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# **Brighton and Hove City Council**

## **Developing an Accessible City Strategy**

### **Considerations and principles**

#### **Aim:**

This document sets out the key considerations and underpinning principles to be adopted when developing Brighton and Hove City Council's (BHCC) Accessible City Strategy and underpinning action plans.

NB: For ease of reference the term disabled person or person with access requirement is used throughout the document as a generic term and in doing so the authors recognise the different views and attitudes of stakeholders towards the use of terminology in this area.

#### **1 Introduction**

BHCC strongly believe the City should be accessible for all of its residents and visitors irrespective of their access requirements. To do this it recognises the need to establish a strategy and underpinning action plans which will act as the driving force to achieve this desire. Such a strategy will not only provide a focus for its own contribution but also enable it to take a civic lead by harnessing its influence and networks. This document discusses the key issues that the Council and its various Directorates need to consider in developing such a strategy and ensure its effectiveness.

In developing this strategy it is important to recognise the positive and widespread existing work of the Council and its contribution to accessibility within the city. The strategy must incorporate and learn from such work whilst taking the opportunity to review its current approaches and identify gaps and initiate new work.

There are a wide range of service specific legal obligations placed on the Council in the way it delivers services to the city's residents and visitors and which, clearly, must be taken into account when considering an accessible city. Additionally, there are broader legal obligations under the Equality Act 2010 and the associated Public Sector Equality Duty. This legal framework provides a baseline on which to build a

strategy but the overall approach should be based on best practice rather than on compliance; this document will explore what this might look like in practice.

## **2 What is an Accessible City?**

An accessible city is one where people who have access requirements have, as far as is practicable, independent and barrier free access to Council services, the city's public spaces and areas, facilities, transport, retail, leisure infrastructure, learning opportunities and so on. However, the Council needs to bear in mind that it is not possible to have a fully accessible city simply because of the limiting relationship between the effect of someone's impairment, their confidence and competence in dealing with it, its effect and the barriers encountered. Nevertheless, by adopting a best practice and inclusive design approach in all of its work, and using its influence to take a civic lead, it will be possible to make a marked improvement in the ability of those with access requirements to access the City's facilities and services. It will also facilitate the Council's ability to plan long term, make decisions within a best practice framework and ensure consistency of approach – within resources and legal constraints.

BHCC is taking part in the Inclusive Cities Programme. This is a knowledge exchange initiative supporting UK cities and their local partners to achieve a step-change in their approach towards the inclusion of newcomers. This will support the Council in becoming an accessible city for everyone, whether a newcomer or a long-standing community member.

### **Accessible for Who?**

In summary the strategy is designed to provide equal access to anyone who might have a specific access requirement and seek to ensure, as far as is practicable, equal access to all those who live, work and visit the city irrespective of those requirements. This will involve the adoption of a best practice approach and needs to be based on inclusive design principles – see Section 4. It must address the underlying causes of barriers experienced by individuals who might have access requirements and seeks to establish a process by which such barriers are identified and removed from existing services, facilities and so on and 'designed out' of new areas of work. Where this is not practical it needs to establish alternative approaches to ensuring access is as equal as possible to others who don't have access requirements.

The strategy needs to determine what outcomes are intended and what successful achievement of those outputs looks like. This is likely to include improvement in all areas of City life and include areas such as:

- social and economic engagement;
- access to health, well-being and social care;
- independent living;
- barrier free built environment;
- safe and accessible public spaces and facilities;
- housing and its suitability for people's access needs;

- access to work opportunities, training and education;
- accessible public services and facilities; and
- access to involvement in decision-making and participation in all aspects of city life

### **3 Developing the strategy**

#### **Structure and content**

Developing an accessible city is a long-term project which will require prioritised objectives which are rooted in the real world. This is not to say that the strategy and action plans should not set challenging targets. The strategy and action plan will need to establish both short and long-term objectives and underpinning activities. Consequently it cannot be a one-off exercise and will need to be a living document used to drive action and monitor performance over time. This means it will need to be monitored, revised and updated regularly and be kept at the centre of the Council's work, as ensuring inclusion by design is a business-as-usual process and involves all business areas. The Council's involvement in the Inclusive Cities Programme will support the development of this approach.

