ImogenBlood
& Associates

New Health Deal for Trafford: public consultation

Equality Analysis

Prepared by Imogen Blood

For NHS Greater Manchester

Friday 7th December 2012

A new health DEAL for Trafford

Contents

Introduction

Scope, status and purpose

This Equality Analysis (EA) has been undertaken by Imogen Blood & Associates and was commissioned by NHS Greater Manchester. It focuses on the *process* of the consultation and builds on, but is separate from, the pre-consultation EA which focused on the likely impact of the *content* of the proposals on 'protected characteristic' groups in Trafford. In other words, this assessment is concerned with whether everyone can participate in the public consultation.

> The '**protected characteristics**' (in relation to the Public Sector Equality Duty) are:
>
> - age;
> - disability;
> - gender reassignment;
> - pregnancy and maternity;
> - race;
> - religion or belief;
> - sex;
> - sexual orientation.

Whilst there is no longer a specific duty to produce a document called an 'Equality Impact Assessment', the Equality Act 2010 places a responsibility on public bodies to demonstrate how they have engaged with different protected characteristic groups, especially when making a substantial decision such as this. The guidance on the S242 consultation duty contained within the Local Government and Public Involvement in Health Act 2007 also requires NHS bodies to be: "clear, accessible and transparent, open, inclusive, responsive, sustainable, proactive and focused on improvement" in their involvement activities. They must seek to involve 'hard to reach' groups as appropriate and document the methods used. We understand that the Public Reference Group's report tackles the broader legal requirements and principles, but expect that this EA will also contribute towards this.

> "Local people who are enabled to play a full part in making decisions about their local services feel more involved in those services" (Stonewall 2011, p.4)

In conducting an EA, NHS Greater Manchester recognises that discrimination and disadvantage can emerge from how organisations operate, and seeks to identify changes and assess whether they lead to improvements. Institutional discrimination can occur where processes such as this public consultation are set up without recognition of the barriers which disadvantaged groups may experience and assumptions are made that they will be equally accessible to all. A systematic equality assessment is an evidence-based approach which identifies potential barriers and looks for any patterns of difference between groups, such as different response rates.

> "Public authorities should ensure that their engagement methods take into account the needs of people with all the different protected characteristics, and enable them to participate fully." *Equality & Human Rights Commission (2011) p.12*

Aims

This EA aims to:

- Compile evidence of the steps that have been taken to ensure that the process is accessible to members of protected characteristic groups and to proactively capture diverse views;
- Assess the success of these in terms of people's access to, experience of and outcomes from the consultation process;
- Highlight any organisational learning regarding engagement and, where appropriate, make recommendations for next steps.

Methods

We have undertaken the following steps to inform this assessment:

- Reviewed relevant documents from the Trust, e.g. Pre-consultation EA, Communication & Engagement Strategy, Pre-consultation Engagement Report; Consultation documents, procedures, forms, flyers and web site; etc
- Attended two meetings with the Engagement and Communications Team;
- Observed two public meetings (Davyhulme, daytime; Partington, evening);
- Observed two group discussions facilitated by the Engagement Worker (one at Centre for Independent Living (Learning Disability) and one at Blue Sci (Mental Health));
- Attended a meeting of the Public Reference Group to gather their views for the EA;
- Phone discussions with SHA and Youth Cabinet; E-mail exchange with Campaign group;
- Review and secondary analysis of demographic breakdowns of responders;
- Internet-based search and review to gather supporting evidence

Structure of this report

This report consists of:

- An introductory section containing information about the scope, status, purpose and aims of the EA and the methods used to inform it;
- An executive summary which gives an overview of the approaches taken in the consultation and draws the headlines on the diversity of respondents from the main body of the report;
- A section on each of the following protected characteristics (each chapter presents evidence on the potential barriers and issues; steps taken by the Trust and evidence of their success):
    - Race, ethnicity & religion
    - Disability (including learning disability and mental health);
    - Age (including younger people and older people);
    - Sexual orientation;
    - Sex and gender (covering: sex, gender reassignment, pregnancy & maternity; marriage & civil partnership);
    - Socio-economic inequalities – although not required in law, Imogen Blood & Associates and NHS Greater Manchester agree that this is a significant and cross-cutting theme and have included it as good practice
- Conclusions
- References
- Appendix (giving more details of focus and facilitated groups, organisational responses, etc)

Executive Summary

How accessible and inclusive was the consultation?

