Visiting hospital in the city is difficult as either allows a very short visit, or have to wait long-time for next”.

x 9 comments were made about the high cost of bus fares including:

- “Bus runs before 9.30am, so have to pay”.
- “Expensive and doesn’t provide the service it should”.
- “Means test free bus pass”.

x 7 comments were made about public transport/buses being unreliable and expensive including:

- “Bus service has little correlation between the timetable and service”.
- “Bus service not running on time, and drivers not nice – how to complain when deaf”.
- “Buses infrequent, late, or don’t turn up at all”.
- “Have to get rid of car because of age/capability, public transport is irregular, insufficient, and expensive”.
- “Public transport is unreliable and expensive”.

x 3 comments about difficulties accessing buses including:

- “Bus service very hard for push chairs, and the buses are very old”.
- “I have a bus pass, and a wheelchair; only used this once as a nightmare getting into position on the bus”.
- “Wheelchair accessible transport”.

Trains were also problematic:

- “Cost of trains is unspeakable”.
- “Finding train times and prices”.
- “Shelters at Pinhoe Station are too small and don’t keep us dry”.
- “Starcross station as not very accessible for people with a physical disability”.

Other comments:

- “Bus travel is crucial to me as I don’t drive, and could never afford to run a car”.
- “Info on buses running during snow if leaving car behind”.
- “Regularly experience problems with communication with (Stagecoach) drivers – should be able to just show pass and get on”.
- “Shops and public transport”.
- “Transport links are poor”.
- “Support to travel, as learning difficulty means cannot travel alone”.
- “Transport for my husband when I’m not able to drive, he’s blind”.

Pedestrians

- “Cannot walk in rural areas as no footpath, so not safe and have to drive”.
- “Disabled, and use a mobility scooter, have to travel on road as not pavement, and holes in the road are a nightmare as have to go around them into the middle of the road”.
- “Dog fouling on pavements”.
- “Don’t feel safe as no mirrors to check before going into the subway at Exe Bridges”.
- “Lack of delineation on dual cycle/pedestrian path”.

- “Lack of pedestrian crossing to council offices”.
- “Long delay in obtaining promised walking frame”.
- “Loose paving slabs”.
- Obstructions on pavements including parking, cycling, wheely bins etc. on pavements x 2
- Salt or grit to prevent falls x 2
- “Some crossings do not allow me sufficient time to cross, quite dangerous”.
- “State of the roads and pavements, and street lighting, as use a wheelchair”.
- Uneven pavements (problem for wheelchair users) x 3
- “Upkeep our highways; pavements and hedges”.
- “Poor air quality; too much traffic”.

Private transport

- “Being able to park close to work as I am disabled”.
- “Charging for disabled in car parks”.
- “Insufficient provision of disabled parking”.
- “Loss of free parking (Exmouth) when public transport is reduced”.
- “Parking on pavements or yellow lines”.
- “Parking”.
- Road repairs/poor condition x 3
- “Traffic lights are over used”.
- “Variations in interpretation of Blue Badge rules by wardens in different places”.
- “Insufficient provision; disabled parking”.

Taxis

- “As cannot get to bus stop, too far away, spend a lot of my pension on taxi fares”.
- “Have to take taxis more than I would like, which is expensive”.

Other

- “Information on how to educate myself on making decisions when it is safe to travel”.
- “More off road cycle routes for getting out more without extra costs of public transport; don’t feel safe cycling as roads are busy”.

Disabled people’s access

- “Accessible information for people with learning disability when leaving hospital”.
- “Being able to open doors to disabled toilets from a wheelchair (RD&E)”.
- “Central Library to have a better lift”.
- “Consistency in Blue Badge rules”.
- “Disabled facilities; doors difficult to manoeuvre if alone”.
- “Go to Somerset, Exeter is OK, but Mid and East Devon are fairly anti-disabled”.
- “Lack of handrails in public places”.
- “Responsive provision of equipment and wheelchair maintenance”.
- “SOS button for all people with disabilities”.
- “No proper access to swimming pools for wheelchair users”.
- “Too many steps to village hall, which make it impossible if disabled”.

Access for Deaf people and people with hearing impairments

- “Background music often too loud for hearing aids”.
- “Call centres if deaf”.
- “Events that don’t provide BSL interpreters, e.g. Christmas light switch on”.
- “Lack of understanding of deafness and how to communicate with totally deaf people”.
- Loop systems in shops etc. x 2
- “How to complain e.g. if deaf”.
- “Communications access e.g. BSL (British Sign Language)”.

