



# ORKNEY

## ISLANDS COUNCIL

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## Disability Equality Scheme 2010-13

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**2 March 2010**

This scheme incorporates the views of people with disabilities. We would like to involve more people in developing our plans. Please get in touch if you would like to help us make sure that the views of people with disabilities, or any other minority group, are properly considered when we are planning future services.

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## Foreword

Orkney Islands Council recognises the importance of its role in promoting equality and combating discrimination. One of the Council's core values is [promoting equality](#), and all services are encouraged to provide equal opportunities for everyone.

Orkney is unusual because it retains a strong sense of community, and we try to make sure that everyone is included in these valuable community networks, and has opportunities to participate in society. This is also the best way to support [sustainable communities](#), one of the Council's key priorities.

This Disability Equality Scheme sets out our plans for helping to make equality more of a reality for disabled people living in Orkney. It has been shaped by the views of local disabled people, together with the requirements of the general and specific duties of the Disability Discrimination Act 2005. The Scheme describes the principles and outcomes that we will seek to achieve across every service that we deliver.

Promoting equality is an evolving process. As time goes on we hope to build upon the Scheme, and especially to develop continuing engagement with the many people who contributed their time, experience and expertise to the consultation exercise. We would like to record our thanks to them all.

Orkney Islands Council  
27 February 2010



The Council displays the 'two ticks' disability symbol on job advertisements and application forms. The symbol is awarded by Jobcentre Plus to employers who are particularly positive about employing and retaining disabled people and have made commitments regarding recruitment, training, consultation and disability awareness.

All our written information can be made available, on request, in a range of different formats and languages.

This document is mostly in Arial font size 12 to make it easier for those with any kind of visual difficulty to read. Printing on off white or pastel coloured paper will also help.

If you would like this document in any other language or format, please let us know using the contact details on the cover.

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# Introduction

## Definition of Disability

A person has a disability if he or she has a 'physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.<sup>1</sup>

This definition is taken from the Disability Discrimination Act (2005). Further details of what counts as a disability under the Act is provided in Appendix A. However, many people are affected by temporary or permanent loss of ability, who do not necessarily qualify as disabled under the Act. We would not want our Scheme to exclude anybody who might need special consideration from time to time.

The [social model of disability](#) provides a better basis for understanding disability equality. This model explains that the poverty, disadvantage and social exclusion experienced by disabled people is not the result of their impairment or medical condition, but instead arises from attitudinal and environmental barriers. When buildings, services, and employment practices are designed in a way that fails to take into account the particular circumstances of disabled people, this excludes and disadvantages them. Public authorities should therefore consider how best to ensure equal access for all members of the community to every area within their sphere of influence.

## Legal background to the Scheme

The Disability Discrimination Act 2005 (the 2005 Act) places a general duty on all public authorities to promote disability equality. The Act also imposes a number of specific statutory duties on Orkney Islands Council as a scheduled public authority. In particular, the Council must set out what it should do to plan, deliver, and evaluate action to eliminate disability discrimination and promote equality.

The [general duty](#) states that when a public authority carries out its functions it should have due regard to the need to:

- Promote equality of opportunity between disabled persons and other persons
- Eliminate discrimination that is unlawful under the Act
- Eliminate harassment of disabled persons that is related to their disabilities
- Promote positive attitudes towards disabled persons
- Encourage participation by disabled persons in public life; and

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<sup>1</sup>Disability Rights Commission (2006), "The duty to Promote Disability Equality: statutory Code of Practice for Scotland"

- Take steps to take account of disabilities, even where that involves treating disabled persons more favourably than other persons.

The underpinning principle of the general duty is that to treat people equally does not automatically mean treating them the same, as some people need additional resources to allow them to reach their full potential. This requires the Council to be proactive, mainstreaming disability equality into all decisions and activities.

The **specific duties** are intended to guide authorities to meet the general duty in the most appropriate way. In brief, they are:

- To publish a Disability Equality Scheme and action plan demonstrating how the general and specific duties will be fulfilled
- To involve disabled people in the development of the Scheme
- To implement the action plan within three years
- To publish annual reports on progress made against the action plan
- To review the Scheme and issue a new one every three years.

Orkney Islands Council published its first Disability Equality Scheme 2006-09 in February 2007, and issued annual reports in 2008 and 2009. This is the Council's second Disability Equality Scheme.

## **The Equality Bill**

It is likely that the specific statutory duties currently applicable to the Council will be replaced in the near future by new specific duties to accompany the pending Equality Bill, currently being debated in the Westminster Parliament. The new duties will bring together the equality duties currently relating to disability, race and gender, and will add to them three more "protected characteristics": age, sexual orientation and religion or belief. There will also be a separate duty relating to the promotion of socio-economic equality.

Once the Equality Bill has become law, the Council will draw up a new plan to meet the requirements of the new specific duties, incorporating the relevant parts of its current disability, race and gender equality schemes.

## **The local context**

Orkney is an archipelago of 70 or so islands and skerries, of which 17 are currently inhabited. The islands stretch 85 km from north to south and 37 km from east to west, and cover an area of 974 square kilometres, of which more than half is taken up by the Mainland.