The overall approach was to encourage and analyse formal individual or organisational responses to the consultation, ideally using the consultation response form. Public meetings were an opportunity to find out about the proposals through presentations and Q&A sessions, rather than a way of feeding views into the process. This approach has a number of advantages and disadvantages from an equalities perspective. The benefits include:

- Each individual response can be monitored by protected characteristic to gauge the representativeness of the response;
- Responses can be systematically analysed to identify any different themes from different groups, rather than trying to piece together notes from a range of sources;
- This approach does not assume that representatives, organisations, community leaders or token panel members can speak on behalf of disadvantaged groups;
- It does not depend on people being able to attend a meeting and being able to express their views in this setting; people can feed into the response anonymously and privately at a time and in a way that best suits them.

However, the dangers of this approach include:

- Disadvantaged members of some of the protected characteristic groups may be less likely to complete the form, since time, literacy, language, disillusionment, education and disability may act as barriers;
- There is a risk that people will attend meetings and believe they have contributed to the consultation by speaking but not follow up with their individual form;

The Trust seems to have been aware of these dangers and had from the outset, planned a number of steps to mitigate them which are summarised in the following table. Although these approaches should improve the accessibility of the consultation for everyone, the table also identifies protected characteristic groups which might particularly benefit, based on the evidence collated for this equality analysis.

Method/ adjustment	**Particular groups which may benefit**
Summary of proposals and response form sent out to each household (though there were delivery problems in some areas)	Older people with high support needs who do not leave the house much; Others who are more isolated within their communities; older and/or disadvantaged people who do not have internet access at home
Attractive and accessible web site containing video material, information about the consultation and online response form	Younger people, working people, carers/ parents, some disabled people (e.g. those with sensory impairments)
Alternative languages and formats advertised and provided on request	BME people, those with sensory and other types of disabilities
Twitter feed, Facebook page, mobile phone scan access to online survey	Younger people, LGB people, carers/ young parents
Outreach work to contact groups who may not otherwise be reached or may not understand the relevance to them	Disabled people, BME communities, younger people, LGB people, disadvantaged communities, older people, men and women

	(including trans men and women)
Developed and promoted a toolkit to help community groups consider the impact the proposals may have	People with learning disabilities, and those for whom language and literacy are barriers

Did the response reflect the diversity of the borough?

The demographic breakdown of those who did respond should not be the only criteria against which the accessibility and inclusiveness of the consultation response are assessed, especially given gaps in the monitoring data, and in data about the local population, and definitional issues. However, it does provide important evidence about the extent to which groups were able to access the consultation. It also helps us to check whether the responses received reflect the diversity of the borough. These were our key findings:

- All BME groups appeared to be under-represented, though the distance of the hospital from the largest BME communities may at least partly explain this. Pakistani responses were low (0.9%), given that this group makes up 2.4% of the population and 3% of A&E users, though the numbers are small and should therefore be treated with a degree of caution.
- Disabled people seem to have been fairly well represented in the response, for example, 8.6% reported a physical disability and 16% a long-term health condition. It is difficult to draw accurate comparisons to the population due to definitional issues and lack of data.
- People over 50 were well represented in the response compared to the local population. Despite being the biggest current users of A&E, the 18-34 year age group were significantly under-represented in the response though, given the challenges in engaging this age group, the Trust did reasonably well to encourage 54 people in their twenties to complete the response form.
- 67.6% of responders provided information about their sexual orientation, which is relatively high, given developing levels of understanding and confidence in this newer monitoring category. 27 people told us they were lesbian, gay or bisexual.
- The consultation seems to have been successful in engaging both men and women, with 39% of those supplying this information being men and 61% women.
- 11 people told us that their gender was different from that assigned at birth, which (assuming people understood the question and answered it accurately) matches the estimates of the proportion of transgender people in the population and is excellent.
- 3.2% of the working age people who responded told us they were ‘unemployed: looking for work’, which compares favourably with the 2011 estimated unemployment rate for the borough of 2.9%.

Conclusions

We conclude that the Trust has taken reasonable steps to identify and remove barriers to the consultation process for protected characteristic groups and has succeeded in attracting a diverse response. It has also demonstrated willingness to learn and adapt in response to constructive criticism and problems that have occurred. Giving clear feedback to the public regarding exactly whether and how their views have been incorporated into the decision-making (and re-iterating how views were sought and incorporated earlier on in the engagement process) is crucial now if the engagement and goodwill of these diverse groups is to be maintained.