Other equality access issues

- “NHS and Local Authorities appear to speak different English to the one I do”.
- “More real support or community help with my sexuality”.
- “Police racism”.
- “Provision for the elderly is severely limited”.
- “Refer to telephone, not just the internet”.

Health

- “Access to health and social care for vulnerable people, particularly the homeless, people with mental health problems, and the frail”.
- “Access to physiotherapy or hydrotherapy on the NHS almost impossible”.
- “Asked for a carers medical months ago, still waiting”.
- “Dentists”.
- “Difficult to find information on what services I could access when I came out of hospital”.
- “Does not appear to be any support to help people with mental health problems”.
- “Have to wait too long for initial assessment (in Honiton)”.
- “Information about minor health problems”.
- “Long delay in obtaining promised walking frame”.
- “Managing obesity”.
- “NHS services”.
- “No surgeries on the north side of Exeter”.
- “Not raise the cost of using the leisure centre in the current economic climate”.
- “Social care – quality assessments and care plan; not done by people who know me, needs to include my advocates”.
- “Social care not correctly supported - cuts, cuts, cuts”.
- “Social Service officers a lot younger and do not attempt to appreciate my situation and difficulties”.
- “Sometimes takes a long time to get through to the doctors on the phone”.
- “Visiting hospital by public transport is difficult”.
- “Waiting lists at Derriford Hospital too long”.
- “Wheelchair accessible transport to hospital is difficult”.
- “Access to doctors; stairs means cannot access Doctor in their room”.
- “Access to health and social care for vulnerable people”.
- “Provision of equipment – wheelchair repair and maintenance”.
- “More dementia awareness by public services, and general community”.
- “Access to treatment on the NHS”.

- “Finding out information on public and private services that could be accessed when coming out of hospital”.

Activities and facilities

- Availability and condition of public toilets including “toilets shutting in the evening”. x 5
- “Public toilets not easy to access”.
- “Community activities”.
- “Concerned about cuts to public libraries, vital community hubs”.
- “Concerned about the cuts and ‘Tough Choices’ which will affect the most vulnerable”.
- “Cost of travel to Crediton for swimming facilities”.
- “Hard to find an indoor community space”.
- “Lack of leisure facilities in town”.
- “Lack of public transport in the evenings means cannot go to theatre or other events”.
- “Limited cultural facilities in Exeter for a city of its size”.
- “Not enough facilities for young people (sports/activity groups)”.
- “The cost of using the leisure centre in the current economic climate”.
- “Very little for children to do”.
- “Access to public buildings e.g. village hall”.

Refuse and waste

- “Collection of overflow rubbish if extra bags left out”.
- “Dog mess”.
- “Fine those who repeatedly ignore requests to dispose of their waste correctly”.
- “How I can dispose of recyclable items that can’t be collected in refuse collection”.
- “Litter and dog mess”.
- “More items collected for recycling, e.g. cardboard, Tetra packs, and food plastic”.
- “Overflowing rubbish bins”.
- “Pavements and hedges”.
- “Recycling very patchy”.
- “Refuse collection; what days do they come and where to get rubbish bags from”.
- Waste collection too infrequent x 4.

Safety and security

- “Antisocial Behaviour Team don’t protect people properly”.
- “Contact for police”.
- “Do not feel safe cycling as all roads are busy”.
- “How to get direct contact to the local police”.
- “Information on how to educate myself on making decisions on if it is safe to travel”.
- “Police racism”.
- “Policing”.
- “The police don’t listen or help enough”.

Education

- “Access to adult education”.
- “Education so that it involves the less able and gives them some kind of hope for the future”.

- “Education”.

Q10 What suggestions do you have for improvements? (Page 47)

Various suggestions were made for improvements, although these tended to be around what type of improvement was needed rather than specific suggestions for improvements.

Transport

Public transport:

- “Better transport and cheaper fares”.
- “Bus and train services do not operate alongside each other; can get a bus to Honiton, but have to wait hour for a connecting service on train or bus”.
- “Information and advice on transport”.
- More disabled access/user friendly for disabled people x 2
- “More funding in accessible transport”.
- More public transport/no cuts x 2
- “Seating at train station and major bus stops”.