The strategy will consist of two key components:

- An overarching statement of intent supported by ambitious aims outlining the Council's general approach to developing an accessible city over time (see Appendix 1); and
- Underpinning action plans from each Directorate setting out the activities and projects from across the Council which will, over time, achieve the aims.

In doing this it will need to consider a number of key themes:

- The built environment and public spaces
- Public facilities
- Council services
- Health, wellbeing and social care
- Transport and related infrastructure
- Information and communication, including new ICT projects
- Education and lifelong learning
- Leisure services and activities

Additionally, two aspects will need to be considered in each of these themes: those areas for which the Council has direct or indirect control as well as those areas where it can use its influence as the civic lead, e.g., other public sector bodies' approach to inclusive design, highlighting the need for staff training in the retail and hospitality sectors and so on.

#### **Roles and responsibilities**

The process of developing the strategy is set out in Document B and Head of Communities, Equality and Third Sector will be the Council lead for this work and in summary responsible for:

- initialising project and associated planning;
- development and publication;
- internal and external co-ordination;
- monitoring and 'chasing' actions;
- facilitation of involvement, engagement and consultation;
- briefing and co-ordination to facilitate role of civic lead;
- monitoring and reporting on progress.

A Task and Finish Group will be commissioned to ensure these actions are completed.

Each Directorate will need to:

- contribute to the drafting of the overarching strategy;
- map and review its current contribution against the overarching aims and the themes;
- identify any gaps within its area of control and plan to address them;
- identify opportunities to take a civic lead and use its influence to drive change;
- establish an action plan against which progress can be monitored and assessed.

### **Intersectionality with wider BHCC strategies and initiatives**

The strategy must take account of wider Council policies, strategies, initiatives and proactively interlink with them in order to ensure a joined-up approach and avoid inconsistencies and duplication of effort.

There are a number of key strategies and policies which need to be reflected on and referenced, including:

- Council Plan
- Equality and Inclusion Policy Statement and Strategy
- Fair and Inclusive Action Plan
- Special Educational Needs and Disability Strategy
- Customer Experience Strategy
- Health and Wellbeing Strategy
- Alzheimer Friendly Community

The **Council Plan** makes commitments to achieve a number of outcomes including creating:

- a fairer city with a sustainable future
- a city working for all

- a stronger city
- a city to call home
- a healthy and caring city

Within the commitment to a stronger city, the Council has committed to improving access to disabled people to all parts of the city and to services for people with physical, sensory and learning disabilities. It further commits to supporting disabled people into work, to tackle discrimination and disability hate crime, as well as improving access to learning and leisure activities.

Within the commitment to a healthy and caring city, it commits to increasing healthy life expectancy and to reduce health inequalities. Part of this commitment is to support people to live independently and to work to increase understanding and reduce prejudice and discrimination related to disability and mental health problems.

In ensuring the Council provides health and care services that meets the needs of all, there is a recognition of the need to work with disabled people to ensure services are accessible and meet their needs.

The council's existing **Equality and Inclusion Policy Statement and Strategy** vision is to ensure Brighton & Hove is a vibrant city that is culturally, economically and socially diverse. It will take a leading role in seeking Council's increase equality, inclusion and fairness in the city and ensure that no one is left behind.

The Fair and Inclusive Action Plan makes a commitment to communities which includes:

- Services across the council understand and respond effectively to communities they work with and the changing demographic of the city;
- The Council has a reputation as a leader for equality and inclusion and community cohesion in the city, engaging in a joined-up way with cultural events across the city;
- Council staff are aware of and engaging with volunteering opportunities available to enable them to work with different communities across the city; and
- The council has a reputation in Schools, Colleges and HE as a leader for equality and inclusion and an employer of choice in the city for young people.

The **Special Educational Needs and Disability Strategy** aims to enhance the outcomes and life chances of children and young people with SEND and adults with Learning Disabilities (LD) across the city. The Local Authority (LA) and the NHS Clinical Commissioning Group (CCG) are the leads for the strategy. The strategy sets out the six co-produced key priorities.

The **Customer Experience Strategy** aims to embed a consistently good standard of service delivery with resilience and efficiency in a fair and inclusive way. This requires a strong **Customer Focus**, by putting the customer at the heart of everything the Council does.

Key to creating accessible outcomes will be to work with customers to identify what excellent service looks like to them – which must take account of the potentially different access requirements of disabled people.