The last census (2001) recorded 19,245 people living in Orkney, the majority of whom lived in the main towns of Kirkwall and Stromness. The population has since risen due to inward migration, with the most recent estimate being 19,890<sup>2</sup>.

### How many people in Orkney have disabilities?

While the 2001 census figures are now out of date, we can still use them to estimate the proportion of Orkney’s population who have disabilities.

2001 census figures	Orkney	Scotland
Total resident population	19,245	5,062,011
Percentage of the population which has a limiting long term illness	17.43%	20.31%
Percentage of economically inactive people who are permanently sick/disabled	15.60%	21.25%

Of the total population in Orkney, 17.43% were recorded in the 2001 census as having a ‘limiting long-term illness’. Although a limiting long-term illness does not necessarily mean that someone is registered disabled, the likelihood is that they would be recognised under the legislation as being disabled. This means that approximately 1 in 6 people who live in Orkney are disabled and could potentially experience barriers and difficulties accessing our services and employment. This proportion could be even higher if we include disabilities that may have not been identified within the census as a ‘long-term limiting illness’.

### Community Planning

In 2007, Orkney Community Planning Partnership published a new community plan, “Orkney 2020 – Our Vision”. The community plan is guided by six key principles, including [promoting equality](#):

Living in a remote rural community can make those who are socially excluded feel even more isolated. It is important that we ensure that the most remote communities and hard-to-reach individuals feel included. This means working to promote equal opportunities regardless of age, disability, gender, origin, religion and beliefs, language, sexual orientation or income...

...Promoting equalities means recognising that everyone has different needs, and taking positive action to ensure certain groups are able to contribute to society. Since it is difficult for anyone in Orkney to be anonymous, we also have to be sensitive to those who value their privacy. We must learn from different communities and develop relationships to meet their needs.

*Orkney 2020—Our Vision, Orkney’s Community Plan 2007-13*

<sup>2</sup> General Register Office for Scotland (2009), Mid-2008 Population Estimates

The community plan includes a number of key objectives relating to disability equality, including:

- Promote health equality
- Shift the balance of care and raise awareness of wider influences on health and wellbeing
- Challenge discrimination, promote diversity and prioritise safety and support for the most vulnerable
- Work towards housing that is fully accessible, above the tolerable standard, energy efficient and contributes to a high quality built environment
- Promote accessibility for all
- Ensure learning is for all

The principles and priorities set out in *Orkney 2020—Our Vision* are used by community planning thematic groups as the starting points for their own strategies and action plans, and inform and guide the strategic plans of the major public agencies in Orkney. The Council, as lead agency for the Partnership, encourages all thematic groups to prioritise equality issues on their various agendas.

[Orkney Equality Forum](#) (OEF) is a multi-agency community planning thematic group, which leads on the [promoting equality](#) principle of the community plan, and on National Outcome 7 in the Single Outcome Agreement, [We have tackled the significant inequalities in Scottish society](#) (see below). OEF's remit is:

- to encourage a co-ordinated approach to the promotion of equality in Orkney
- to provide a forum within Orkney's community planning framework for championing the "Promoting equality" principle of the community plan
- to embed good practice in equalities within the normal business of partner agencies.

The Forum meets quarterly and its membership includes Orkney Disability Forum, Age Concern Orkney, Orkney Islands Council, NHS Orkney, Highlands & Islands Enterprise, Northern Constabulary, Voluntary Action Orkney and the Volunteer Centre, Women's Aid Orkney and Kirkwall Council of Churches.

Orkney Equality Forum is facilitated by the Council's Policy Officer (Equalities) and has organised a number of the events and initiatives described later in this Scheme.

## **The Council Plan**

The Council's most recent corporate strategic plan, the Council Plan 2008-13, adopts the key principles of the community plan, including [promoting equality](#). The Council Plan also identifies six key priorities for the Council over the plan period, including [care for our older and other vulnerable people](#). This priority is carried through in a number of planned activities, including:

- Provide more high dependency care and develop an integrated service
- Introduce and develop a meals-at-home service
- Use the User Defined Service Evaluation Tool (UDSET) to improve services
- Develop a Telecare service to help people remain safe in their own homes

The Council Plan also noted the Council’s ambition to offer more choice through Direct Payments and personalisation of services, and to involving more people in how services are developed and designed so that they receive the support most suited to them.

Appendix C lists the subsidiary plans, policies and strategies published by the Council which relate to disability.

### Orkney’s Single Outcome Agreement

Orkney Community Planning Partnership and the Scottish Government signed their first Single Outcome Agreement (SOA) in August 2009, to cover the years 2009-11. The SOA is a joint commitment to pursue agreed local outcomes (which were taken directly from Orkney’s community plan) and the Government’s 15 national outcomes (taken from the National Performance Framework).

National outcome 7 states: [We have tackled the significant inequalities in Scottish society](#). This is matched in the SOA with Orkney’s key principle to [promote equality](#). The SOA notes that equality issues in remote, rural and island communities can be different to those of urban areas, with access to services made harder by the need to negotiate ferries etc—a particularly significant factor for those with disabilities. One initiative highlighted in the SOA is the Orkney Library and Archive’s assistive technologies project. Funded by the Partnership through the Fairer Scotland Fund, the project will enable equal access to library, IT and learning facilities through the purchase of specialised equipment combined with staff training.