Buses:

- “A feeder bus into town for shopping once or twice a week from village”.
- “Bigger spaces in buses, and clamps for wheelchairs”.
- “Bring local buses up to Wilton Way when they return to Broadfields”.
- “Bus once-a-day to Tesco”.
- “Change bus routes and include taking scooters”.
- “Cheaper buses”.
- “Congestion; measures, including serious restriction of daytime parking on through routes to ensure adequate width for buses and lorries to pass.”
- Evening, Sundays and Bank Holidays services x 3 (including into Exeter, RD&E, to coast on Sundays or Otter Nurseries).
- “More accessible buses”.
- “More buses to our villages to shop etc”.
- “More frequent buses”.
- “New buses”.
- “The Iron Bridge is a difficulty with buses, Mount Dinham bus only runs 3 times per day”.
- “Turn more multi-lane roads into bus lanes, e.g. main routes into Exeter, including 2 bus route”.

Trains:

- “Bigger shelters on Pinhoe Station”.
- “Safer way for people who can’t manage stairs to use trains from Starcross Station”.
- “Toilet facilities at railway”.
- “Train fares gone up above inflation for new trains, perhaps could be done for buses”.
- “Trains between Exeter and Plymouth running later than 9.30pm”.

Accessible roads and pavements

- “Better litter control on roads and pavements”.
- “Disabled paths for river and country walks, more seating in parks etc”.

- “Drop kerbs opposite each other rather than having to stay in road until the next drop kerb to get back on pavement”.
- “Lower the pavement curbs”.
- “Made easier to use roads and pavements for blind people, with no ‘A’-boards, wheelie bins, cycling, or cars on pavements”.
- “Make it an offence to park a vehicle over a drop kerb”.
- “More consideration given to walkers, walkers are ignored, all roads should have a path beside them”.
- “Only ‘pedestrians’ should use the pavements”.
- “Repair paving slabs so wheels don’t get stuck”.
- Speedy action to report poor pavement conditions/regular checks x 3
- “Track/footpath around village so walking can be safe; no pavement at present”.
- “Vegetation on pavements”.

Private transport

- “Buckfastleigh; there is a lot of unused space in the former tannery which could be used as a car park. The inadequate parking arrangements lead to petty conflicts among residents”.
- “Cover parking meters until surrounding towns have theirs installed”.
- “Fuel costs”.
- “Make it an offence to park a vehicle over a drop kerb”.
- “Many people cannot afford to pay for residents’ parking permits”.
- “More disabled spaces, particularly at Orthopaedic end of RD&E”.
- More parking for disabled people in all areas.
- “Off road cycle routes into main urban areas”.
- “Traffic congestion; some radical measures needed to create access, including serious restriction of daytime parking on through routes to ensure adequate width for buses & lorries passing in opposite directions”.
- “Traffic wardens should spend less time in car parks, and more time on the streets”.

Health

- “Add lift or stair-lift at doctor’s surgery”.
- “Continuity between mental health teams across the county”.
- “Coordination between Occupational Therapists, Physical Therapists, and doctors”.
- “Easier access to mental health services; if someone was suicidal 2 months is too long”.
- “Invest more in Mental Health Services”.
- “Less paper work and better time management; time wasted in appointments, prescriptions etc”.
- “Make surgery a bit more ‘gay friendly’”.
- “Medical staff to have an input into operating staff rather than left solely to non-medical staff”.
- “Mental health service need to improve access for deaf people to have counselling”.
- “More disabled spaces, particularly at RD&E (orthopaedic)”.
- “More interest in carers by doctors”.
- “Number to ring if the doctors are very busy”.
- “Somewhere to call to discuss a minor problem if don’t want to worry a doctor”.
- “Why is mental health considered less important than physical health? Discriminatory”.