Race, ethnicity and religion

What are the potential barriers to participation in the consultation?

The literature suggests typically lower response rates from BME people to postal surveys (e.g. Sheldon & Rasul 2006) and describes the traditional exclusion of BME groups from mainstream consultation (e.g. brap 2010).

There is enormous diversity within the black, minority ethnic and religious minorities in Trafford: and the differences between or within communities may be greater than those between BME and white British people in general. Factors which may make it difficult for some BME people to participate include:

- **Language**: some first generation migrants do not read, write or speak English fluently and this can be a barrier to participation (NWDA 2010), especially where the issues are complex and there is a lot of professional jargon.
- **Religious festivals/ worship** – may clash with timings for meetings
- **Gender issues**: in some ethnic/ religious groups, it is not culturally acceptable for women to mix with men, certainly men from outside of their community. This, combined with women's primary role as carer in many ethnic minority communities (NWDA 2010), can act as a further barrier in terms of time, ability to attend meetings, etc.
- **Fear of harassment or marginalisation** as a result of race or religion may affect the willingness of some BME people to attend mixed public meetings. In the national Citizenship Survey 2009-10 (CLG 2011), seven per cent of people felt that racial or religious harassment was a problem in their local area. Experience and fear of harassment were highest for black African and Pakistani people.
- **Disillusionment with or fear of a poor response from public services** can act as a barrier for some BME people. In the 2009-10 national survey (CLG 2011), members of ethnic minority groups (particularly those who were black African, black Caribbean or mixed race) were considerably more likely than white people to feel that they would be discriminated against in favour of other races by public services

What steps have been taken to promote equality for BME people and those from minority religions within the consultation?

Information stating that documents can be provided in other languages is given in 8 community languages on the full and summary consultation documents. Seven requests for documents in Urdu were received and met.

The Trust has taken a number of steps to engage with existing BME networks and representatives to raise the profile of the consultation and explain it as widely as possible. However, by accepting input from formal consultation responses only, the Trust has not expected leaders, workers and representatives of the BME communities in Trafford to speak for the residents in their communities (brap 2010).

Details of the specific steps taken during the public consultation are included in the appendix to this report. In summary, they include:

- Three facilitated group discussions with groups of BME people (another had been planned but was cancelled at short notice for reasons beyond the Trust's control);
- Two promotional events to raise awareness of the consultation to Muslims and African people;

- Two BME networks/ campaign groups were invited to sit on the Public Reference Group;
- Five meetings were held in the Old Trafford area where the highest proportion of the borough's ethnic minority residents live (three public meetings, one for the Old Trafford partnership, one at a local primary school);
- One church and one Muslim association contacted to consider options for engagement.

This work builds on steps taken as part of the longer term engagement process (described in more detail in *NHS Trafford (2012) A new health deal for Trafford Engagement report)*. As part of the pre-consultation work, the PCT held a focus group with ten Asian men and 14% of the 1107 residents interviewed as part of the telephone survey were from BME backgrounds. These discussions explored what mattered most to people in their encounters with health professionals and sought to gather 'burning issues' and 'bright ideas'.

How successful have these been?

The following table uses the most recent ethnicity estimates for the borough (mid-2009 resident population estimates by primary care organisation from the Office for National Statistics) and compares this with the ethnicity of the 1694 consultation responders who provided this information (11% of those responding did not). Since the numbers are quite small within the detailed ethnic categories, we also show the figures for the broad ethnic categories (White, Mixed, Asian, Black and Chinese/Other).

Ethnic category	% of total population	% of total response	% of total population	% of total response
White: British	82.6%	91.7%	88%	94.9%
White: Irish	2.1%	1.4%		
White: Other	3.3%	1.8%		
Mixed: White/ Black Caribbean	0.8%	0.3%	2.3%	1.1%
Mixed: White/ Black African	0.3%	0.3%		
Mixed: White/ Asian	0.6%	0.4%		
Mixed: Other Mixed	0.6%	0.1%		
Asian or Asian British/ Indian	2.1%	1.1%	5.5%	2.1%
Asian or Asian British/ Pakistani	2.4%	0.9%		
Asian or Asian British/ Bangladeshi	0.4%	0.1%		
Asian or Asian British/ Other Asian	0.6%			
Black or Black British/ Black Caribbean	1.3%	0.8%	2.5%	1.1%
Black or Black British/ Black African	1.0%	0.3%		
Black or Black British/ Other Black	0.2%	No category		
Chinese/ Other: Chinese	1.1%	0.3%	1.9%	0.8%
Chinese/ Other: Other	0.8%	0.5%		

Analysis of hospital statistics undertaken to inform the pre-consultation Equality Analysis showed that users of the A&E department roughly mirrored that of the local population in terms of their ethnicity. The largest groups of minority ethnic users were Pakistani people (making up around 3% of A&E users) and Indian people (making up around 2% of A&E users).