The SOA contains a large number of indicators, which are reported annually to demonstrate whether or not the Partnership is making progress. The main indicators relating to disability equality are:

Indicator (source in brackets)	Baseline	‘Progress’ targets	‘End’ targets & timescales
7.3 Public Access – percentage of public service buildings that are suitable and accessible to disabled people (Audit Scotland)	2005-06: 41.9% 2006-07: 48.1% 2007-08: 48.2%	increase by 2.5% per annum	2010-11: 55%
7.6 Number of people with support needs enabled to volunteer (Voluntary Action Orkney Annual Report)	2007-08: 26 2008-09: 30	2009/10: 35	2010-11: 40

Many of the other national outcomes, and associated targets, in the SOA are relevant to those with disabilities, for example national outcome 2: [We realise our full economic potential with more and better employment opportunities for our people](#), and national outcome 6: [We live longer, healthier lives](#). This demonstrates how integral equality issues are to other agendas, and how they are being successfully mainstreamed. Progress towards all the the targets in the SOA will be reported annually in September.



## Recent progress

Since publication of its first Disability Equality Scheme in 2007, the Council has taken a number of steps to embed disability equality into its regular plans and processes. Annual reports on the Scheme were issued in February 2008 and February 2009. In this section we bring progress up to date and note some initiatives which will have an ongoing impact through the period covered by the new Scheme.

### Equality impact assessment

Guidance materials for services in how to conduct an equality impact assessment (EqIA) on functions, plans and policies are available on the Council's Information Portal for staff, along with worked examples of EqIAs.

New procedures for committee reporting were introduced in December 2008 which made it a requirement that any reports relating to new or revised policy included a statement of equalities impacts, including disability equality, and a confirmation that an EqIA had been carried out on the policy concerned. Any draft reports submitted which do not carry this statement are sent back until it has been completed. This change has been very effective in mainstreaming EqIA as part of normal procedure.

### Documentation

Committee reports have been reformatted into a more accessible typeface (Arial 12), and their structure is now shorter, clearer and easier to follow for those with reading difficulties. Arial 12 has been adopted as the Council's standard typeface for all external documentation.

### Equalities Officer

With effect from 1 April 2009, the Council established a new post of Policy Officer (Equalities) with a dual brief: to work with Council services to develop and implement the Council's equality and diversity policies, practices and strategies, and to work with community planning partners to promote equality and elimination of discrimination throughout the wider community. It is intended that the new post will help bring all services up to best practice standards.

### Equality and Diversity Seminar

In March 2009, OEF organised an Equality and Diversity Seminar, which was attended by visiting speakers from the Equality and Human Rights Commission, the Black Leaders' Network and LGBT Youth, as well as a wide range of local agencies and organisations. Local speakers included Robert Wilson of Orkney Minds, who introduced the "See me..." campaign. The seminar programme included workshops led by the visiting speakers. The main themes to emerge from the day were:

- Meeting the challenges of remote rural communities
- More collaborative working
- Better information gathering
- Building local capacity and leadership
- Promoting fairness and personalisation

OEF is using the seminar output to inform further development work and action planning. For example, following the seminar, OEF representatives have been working with Suzi Vestri of the “See me...” campaign to prepare a number of organisations in Orkney to sign up to the “See me...” pledge. It is hoped to mount similar events at regular intervals with a different selection of visiting speakers.

### **Information gathering**

The Council’s Personnel Services division has prepared a survey questionnaire to be sent to all staff, requesting that they provide equality data, for inputting into the Council’s new personnel system. This will include a question on whether staff consider themselves to be disabled. Staff equality data will be used *solely* for statistical reporting purposes.

### **Accessibility**

The Council’s Housing service has regular meetings with Community Social Services to focus on housing for particular needs, such as wheelchair accessible housing allocations. In the past year it has expanded the agenda to include hospital discharge arrangements for those who require additional assistance to enable them to live at home. This will cover services like adaptation, the provision of specific types of housing and the new Telecare service.

Development and Environmental Services maintains a DDA programme of improvements, triggered by surveys carried out in accordance with the Disability Discrimination Act 2005. This already includes a number of the issues raised in consultation for the present Scheme (see section 4).

Highlights of 2009 included the opening of the new Youth Cafe in the centre of Kirkwall, with a fully accessible entrance and facilities.

### **Self-evaluation**

The Council has developed a self-evaluation model, How Good is our Council?, which is currently being piloted within Corporate Services. The pilot will be rolled out to all Council services by summer 2010. Output from the self-evaluation exercise will help services, and the Council as a whole, to become consistently self-aware, and to proactively identify strengths and areas for improvement.

One of the “key areas” for evaluation in the model is “Inclusion, equality and fairness”, which requires services to evaluate their performance under two themes:

- inclusion, equality and fairness in service delivery
- compliance with equalities legislation

This key area has been selected for inclusion in the pilot to ensure that all services have an early opportunity to consider it in depth.