Communications/information

- “Access to services for people who use British Sign Language”.
- “All companies to have online help or email where can be answered within 24 hours, or free minicomms to every deaf person free of charge”.
- “Any changes to services need consultation before they are implemented”.
- “Common interpretation and clear instructions across the country”.
- “Consultation with service users and their carers to put more comprehensive services in place”.
- “Continue to liaise with local people in a variety of ways, get officers out to talk to people, more debates in suitable formats”.
- “Councillors and committees are inaccessible in the way they make decisions and how to influence them”.
- “Diversity Officer to respond”.
- “For disabled people to be part of the decision making process; does anyone ever go around in a wheelchair to find out what it’s like getting around shops etc”.
- “Free-phone number for people who are disabled to contact about a problem place needing handrails”.
- “Front line staff need better communication skills in BSL or allow time for things to be written down; signed events are restricted”.
- “Information on options when discharged from hospital”.
- “Keep informed and easy access to services”.
- “Less red-tape and more communication; be less scared of each other respecting the person doing the job, and the person with a problem”.
- “Make councils one; too many councils too confusing”.
- “More ‘down-to-earth’ approaches, meet and greet people on their level, less management meetings and Quangos”.
- “Services to improve their deaf awareness”.
- “Somewhere to call in or phone to discuss a minor (health) problem”.
- “Work more closely with the voluntary sector and ensure funding for projects is secured”.

Waste and recycling

- “As a blind person – no wheelie bins etc. on pavements”.
- “Better litter control on roads and pavements”.
- “Better recycling e.g. plastic bottles and quantities of garden waste”.
- “Council provide wheelie bins, and collect them”.
- Dog mess x 3.
- “How to get more bags, and days/times”.
- Increases collection of recycling x 4.
- “More provision for waste management”.
- “Put the timetable on the website”.
- “Take all rubbish left out on collection days”.
- “Uniform approach to recycling and weekly bin collections”.

Respect and ensuring equality

- “Adult education information to residents”.
- “Better access to services that have deaf awareness”.

- “Better training on respect of likes, dislikes, and other people’s property; bullying and discrimination by social workers”.
- “Commission LGBT services, a bit more ‘gay friendly’”.
- “Equality Act should be more enforced”.
- “For disabled people to be part of the decision making process”.
- “Less prejudice against homeless people by council and GP reception staff might lead to less stigmatisation”.
- “More interest in carers by doctors”.
- “More understanding of our (deaf) culture and needs in order to breakdown the current barriers”.
- “Police should have training against racism and how to work with ethnic groups”.
- “Promote Devon as a diverse place; not just for older, white, heterosexual, able bodied residents”.
- “Staff doing course around ‘human difficulty side of clients’ ”.
- “Training on likes, dislikes, and respect for others”.
- “Treat people who live in caravans the same way you treat house-dwellers”.

Education

- “Education is the only way out of back choices and lack of interest in own lives”.
- “Education; concentrate on geographical matters, organisation skills etc”.

Young people

- “Children need education”.
- “Get young people involved in having a say about their hopes; more youth forums especially with young offenders or those at risk”.
- “Invest in youth”.
- “More control of young people hanging around until late at night”.
- “More money for young people to get out of their area and have good experiences”.
- “More outward bound course for young people – encourage more exercise and get away from computers”.
- “More outward bound courses for young people; need to be encourage to have more exercise, make friendships, and learn teamwork”.
- “More places for young people to meet”.
- “More youth activities”.
- “More youth workers”.

Social care

- “Better training on respect of ones likes and dislikes, and respect”.
- “Consultation with service users and their carers/parents to put more comprehensive services in place and found out what services they would use”.
- “Coordination between health professionals in care”.
- “Education in social care”.
- “Have proper monitoring of how assessments are carried out; suggest spot checks by independent people who are not commissioners or providers”.
- “Have real needs correctly assessed by all people involved, especially when the person being cared for lacks capacity to be involved themselves”.
- “Monitor services”.

- “More interest in carers by doctors”.
- “More NHS or social workers to cut finger and toe nails more frequently”.
- “Support workers should be valued more, with improved rates of pay linked to experience and client feedback”.
- “Work more closely with the voluntary sector and ensure funding for projects is secured”.

Information

- Put rubbish collection timetables/information on recycling on website x 2
- “Need more information about activities”.
- “More ‘opt-in’ choices for electronic notifications of events”.
- “Website for spaces that can be hired or rented cheaply, including privately owned facilities”.
- “Companies to have online help or email to answer within 24 hours, or free minicom to every deaf person with free of charge use.”
- “Website giving information and advice on reacting to changing environment and weather”.

Safety and security

- “All roads should have a path beside them”.
- “Concerned about antisocial behaviour in streets at night”.
- “More police around”.
- “More straight forward contacts for emergency besides 999”.
- “Need more information about the emergency services phone number”.
- “Police should have training against racism, and how to work with ethnic groups”.
- “Safer way for people who can’t manage stairs to use trains”.