The **Health and Wellbeing Strategy** sets out the Council's vision for improving the health and wellbeing of local people and reducing health inequalities. The vision is for everyone in Brighton & Hove to have the best opportunity to live a healthy, happy and fulfilling life.

### **Alzheimer Friendly Community**

When it comes to developing the individual Directorate action plans care will also need to be taken to link them into the overarching strategies. BHCC's ambition is for Brighton & Hove to be an age and dementia friendly city. Somewhere that's a great place for everyone to grow older and where those living with dementia and their carers are an active part of their city.

### **Consultation with stakeholders**

When considering its own role, the Council must engage with others to ensure their expertise and insights are taken into account. Such stakeholders will need to include disabled people's organisations (DPOs) as well as provide opportunities for disabled people to contribute as individuals. Also it will be necessary to include, for example, others who have a role in delivering broader city services such as transport, leisure, the retail sector and so on and other public sector bodies.

To be an accessible city, the lived experience of disabled people needs to be understood and they need to be central in developing a strategy to meet their needs; assumptions should not be made about any aspect of need or barriers and Council activities need to be evidence-based with full input from those who understand the issues from a personal viewpoint.

This means such stakeholders should be consulted in a meaningful way with regard to the overarching aims of the strategy as well as any associated activities and projects including the action plan.

To do this there needs to be a process which ensures such engagement and to facilitate this a Disability Panel will be established with agreed terms of reference to support a strategic approach. Please also refer to Document B and the Consultation and Engagement Plan to ensure this is undertaken effectively and at the right time.

## **4 Considering Disability: Underpinning issues and principles**

There are a number of underpinning issues and principles relating to disability which need to be adopted when developing an Accessible City Strategy. This section explores those issues and makes recommendations about their use.

### **Best practice and disability**

The understanding, attitudes and language towards access and disability can be subjective, vary widely and be open to differing interpretation. Therefore, the first requirement to achieving best practice is to establish a common approach and understanding of the key issues.

It is not uncommon for organisations to ask themselves questions like, “what do blind people need in order to travel independently” or “what should we do for those residents with learning disabilities to help them find work?” or “how do we make sure deaf people can access our call centre?” While the intention is understandable, these questions assume that people with the same disability face the same challenges and barriers. However, focusing on the impairment in this way can lead to assumptions about the implications of that condition, and lays the ground for generalisation and stereotyping with delivery features or adjustments which don’t work as well as they may or not at all. The final challenge to this approach is where does the list of disabilities to be considered in this way stop?

Nevertheless, it is useful to have a shared understanding of the broad range of functions which, when not working effectively for an individual, might lead to an access requirement when living, working and visiting the city. Such functions can be summarised as:

- physical, e.g. manual dexterity and mobility limitations;
- mental health, e.g., severe depression or anxiety;
- sensory, e.g. sight, hearing;
- learning disabilities, e.g. Asperger’s and Downs syndrome, cerebral palsy (Mencap);
- learning difficulties and neuro-difference, e.g. dyslexia, dyspraxia, ADHD (Mencap);

Impairments and any barriers people might face affect different people in different ways and on a scale which ranges from mild to severe and often not consistently. In reality the effect of an impairment on an individual is a dynamic balance between the confidence and competence of the individual, the effect of their impairment and the barriers experienced in any given context of whatever they are doing.

A best practice approach does not think about the nature of a disability but rather its effects. For example, some disabilities such as Dyslexia or a visual impairment or learning difficulty, may make signage hard to understand for some people. The designers’ challenge is not to try to counter the effects of each disability but to minimise the understanding barrier for everyone by creating well-positioned signs in plain language in a clear, high contrast typeface supported by good graphics.

This means that attempting to design a fully accessible city from the perspective of specific conditions is not possible and cannot be considered best practice.

## **Best practice versus compliance**

Relying on the definition of disability under the Equality Act 2010 to consider the nature of disability and what needs to be taken into account will also prove challenging. The legal definition of disability is complex and based on a range of apparently subjective tests and not on a list of conditions (there are only 5 conditions specifically covered by the Act.) Clearly eligibility for some services is based around the legal definition or other impact-based assessments and these specific 'rules' allow no or little flexibility. Where this is not the case though, a best practice approach should not rely on trying to comply with the Equality Act and by applying the definition of disability to identify eligibility, but rather assess and consider the effect of the impairment and address the barriers which might be identified.