## **Performance management**

The Council has adopted the Balanced Scorecard model to underpin its performance management system. All services maintain a balanced “basket” of performance indicators and regularly report on their performance to service committees. Scorecards contain both generic indicators (common to all services) and specific indicators of relevance to that particular service. The Council maintains a corporate scorecard, which includes the composite generic indicators. Many of the indicators in the system are also used for public performance reporting, the Single Outcome Agreement, and other purposes.

A suite of equalities indicators has been approved and is being developed for inclusion in scorecards as generic indicators, and will also form part of the Council’s annual Statutory Performance Indicator reporting. These include two of relevance to this Scheme:

- the percentage of service staff who consider themselves to have a disability
- the proportion of service staff who have attended equalities awareness training

## **Consultation and involvement**

### **Consultation event**

The principal vehicle for public involvement in this Scheme was a public consultation event organised jointly by NHS Orkney and the Council in September 2009. Facilitation was shared between officers from NHS Orkney and the Council and the manager of Advocacy Orkney, who also chairs Orkney Equality Forum.

A combination of group discussions and workshops was used to address the following questions:

1. What works well in Orkney?
2. Are NHS buildings and other public buildings easy to access?
3. How do we change people’s attitudes towards disabled people?
4. What do you most aspire to? And what is stopping you?
5. Is it easy for people to access information and services?

To enable the widest possible spectrum of disabled people to participate, we provided:

- Free door to door transport if required
- Free lunch and refreshments
- Reimbursement of taxi and bus fares

- Facilities for assistance dogs
- Helpers at the event and one-to-one support if required

25 members of the public attended the event, including people with disabilities, carers and those representing disabled people. Four written responses were also received. All participants were asked if they would like to become part of a continuing group which would meet from time to time to help prioritise actions arising from the consultation, and review progress, and a significant proportion expressed an interest in doing this. NHS Orkney and the Council will take this forward as a joint venture which will ensure the continuing involvement of disabled people in the Scheme, and the promotion of equalities in general.

The output from the event was collated into a comprehensive report, a summary of which is appended to this Scheme at Appendix D. The full report is being used to generate a joint action plan, in consultation with the continuing group. This will be incorporated into the action plan currently included in the Scheme.

### **Community Engagement Guidelines**

In March 2009, Orkney Community Planning Partnership approved a Community Consultation and Engagement Guide, which addresses the need to ensure the following outcomes:

- communities are placed at the heart of community planning
- there is a co-ordinated approach to community engagement across the
- partnership
- the methods of engagement are inclusive and appropriate for the purpose
- engagement activity follows best practice
- where possible, duplication and overlap are avoided

The Guide includes advice on consulting with hard-to-reach groups, including people with disabilities, based on research commissioned by the Partnership in 2008. All Council services, and partner agencies, are encouraged to use the use the Guide when planning consultation with service users or other stakeholder groups.

The Partnership has also prepared a Community Engagement Strategy which will be submitted to the Steering Group for approval in February 2010.

## **Outline action plan**

This plan captures the main priorities arising from the information gathering and consultation which has been conducted to date, including how much of this work remains to be done. It notes the main actions to be undertaken, who will do them, and when. Further detail of improvement actions will be provided in the joint and individual service plans which take the actions forward.

Actions have been categorised as of primary relevance to employees, service users, the wider community, and monitoring/reporting, but may have positive outcomes for more than one group. For example, signing the “See me...” pledge will be of benefit to Council employees and service users, as well as helping to promote understanding of mental health across the wider community.

### Improvements for employees

	<b>Action</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Monitoring/scrutiny</b>
1	Establish a framework for delivery of equality and diversity training	Director of Corporate Services	2010	Policy & Resources Committee
2	Provide equalities awareness training to all staff	Directors	2010-13	Service committees Monitoring and Audit Committee
3	Conduct staff survey to gather information on equality issues including disability	Director of Corporate Services	2010	Policy & Resources Committee
4	Develop suite of equalities indicators to include staff disability and equality awareness training	Director of Corporate Services	2010	Policy & Resources Committee
5	Monitor and report on suite of equalities indicators to include staff disability and equality awareness training	Directors	2010-13	Service committees

### Improvements for service users

	<b>Action</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Monitoring/scrutiny</b>
6	Establish and maintain continuing stakeholder involvement group for disability equality	Director of Corporate Services	2010-13	Policy & Resources Committee
7	Conduct equality impact assessment (including disability equality) of all new policy during the consultation phase of development	Directors	2010-13	Service committees

	<b>Action</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Monitoring/scrutiny</b>
8	Ensure that all existing policy has been equality impact assessed	Directors	2010-13	Service committees
9	Incorporate relevant actions arising from joint consultation into service improvement plans	Directors	2010	Service committees
10	Complete Phase 1 of <i>How Good is our Council?</i> self-evaluation to include key area 5.3 <i>Inclusion, equality and fairness</i>	Directors (project lead: Director of Corporate Services)	July 2010	Project Board of <i>How Good is our Council?</i> Monitoring & Audit Committee