Toilets

- “Community building; with toilet facilities open to the public”.
- “More toilets for the elderly”.
- “Public toilets at railway station”.
- “Single, not unisex, toilets”.
- “Toilet facilities in town”.

Disabled people’s access

- “Better ramps for disabled people”.
- “Disabled paths for river, and country walks”.
- “More accessible shops in Kingsbridge”.
- “More disabled access for shops and public transport”.
- “More seating in parks”.
- “Reduce street furniture for blind people”.
- “Try to find part-time jobs for disabled”.

Older people

- “More needs to be done for the elderly, e.g. Age Concern could expand”.
- “Provision for the elderly”.

Other

- “Check reduction in grants towards community facilities”.
- “Locate the right partners to work with and more community bodies involved”.
- “More joined up thinking and sharing of resources between community groups, schools, local police etc”.
- “More provision for cold weather”.
- “Need a community building to provide a book lending service and computer area, since our library was closed”.
- “Tree planting in urban areas”.

Q16 Victim of domestic violence or abuse; what would help report incident? (Page 53)

A few responses to this question highlighted the need for better communication, confidentiality, reassurance, speed and reducing taboos:

- “Being reassured that concerns and recommendations would be addressed”.
- “Better communications”.
- “Feeling safe enough”.
- “More information on confidentiality”.
- “More publicity about services available in Devon to those affected by domestic violence and abuse”.
- “Reduce the taboo and stigma associated with domestic violence”.
- “Service that didn’t involve the police”.
- “Speed and effectiveness of response”.
- “Support”.
- “Time taken to report due to need to book BSL interpreter”.
- “Who do you talk to without any comeback?”.

(In order to safeguard respondents, not all comments are provided)

Q19 Victim of sexual assault or abuse; what would help report incident? (Page 54)

- “Better communications”.
- “Feeling safe enough”.
- “You need a freephone number, not an 0845 number”.
- “Support when young and understanding it affects us for all our lives”.
- “Assurance it would be dealt with sensitively”.

Q22 Victim of hate crime; what happened (and when)? (Page 56)

A few responses revealed physical assault, whilst most highlighted discriminatory verbal abuse:

Disability

- “Assault, disability abuse by group of young people and spat at (2009)”.
- “Ignorance about blindness (frequent)”.
- “Occasional abuse if need to park in improperly occupied blue badge bay”.
- “People copying and being silly about me signing to friends (few years ago)”.
- “Person saying ok for me because get “cripple benefits” “.
- “Verbal abuse about autistic son (1998-2004)”.
- “Verbal abuse and handbag stolen from wheelchair (2006)”.
- “Verbal abuse whilst in wheelchair”.
- “Washing set on fire”.
- “Small and ongoing abuses undermine self confidence and have big impact on disabled person’s life”.

Homophobic

- “Assaulted by men out ‘queer bashing”.
- “Pursued by aggressive children branding me a lesbian”.
- “Verbal abuse for walking hand in hand (2010)”.
- “Verbally abused in street”.

Racist

- “Neighbour called me racist names. She was cautioned”.
- “Often get racist abuse from people when they see our caravan”.
- “I was told to go back home (I’m a third generation Bengali, born and brought up here)”.
- “Threatened by criminal. As BME woman on my own I feel very unsafe”.
- “Been attacked numerous times racially: too many to mention”.

Other/not specified

- “Assumption everywhere that everyone is Christian”.
- “Post separation abuse when undergoing gender re-assignment”.
- “Verbal abuse about having a free bus pass (2009)”.
- “Verbal abuse and discriminatory language”.
- “Children and teenagers from local secondary school taunting me in street because I couldn’t understand what they were saying”.
- “Near the school”.
- “At primary school; the fear has not left”.
- “Abuse at work (1992)”.
- “Bullied at school and once by family member (10 years ago)”.
- “Minor verbal abuse (few years ago)”.
- “Threatened by neighbour”.
- “Verbal abuse by drunks (several years ago)”.
- “Verbal abuse by local resident.”
- “Verbal abuse from neighbours”.
- “Verbal abuse, and refusal to serve from café owner”.
- “Verbal abuse”.
- “Verbal and physical abuse (2008)”.
- “Verbal and physical assault by neighbour (1983)”.

Q25 Hate crime: what would help you report the incident? (Page 58)

Believing an incident would be dealt with and positive action taken appeared a key response. Further to this better public and organisational understanding of issues would help in the reporting of incidents as well as preventing them from occurring in the first place.