As discussed above the effect of an individual's disability is a dynamic balance and is hugely variable. This means it is simply not possible to design all facilities, the built environment, systems or Council services and so on to be barrier free to all. Indeed one person's access solution might well be another's barrier. This means that there needs to be two linked elements to considering how to deliver maximum accessibility:

- design as much of the city's infrastructure, facilities, Council services and so on to be as barrier free as practicable as a matter of course (inclusive design); and
- be able to make further adjustments for individuals where barriers still remain.

This is also referred to as the Social Model approach.

## **The models for managing disability**

To implement a best practice approach an organisation also needs to adopt a methodology and understanding of disability and its implications which allows inclusion to be 'business as usual' and not a 'bolt-on'. Current thinking is that this can only be achieved by using the concepts established in the social model. To understand the social model it is useful to consider earlier models which have not delivered Inclusion and access to services and social engagement.

## **Charity and medical models**

Traditionally the way society and organisations managed disability issues was based around the 'charity' and 'medical' models.

The charity model, while no longer used in terms of policy and management, still plays a strong part in some people's attitudes towards disabled people, which then impacts on their understanding, behaviour and assessment of access requirements



of this group. At its core is the perception that disabled people need sympathy, looking after, protecting, and that there is little expectation that they will lead an independent and 'normal' life.

As its title implies, the medical model concentrates on disease and impairments and puts what is wrong with someone at the heart of how to address the issue; 'fixing or mitigating the problem' the individual might experience. This might be useful when dealing with health issues and, indeed, the approach is a basic driver for some Council services. However, it is less helpful when thinking about how a disabled person might access city transport or Council services, navigate the built environment and so on.

The limitation of the medical model is that it concentrates thinking on the conditions and its symptoms, or more likely its stereotypical symptoms, and not any barriers which might be 'designed out'. Based on these views, judgements are made about what individuals can and can't do, what barriers might exist, types of adjustments that might be appropriate and so on. It also makes it harder for an organisation to deal with disability as a mainstream issue, as it is centred on the individual impairment and not on how to identify and address the barriers an individual experiences. Given the range and the variability of the effects of impairments on individuals, this approach cannot deliver a universal solution.

### **The social model**

The social model says it is society or an organisation which creates 'disability' by limiting access to services, products, employment and use of infra structure by the way they go about what they do. If society and organisations worked differently and developed an inclusive approach across the board, a person's impairment would not be an issue. A good example of the social model in action relates to modern buildings. They are required to be accessible and step-free to everyone. This means, if there are no steps into reception, then making a one-off adjustment is not required such as providing a temporary ramp or a separate entrance for people requiring step-free access. Everyone accesses the building in the same way. Access is mainstreamed and no one really thinks about this anymore, as it is just the way things are. In other words, the social model seeks to deal proactively with the root cause of the barriers and not their symptoms.

### **Intersectionality with other protected characteristics**

It is important to recognise that for disabled people, their disability or long-term health condition is not their only characteristic. There will also be a range of other factors affecting their life, which can create a unique set of circumstances that interrelate with each other.

For example, we know that race and disability can interact to create a further set of challenges in terms of accessibility. Disability is viewed in a variety of different ways through a cultural or racial lens which can make it more difficult for disabled people from these communities to access services. How disability is viewed by different communities can make it more challenging for people within these communities to engage with the reality of their disability or long-term health condition and therefore make accessing the support they may need more challenging.

We know that disabled people as a group are more likely to be in the lower quartile of average earnings, meaning that poverty and social deprivation may impact their lives. This means that there will be a direct relationship between addressing issues relating to the economically disadvantaged group but which can be made more challenging by access requirements to any initiatives aimed at dealing with those issues.

There is also the question of connectedness between the work of the Council when considering intersectionality. For example, if a positive action employment scheme was being developed for a specific protected characteristic the approach and procedures should also ensure their accessibility and not assume the target group should be considered as a stand-alone issue. This principle equally applies to the provision of all Council services.

### **Inclusion as business-as-usual**

Any Accessible City Strategy needs to be based on the social model. It's an approach that says... 'everything the Council does (directly or indirectly) will seek to ensure inclusion as a matter of course and facilitate independence irrespective of any access requirements'.

The subsequent challenge then is to ensure inclusive design principles are implemented consistently across all of its work alongside using a similar approach within its sphere of influence.