### **Promotion of disability equality in the community**

	<b>Action</b>	<b>Responsibility</b>	<b>Timing</b>	<b>Monitoring/scrutiny</b>
11	Prepare Community Engagement Strategy for adoption by Orkney Community Planning Partnership	Director of Corporate Services	Feb 2010	Policy & Resources Committee
12	Arrange training for community planning partners in community engagement best practice, including hard-to-reach groups	Director of Corporate Services	2010	Policy & Resources Committee
13	Sign the "See me..." pledge to promote awareness of mental health	Chief Executive	April 2010	Policy & Resources Committee
14	Manage Orkney Equality Forum and support community planning initiatives relating to disability equality	Director of Corporate Services	2010-13	OCPD Steering Group Policy & Resources Committee

## Monitoring and reporting

	Action	Responsibility	Timing	Monitoring/scrutiny
15	Review progress against the DES and publish annual report	Assistant Chief Executive	27 Feb 2011 and annually thereafter	Policy and Resources Committee
15	Prepare and publish a new Single Equality Scheme (or similar) in response to new specific duties under the Single Equality Bill (pending)	Assistant Chief Executive	Dependent on new Bill	Policy and Resources Committee

## Appendices

Appendix A – What counts as a disability?

Appendix B – List of relevant Council plans and strategies

Appendix C – Current services for disabled people provided by the Council

Appendix D – Joint consultation report

### What counts as a disability?

The former Disability Rights Commission provided the following guidance on what counts as disability in the eyes of the law (extracted from their website on 22 August 2006).

The Disability Discrimination Act (DDA) protects disabled people. The Act sets out the circumstances in which a person is "disabled". It says you are disabled if you have:

- a mental or physical impairment
- this has an adverse effect on your ability to carry out normal day-to-day activities
- the adverse effect is substantial -the adverse effect is long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of your life).

There are some special provisions, for example:

- if your disability has badly affected your ability to carry out normal day-to-day activities, but doesn't any more, it will still be counted as having that effect if it is likely to do so again
- if you have a progressive condition such as HIV or multiple sclerosis or arthritis, and it will badly affect your ability to carry out normal day-to-day activities in the future, it will be treated as having a bad effect on you now
- past disabilities are covered.

### What are "normal day-to-day activities"?

At least one of these areas must be badly affected:

- mobility
- manual dexterity
- physical co-ordination
- continence
- ability to lift, carry or move everyday objects
- speech, hearing or eyesight
- memory or ability to concentrate, learn or understand
- understanding of the risk of physical danger.

It's really important to think about the effect of your disability without treatment. The Act says that any treatment or correction should not be taken into account, including medical treatment or the use of a prosthesis or other aid (for example, a hearing aid). The only things which are taken into account are glasses or contact lenses. The important thing is to work out exactly how your disability affects you. Remember to



concentrate on what you can't do, or find difficult, rather than what you can do. For example, if you have a hearing disability, being unable to hold a conversation with someone talking normally in a moderately noisy place would be a bad effect. Being unable to hold a conversation in a very noisy place such as a factory floor would not. If your disability affects your mobility, being unable to travel a short journey as a passenger in a vehicle would be a bad effect. So would only being able to walk slowly or with unsteady or jerky movements. But having difficulty walking without help for about 1.5 kilometres or a mile without having to stop would not.

### **What does not count as a disability?**

Certain conditions are not considered impairments under the DDA:

- lifestyle choices such as tattoos and non-medical piercings
- tendency to steal, set fires, and physical or sexual abuse of others
- exhibitionism and voyeurism
- hayfever, if it doesn't aggravate the effects of an existing condition
- addiction to or a dependency on alcohol, nicotine or any other substance, other than the substance being medically prescribed.

**List of Council plans and strategies that cover disability:**

Education Authority Disability Equality Scheme+  
Carers' Strategy including Young Carers  
Community Care Plan  
Community Social Services Service Plan  
Mental Health and Wellbeing Strategic Plan  
Extended Local Partnership Agreement  
Integrated Children's Services Plan  
Early Education and Childcare Plan  
Community Safety Strategy  
Criminal Justice Strategic Plan  
Drugs Alcohol Smoking Action Team Action Plan  
Local Youth Crime Action Plan  
Older People's Strategy  
Partnership in Practice Agreement  
Supporting People Strategy  
Workforce Planning Strategy  
Youth Strategy  
Housing Division Equalities Policy  
Housing Division Accessibility Policy  
Orkney 2020 – a community plan  
OIC Corporate Strategic Plan 2005-08  
Chief Executive's Department Service Improvement Plan 2005-08

## Council Services for Disabled people

### Community Social Services

The fundamental purpose of Community Social Services is to assess the needs of individuals, families and communities and to provide high quality social care services, within the framework of legislation, the Council's strategic objectives, and Service policy.

The Service aims to provide services which promote choice, independence, rights, dignity, respect and quality of life, whilst maintaining people in their own homes wherever possible.

Community Social Services is committed to providing high quality, inclusive services and is working towards the ideal of equal access to services for all. Current initiatives to work closer with, amongst others, the Health Service, Education, the Police, the Voluntary Sector, and vitally, service users and carers, are being taken forward and are aimed at services being provided more efficiently and effectively in the future.