- “Advances in diagnosis and treatment of mental injury, e.g. PTSD [post traumatic stress disorder].”.
- “Being able to book BSL interpreter”.
- “Being able to see a police officer”.
- “Believing it would actually be dealt with – only follow up was from victim support”.
- “Better awareness of LGBT issues and understanding by the police”.
- “Better communications”.
- “Better funding of gay charities”.
- “Don’t think reporting verbal abuse would make a difference; more about increasing awareness in the community and working with schools – Devon is behind the times”.
- “Don’t want to report; want better education and public information so people are not so narrow, insular, and ignorant”.
- “Educating the general public”.
- “General mental health support for those who work; support only available during daytime”.
- “Information about the police helpline”.
- “Positive action, better working with the public by the police”.
- “Thinking it would make a difference”.
- “Thinking someone might do something about it”.

Q30 If you are disabled, what barriers do you usually experience? (Page 11)

Accessibility appeared a key issue, whether getting into shops or onto buses, finding a nearby disabled parking space, accessing services and information due to lack of appropriate communication from public bodies, or general lack of awareness.

- “Access for wheelchairs”.
- “Access to certain places”.
- “Access to interpreter, particularly at last minute”.
- “Access to interpreters at short notice”.
- “Access to services; very few services are deaf aware, few know sign language, few subtitle films at inconvenient times”.
- “Access to shops, banks, and public transport”.
- “Accessibility”.
- “Accessible dental practices on the NHS”.
- “Air pollution, no pedestrian zones in my area”.
- “Anything work related – no one is interested”.
- “Assumed inabilities and aspirations – not being expected to be able or want to do certain things”.
- “Assumed low educational achievement”.
- “Attending meetings due to problems of transport and time of meetings”.
- “Being accused of being drunk”.
- “Choice of properties that meet my needs as a disabled person e.g. affordable bungalow”.

- “Communication”.
- “Cuts in health services (e.g. physiotherapy)”.
- “Deaf access to telephone services, and getting interpreters at short notice very difficult”.
- “Disabled parking is usually full”.
- “Lack of disability awareness”.
- “Lack of seating in large shops when need to rest”.
- “Lack of understanding of mental health issues by public and agencies”.
- “Lack of understanding”.
- “Major problem of abuse of disabled parking spaces”.
- “Need access to the right information of my communications needs, I am deaf”.
- “No patience from shop or bar staff, many places have no visual aids e.g. for “how much is it?” “.
- “No subtitles at cinemas at times I can go”.
- “Not able to hear in loud busy situations”.
- “Patronising attitudes”.
- “Places refusing access to assistance dogs”.
- “Problems moving around”.
- “Problems with empathy and understanding in social situations”.
- “Reduced income; costs, such as public transport a barrier to living an active life”.
- “Social isolation”.
- “Some shops, restaurants, buses etc have steps where could easily have level access (e.g. pharmacy in Magdalen Road)”.
- “State of pavements in general, especially Exeter centre – have to use ‘rollator’ which can be painful on hands when pavements are badly maintained”.
- “Steps; people not knowing what you’re talking about”.
- “Total lack of understanding and support from agencies”.
- “Wheelchair access to buildings and transport, also lack of dropped curbs”.
- “Ignorance; impatience”.



About the Equality Reference Group

The Equality Reference Group (ERG) advises and supports the County Council's work on equality and diversity, providing ideas and scrutiny. It symbolises the partnership of Devon County Council with the local community in its commitment to equality and includes members from various local organisations pressing for equality.

Although acknowledged and supported by the Council, the ERG members are independent of the County Council.

The ERG also sits on Devon Equality Partnership which is a network of equality leads from public authorities across Devon.

Devon County Council's relationship with the Equality Reference Group has spanned over ten years and Service Level Agreements are in place.

Membership (2012):

- Racial equality representative from the Plymouth and Devon Racial Equality Council.
- LGBT representative from the Intercom Trust (Lesbian, Gay, Bisexual and Trans people).
- Disability representative from Living Options Devon/Fusion Partnership (People with Disabilities and carers).
- Gender equality representative from Fawcett Devon.
- Older person's representative from Devon Senior Council.
- Young person's representative - Devon County Council Modern Apprentice (staff member).
- Religion and belief representative from Devon Faith and Belief Forum.

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CHALLENGING INEQUALITY
& CELEBRATING DIVERSITY