An organisational response was also provided by Chief CIC (working with BAME communities to tackle health inequalities).

Although there was no formal monitoring of people attending the public meetings, BME people seem to have been significantly under-represented at these meetings.

The following table compares the religion of Trafford's residents in the 2001 census (6.4% did not supply this information) with the religion of the 1326 (69.6% of) consultation responders who provided this information.

Religion	% of response	% of population (2001)
Christian	70.1%	81%
No religion	23.8%	12.8%
Muslim	1.1%	3.5%
Jewish	1.0%	1.2%
Hindu	0.6%	0.6%
Buddhist	0.2%	0.2%
Other	3.2%	0.2%
Sikh		0.5%

Muslims and Christians are under-represented in the sample (though, in the case of Christians, this may be at least partly accounted for by the significant numbers of people who gave specific branches of Christianity under the 'other' category rather than ticking the 'Christian' box). People saying they have no religion are over-represented in the response compared to the census group; other groups are represented proportionately.

Originally, two public meetings were scheduled for the Old Trafford area (which contains the largest Muslim community in the borough). Both of these were held in the St John's Centre which, despite being attached to the local church, is extremely well-used by the local Muslim population, particularly women. Unfortunately, due to problems finding availability in a suitable venue, both of these meetings were held on Fridays – one in the evening and one between 1 and 3pm. The Trust were aware of the clash with prayer time and arranged a further public meeting on a Monday from 10-12 at the Old Trafford Community Centre. A facilitated group discussion was planned with a group of Muslim young women on 25th October (organised through Trafford Connexions). Although the women had themselves suggested the date, this had to be cancelled at the last minute since they had forgotten that it was the night before Eid.

Discussion and analysis

- Each minority ethnic group is under-represented in the consultation responses compared to the estimated proportions of the Trafford population (by just under a half, though the numbers are small).
- Given that they formed the largest group of minority ethnic A&E users, Pakistani people are somewhat under-represented (forming 2.4% of the local population and 3% of A&E users but just 0.9% of the consultation responses), though the numbers are small and need therefore to be treated with a degree of caution.
- The ethnicity of 11% of those who responded is not known – some of this group are likely to be from BME backgrounds.
- The majority of Trafford's BME residents live in Clifford, with significant numbers of BME people also living in Stretford/ Gorse Hill. In the 2001 census, the non-white-British population of Clifton was 55% and of Stretford/ Gorse Hill 16% and it is likely that the minority communities in both of these areas has grown considerably in the last decade. For

Clifford residents, MRI is the nearest hospital and easier to reach by public transport than Trafford General, so we might expect to see less interest in the proposed changes from people living here.

- The proportion of BME people living in the areas surrounding the hospital is much lower: non-white-British people made up 8% of the population of Urmston; 5% of Davyhulme West; and 7% of Flixton in 2001. Cross-tabulation of ethnicity with postcode data suggests that 3.2% of respondents from these areas stated they were of non-white British ethnicity. This seems to fit with the overall finding that BME people are under-represented by about half (though it should be noted that the figures are low here and should be treated cautiously).
- When we compare the % of non-white British responses for different age groups, we find that there are some significant differences (in fitting with what we know about the younger age structure of most ethnic minority groups in the UK). 12% of the under 50s, compared to 5% of the over 50s (and the over 75s) were from non-white British backgrounds.
- Given the small numbers of BME people attending the public meetings, the approach of targeting individuals for a response through mail-outs and media promotion with some pro-active targeting of the BME community seems to have worked well.
- The BME people from M32 and M41 postcodes attending one of the focus groups said they had heard about the consultation through a range of different media, which is positive; but there was much lower awareness that Trafford General even has an A&E department. The themes from this meeting do not seem to differ significantly from those raised by other residents of a similar age living in similar areas and none of the points relate directly to ethnicity.

Disability

What are the potential barriers to participation in the consultation?