### Community Care Services

- Assess the needs of older people, people with physical disabilities, people with mental health needs, and people with learning disabilities.
- Provide and commission, in partnership with NHS Orkney, and the voluntary and private sector, a range of services to meet identified needs including care homes, day care, short breaks, equipment and adaptations, occupational therapy, sensory impairment services, home care and housing support services, community care alarms and supported accommodation for people with a range of disabilities throughout Orkney. The services aim to help the person achieve their highest possible level of independence taking account of their particular strengths and assisting in areas where more help is needed.
- The Community Mental Health Team, based in Stromness, provides a wide range of services to enable service users to ensure their mental wellbeing including people with dementia. Outreach support is also provided through Orkney Blide Trust. There are four Mental Health Officers who provide specific specialist services. A home treatment programme provides assessment and treatment which can be made available twenty four hours a day, seven days a week for short periods of time to individuals over eighteen experiencing a mental health crisis.

### Children and Families Services

Community Social Services provides a range of services for children with disabilities

- Social workers for children affected by disabilities assess the needs of children, young people and their families who are affected by disability, whether their own or that of someone in their family. Members of the team work closely with colleagues from Education Services and NHS Orkney.

- Aurrida House offers a wide range of services to children and young people with disabilities. These include planned and emergency short breaks services, and social activities. Aurrida House also offers part week accommodation for children and young people who live on the Outer Isles enabling them to attend specialist educational provision.
- Share the Care, a family based short breaks service, and Family Focus, a home support service to children and families affected by disabilities are also managed from Aurrida House.

There is a high uptake of Direct Payments in Orkney which has enabled many people with a disability to develop packages of care to meet their needs in a way that suits them and has enabled them to purchase care services that are not available within current Council service provision.

## Housing Division

The Housing Division is committed to the provision of quality housing and an environment that promotes the welfare of all residents. The service is also committed to the promotion of communities that are popular and inclusive by creating an environment where people can live and work free from any form of discrimination or harassment.

The Housing Division equalities policy, therefore, is a working document that will be used to mainstream equality issues into all housing services. An essential part of this commitment involves meeting both legal and good practice requirements. In particular, it aims to meet Communities Scotland regulatory standard GS2.1 that states:

*“We embrace diversity, promote equal opportunities for all and eliminate unlawful discrimination in all areas of our work”*

(COSLA/Communities Scotland/ Scottish Federation of Housing Councils (2001), Performance Standards for social landlords and homelessness functions)

The Housing Division accessibility policy describes how it will ensure that housing services are accessible to service users. The word “service user” refers to tenants and other people who use the service, for example applicants for housing. And making services accessible simply means ensuring that housing services are tailored to the specific needs of individual people.

The document outlines the service commitment to ensuring that public documentation can be produced in a range of formats that are accessible to the needs of individual services users including other languages and formats such as large print, audio tape and Braille. It also covers appropriate use of language and accessible styles of writing and design.

The division monitors its services continuously to enable them to make reasonable adjustments to existing services, if required. This could include physical adaptations, as well as other methods of providing services, for example carrying out home visits.

Equality principles are integrated through all housing strategies and policies. Staff are fully trained in such issues and therefore the principles are central to the provision of our housing services. In addition, the structures are in place to ensure we can deliver information by a variety of methods including translation and interpretation services and written information in various different formats.

## NHS Orkney and Orkney Islands Council Disability Equality Scheme Consultation Report

This is a summary of the consultation feedback of most relevance to the Council, extracted from the full report.

### Question 1: What works well in Orkney?

Special Care Dentistry	Supported Volunteering
Peedie Sea Children's Centre	Blide Trust
Balfour Hospital	Independent Living Project
Health Centres	Community Psychiatric Nurses
Public Toilets (wheelchair access)	Dialysis
Dial a bus	Community of Orkney
Ferry services (free trips)	NHS Orkney
MS Therapy Centre	

### Question 2: Are NHS buildings and other public buildings easy to access?

Kirkwall Library	<ul style="list-style-type: none"><li>• Automatic doors open outwards and there is little space between open doors and the steps creating a risk of falling</li><li>• The security pillar in the middle of the doors is a barrier and the colour of it makes it difficult to see</li><li>• The lift is too small for many wheelchairs</li><li>• Toilet is too small for larger wheelchairs/ scooters</li></ul>
Swimming Pools	<ul style="list-style-type: none"><li>• Inadequate changing facilities</li><li>• Stromness – only allowed in shallow end</li></ul>
Papdale Primary School	<ul style="list-style-type: none"><li>• Steps at access/exit to the nursery are a barrier</li><li>• Security arrangements compromise access</li><li>• Key for the lift cannot be found</li></ul>
Roads, Pavements and Pedestrian Crossings	<ul style="list-style-type: none"><li>• Pedestrian crossings are sited too close to junctions /roundabouts</li><li>• Dropped kerbs are not suitable for everyone. Assistance dogs can be confused as they don't recognise them as a place to stop. Where dropped kerbs are used on narrow pavements there is a risk of people becoming unbalanced.</li><li>• Tactile paving creates an issue for wheelchair users in negotiating the bumps and can unbalance some people.</li><li>• Uneven surfaces</li></ul>
Public Transport	<ul style="list-style-type: none"><li>• Toilets on ferries are not accessible</li></ul>