The final strand of a best practice approach uses the impact of someone's impairment when considering barriers and adjustments and not the cause. For example, if someone needs to use a mobility aid which might prove problematic with stairs, then that is the issue which needs addressing, not what causes that individual to need to use the mobility aid in the first place. Considering the cause is not helpful in identifying and finding a solution to the barrier; any strategy needs to 'think effect, not cause'.

### **Barriers to inclusion**

To be able to implement the social model, it is important to understand what creates barriers which need to be identified and addressed in the first place.

Barriers exist as a result of the following factors:

- institutional: the culture and approach to equality and discrimination within an organisation and its willingness to be inclusive;
- practical and systemic: the procedures and systems in use within the organisation, e.g., requiring photo ID, using a self-service restaurant;
- physical: the built environment, e.g., building's design, lighting levels and accessible washrooms;
- attitudinal: attitudes and consequential behaviours of Council staff, designers, etc.

Consequently, to develop a social model approach based on best practice, BHCC will need to use a process of barrier analysis on its existing approaches, policies, engagement protocols and so on in all aspects of the Council's work which might impact on disabled people within the city. It also needs to develop a consistent and comprehensive inclusive design approach with input from subject matter experts. Clearly this is a large undertaking and needs to be prioritised.

At the same time it will need to use its influence to support others to adopt a similar approach.

## **The Local, Regional and National Context**

### **Local / regional context**

We know that Brighton and Hove is experiencing rising population levels, which will impact upon the delivery of services. We also know that the overall cost of living is growing quickly within the city area.

Our current customer intelligence shows that:

- 1 in 20 residents say their day-to-day activities are "limited a lot" due to a long-term health condition or being disabled.
- the group classed as the "oldest old" group is growing
- mental ill health has been recognised as a significant issue for people within the city
- changes to the welfare and benefits system are having a disproportionate impact on people with a disability or long-term health condition
- there is a growing migrant community across the region which bring an extra dimension to accessibility
- there are specific issues in the city linked to geography and heritage buildings which lack accessibility.

These are all issues which need to be addressed as part of the Accessible City Strategy.

### **Government Disability Strategy**

In July 2021, the Government launched its National Disability Strategy, which will need to inform BHCCs approach to an Accessible City Strategy.

The Government's vision is to transform the everyday lives of disabled people. This includes a commitment to level up opportunity at every stage of disabled people's lives, as well as in all areas of disabled people's lives.

The strategy identifies 5 areas which will guide the Government's approach to disability, which are:

- ensure fairness and equality – empowering disabled people by promoting fairness and equality in opportunities, outcomes, experiences, including work;
- consider disability from the start – embedding inclusive and accessible approaches and services to avoid creating disabling experiences from the outset;
- support independent living – actively encourage initiatives that support all disabled people to have choice and control in life;
- increase participation – enabling greater inclusion of a diverse disabled population in the development and delivery of services, products and policies; and
- deliver joined-up responses – working across organisational boundaries and improve data and evidence to better understand and respond to complex issues that affect disabled people.

## Appendix 1

# **Brighton and Hove City Council Creating an accessible City Draft content of overarching strategy**

- 1 Purpose of the strategy
- 2 Foreword
- 3 Introduction and background
- 4 Our vision and aims
- 5 How we developed the strategy
- 6 Who was involved and how we engaged, involved and consulted with disabled people and their organisations.
- 7 The role of the Disability Panel
- 8 The underpinning principles:
  - what we mean by disability
  - the social model of disability
  - inclusive design
- 9 Delivering the strategy: The Action plans
- 10 Monitoring and evaluating

## Appendix 2

In considering contributions to the strategy and action plans do they:

- use a common understanding and approach to disability based on best practice and the social model (NB unless this is constrained by other legislative approaches, i.e., eligibility for specific services);
- develop and use the social model principles in all of its public-facing interactions and services;
- ensure that disabled people and their organisations are fully involved;
- ensure all new procedures, activities, policies etc. are developed against the social model and inclusive design principles;
- over time review all existing arrangements and services with input from critical friends who are subject matter experts;
- ensure in-house management protocols are in place to ensure the principles are 'business as usual';
- support staff to facilitate their use of these principles;
- use the Council's broader role in the city to influence others to adopt an inclusive design approach and mirror it.