- On certain routes people are confined to their vehicle
  - Wheelchairs users cannot access buses
  - Bus drivers do not automatically lower the bus to assist access
- Public Buildings in general
- No changing tables in toilets for adults and older children
  - Toilets too small
  - Corridors too narrow
  - Not all buildings have lifts so access to all parts of a building is restricted
  - Pathways with unsuitable surfaces i.e. gravel
  - Access not available via main entrance but 'round the back'
- Town Hall, Kirkwall
- Only the café and foyer are accessible
  - Inner corridor is too narrow
  - Toilets are not accessible for people using electric chairs
- Registrars Office
- Doors and corridors too narrow
- Automatic Doors
- that do not open in high winds
  - that do not work
  - unable to attract staff's attention when waiting outside
  - repair times for faulty doors
  - Waste bags being placed in between both sets of doors preventing access to door switch and stopping the doors from being opened
  - 2 people required to operate both sets of doors at the main entrance
- General Access
- No highlighted edges on steps/stairs
  - Floor coverings not distinct enough so it is hard to identify steps
  - Lack of handrails
  - Handrail colour not distinct and often blend into wall coverings
  - Lack of ramps
- Lifts
- Used to store equipment or waste
- Roads/Footpaths
- Blocked Footpaths caused by road work signage, Wheelie bins, recycling containers, vehicles parking on the footpath
  - Barriers to stop vehicular access set too close together so unable to negotiate
  - Litter/Dog fouling – can damage wheelchair tyres and carry mess into house
  - Pedestrian Crossings - No crossing to access Supermarkets in Kirkwall – Lidl/Tesco/Co-op
  - Slippery surfaces e.g. The Strynd, Kirkwall

- Broken paving slabs in Broad Street/Victoria Street
  - Uneven surfaces on footpaths
  - 2 way traffic in narrow streets
  - Times for disabled access to streets is not enforced enough
  - Ensure enforcement of Access Only to stop through traffic
- Local Events
- Limited access
  - Limited parking passes
  - Insufficient allocation of parking spaces
  - No access if you turn up on the day i.e. no pass equals no parking
  - Held on grass with no attempt to reduce the impact on accessibility
- Traffic Awareness
- Electric wheelchairs/scooters
- Other road users show lack of consideration
  - Users of electric wheelchairs/scooters lack awareness of the rules of the road
  - Users can travel too fast presenting a risk to pedestrians
  - Wheelchairs/scooters not fitted with proper lights or they are not used when fitted
- Car Parks
- Insufficient space in some car parks to allow for a wheelchair to be removed from a vehicle either by use of ramps or hoist
- Harbours
- Could they provide safe walking areas/routes?
  - Could they provide rest areas as many benches have been removed to reduce anti-social behaviour?
- Toilets
- RADAR keys prevent access to toilets for visitors/tourists
  - Disabled toilets are often used for storage
  - Disabled toilets are abused by others – including damage or items being moved obstructing access
  - Toilet signs have been provided in Braille but then have been laminated over
- Tourist Sites
- Boardwalks are too narrow to allow someone or an assistance dog to walk alongside
  - Grass mats are difficult to travel on in a wheelchair



New local buildings/  
renovated buildings

- Should have a higher standard of access rather than the lowest [statutory] level that they are using presently
- Builders/planners comply with the legislation but should not stick to the minimum requirements
- Consult more at the planning stage and be flexible
- In the construction of some new buildings access for the disabled has not been given adequate thought
- Before planning any future building work ask the disabled users what is required for disabled access into and throughout buildings for ALL sizes of wheelchairs and scooters

Ramps

- Need to be wider
- Provide level rest stops if it is a long ramp
- Provide a level at the entrance for turning/manoeuvring away from opening doors

Access

- Most users of small wheeled transport use the larger electric chairs and scooters due to the nature of the environment and the state of the roads and pavements so architects and planners need to bear this in mind for future plans.

### **Question 3: How do we change people's attitudes towards disabled people?**

The vast majority of feedback on this subject was in favour of improving contact and integration between disabled and non-disabled people in the community with an emphasis on raising awareness and education.

Communication

- 'Does he take sugar?' speaking to the carer/supporter rather than the person themselves
- Ask the person not the carer
- Wheelchair users 'invisible' – staff talk to supporter/helper
- Collective use of 'The disabled/elderly'
- Labelling people
- Avoid disabling by making things too complicated

Awareness

- There needs to be more interaction between disabled and non-disabled
- Some children are more aware but adults need educating
- Have to 'fight' to get children to be included
- Have disabled people show managers/staff what they can do as opposed to what they can't
- See through the prejudice – see the person
- Different attitudes to different types of disability
- Awareness of only visible disabilities
- Society is influenced by the media
- Awareness cards – Autism so that people know what to

- Social attitudes in Orkney [recorded as a negative]
  - Individual support is fantastic but not the same in the wider community
  - Pride stops people asking for help
  - Someone has been sent home 3 times from Aberdeen without their wheelchair
- Access
- Common sense approach to Health & Safety and interpretation of National legislation
- Employment/  
Education
- Managers/staff to experience what it is like to be disabled
  - Awareness raising in schools
  - People in top jobs should promote positive discrimination
  - Employ more disabled/older folk
  - Lack of funding to take classes out to the isles
  - Public transport (boats and buses, including Dial-a-bus) do not run a full service on evenings and at weekends so unable to attend courses
  - Those with ADHD/learning disabilities are excluded from courses
  - Pupils with learning disabilities are not getting enough support in schools. More could be done to give pupils/staff a greater understanding of disability issues
  - Mental health is not given enough consideration by the DLA application form

### **Comments re possible solutions**

- Disability awareness training and education
- Disabled is a negative word
- Why use labels? If something is easier for one group it can benefit all e.g. disabled toilets can be used by a mother with a buggy etc
- Awareness sessions in schools/go into schools and talk to young people to help change attitudes
- Make use of children in classes who can sign so deaf children can stay in mainstream school and interact with others
- Education/awareness raising of 'invisible' disabilities
- Disability groups to hold 'open evenings' to dispel misconceptions about disability
- Promotion of social events
- Use the media to promote positive stories/images
- There should be better support for their extra needs
- Value the person for what they can offer
- Distance learning because it is not 9-5

#### Question 4: What do you most aspire to? And what is stopping you?

- |  |   |
|--|---|
| Giving back -volunteering  | <ul style="list-style-type: none"><li>• Volunteers are undervalued! OIC have stopped using volunteer support</li></ul>  |
| Move from caring to enabling, but still live in a caring society | <ul style="list-style-type: none"><li>• Concentrate on person centred and move on from social care model, but need to have an understanding of it</li><li>• Communication between NHSO and CSS could be better. Not showing enough evidence of person centred care.</li><li>• Communication between care teams needs to be better.</li></ul>  |
| Getting back into work   | <ul style="list-style-type: none"><li>• I would like to get a job</li><li>• Your skills are written off if you become ill</li></ul>   |
| Use of resources that are here: people/groups/ equipment         | <ul style="list-style-type: none"><li>• NHSO and OIC to share equipment</li><li>• A venue with facilities and equipment for integrated therapies</li><li>• Share the skills within a group that come together</li><li>• Imaginative use of accessible vehicles</li><li>• No evening access to Dial-a-bus</li><li>• Public toilets are closed on evenings</li><li>• Learning disabilities are not automatically given access to the same services e.g. well man/well woman screenings</li><li>• More support groups would be helpful – some common conditions do not have support groups e.g. epilepsy</li></ul> |
| More scope outwith Orkney  | <ul style="list-style-type: none"><li>• Not the level of expertise here</li><li>• Should be told what realistically is available here</li><li>• Public authorities need to be realistic and open about what they can offer</li><li>• Training resources are widely available within the community in Orkney – local knowledge could be shared at very little cost e.g. using the Blide Trust, Enable etc</li></ul>  |
| Other points   | <ul style="list-style-type: none"><li>• Lack of money and confidence is stopping me</li><li>• A wheelchair user would like to 'ride' through Kirkwall safely</li><li>• I would like to become a pilot and do more sky diving</li></ul>  |

## Question 5: Is it easy for people to access information and services?

Access to information	<ul style="list-style-type: none"><li>• Information person in NHS, OIC and Advocacy that would be one place to get information from</li><li>• Can a leaflet be created – who provides which services?</li><li>• Orkney Disability Forum has a good access booklet</li><li>• Websites – not everyone can use computers</li><li>• [Use] Clear English</li><li>• Easy read information</li><li>• Easy access to computers</li></ul>
The written word	<ul style="list-style-type: none"><li>• Ariel is the preferred font for easy reading [12 or 14 point]</li><li>• Don't keep using photocopies of standard letters – difficult to read</li><li>• People with dyslexia may benefit from having correspondence on coloured paper – ask!</li><li>• Printed leaflets are not readily [available] in preferred formats</li><li>• Information leaflets need to be constantly reviewed and updated</li></ul>
Hearing loop systems	<ul style="list-style-type: none"><li>• Are they on?</li><li>• Do staff know how to use them?</li></ul>
Hydrotherapy Pool	<ul style="list-style-type: none"><li>• Adults cannot access the pool as it is in a school building</li><li>• People assisting disabled people to use the pool are told they can only do so if they have lifesaving training – lifeguards should be on duty provided by the local authority or NHSO</li><li>• No flexibility with regard to appointments – if the child is unwell and can't attend they lose out until their next [scheduled] appointment</li></ul>
Swimming Pools	<ul style="list-style-type: none"><li>• Blanket rules are applied without considering individual needs or abilities, particularly when dealing with people with learning disabilities</li></ul>
Data/Information sharing	<ul style="list-style-type: none"><li>• Data protection can make sharing information difficult</li><li>• Could the patient sign a disclaimer to allow information to be shared between clinicians and care services to allow informed judgements on care and treatment to be made? This would save the patient having to go over the same things several times.</li></ul>