According to the Papworth Trust (2011), people with a disability or a long-term limiting illness are generally less likely than those without to feel that they can influence local decisions; yet disabled people make up around one third of the NHS users in Britain. Ensuring that the views of disabled people in Trafford can be heard within the New Health Deal consultation is therefore critical.

There is a huge range of disability – both in type and severity – and barriers will also be shaped by other circumstances: finances, availability of support, access to transport and IT and other equipment, as well as personal skills, preferences and personality.

Consultation with Deaf and disabled people to inform Trafford's JSNA found that:

"People wanted to be involved via a **variety of mechanisms**: focus groups, workshop days, postal questionnaires, use of the website, small forums, use of existing groups"

However, the following barriers to involvement were identified:

"Again **accessibility** was a key barrier including the **time of meetings**, the availability and cost of BSL **interpreters**, **transport** to meetings, over reliance on **computers** and **timescales** that do not take account of people's access requirements. There was also felt to be a **lack of support** for disabled people in taking part in panels, and consultations. There were also concerns about **staff awareness** around disability issues which results in accessibility problems and a lack of support". (p.46)

The Papworth Trust (2011) identified the following as being the most common **barriers to accessing buildings** among adults with impairments:

- moving around the building – for reasons related to stairs, doors or narrow corridors – 42%
- inadequate lifts or escalators - 23%
- parking problems - 22%
- approach areas: due to lack of ramps/handrails - 21%
- footpath design and surfaces - 15%
- difficulty with transport getting to the building - 14%
- lack of help or assistance - 14%

For people with learning disabilities and some severe mental health problems, **understanding complex proposals** sufficiently to be able to make and **communicate** informed views can be a challenge, especially where they involve **professional jargon** or abstract concepts.

For those with sensory impairments, there may be barriers around **accessing information**, **completing forms**, and participating fully in **public meetings**.

Concerns that events, websites, forms, etc will not be fully inclusive can put disabled people off trying to access them if there are not **clear messages about accessibility and values**.

More than 20% of disabled people have experienced **harassment** in public because of their disability (Papworth Trust 2011) and fears of harassment and crime can make some people reluctant to attend mixed public events, or to go out after dark to attend them.

60% of disabled people have **no car** available to their households, compared to 27% of the overall population (Papworth Trust 2011).

Only around half of households with a disabled member have **access to the internet**, compared to over two thirds of households with no disabled members (Papworth Trust 2011).

In the 2001 Census, around 12% of the adult population were providing unpaid care to an ill, frail or disabled family member, friend or partner. Although 42% of carers are men; women are more likely to give up work in order to provide care. Bangladeshi and Pakistani men and women are three times more likely to be carers than their white British counterparts. As a group, carers experience higher levels of poverty and ill-health and transport is a particular issue for many. The pre-consultation Equality Analysis recognised that carers are one of the groups most likely to be impacted by the proposed changes, so involving them in the consultation is vital.

9 in 10 carers find it difficult to leave their homes due to their caring role and many have to keep irregular hours so the internet plays a valuable role for many of them. Those that access the internet generally do so at home and most report very regular use. However, older carers and those who are financially disadvantaged are more likely to be digitally excluded (Crossroads/ The Princess Royal Trust for Carers 2011).

What steps have been taken to promote equality for disabled people within the consultation?

Accessibility of information

A video overview of the issues and proposals was produced and this could be watched/ listened to online. DVD copies of the film were used in group discussions, sent out to individuals on request and to groups as part of the toolkit.

An easy read summary of the key points was produced for focus group discussions with people with learning disabilities and used as an alternative format for some of the other group discussions.

Four requests for large print copies of the paperwork were met; one resident rang to request an audio format. The Trust offered to order a CD but, when told about the web site, the resident was happy to listen to multi-media content on the website and use the online response form with screen reader instead.

Accessibility of public meetings

People were asked about any communication or access requirements at the booking stage.

At public meetings, information was provided in a range of different formats – audio presentations and panel discussion; visual handouts and slides.

Members of the Public Reference Group assessed the accessibility and conduct of each of the meetings using a standard proforma. We present the key findings relevant to disability here:

- 15 out of 16 of the observers felt that the venue was accessible to all; the remaining venue did not have a disabled toilet
- All bar one of the venues was reported to have good public transport access; one was “some distance from bus stop”
- At a couple of the venues there were some issues with the availability of nearby free car parking
- The venues were felt to be spacious and appropriately laid out with plenty of comfortable seating
- There were a few complaints about signage in a couple of venues
- Observers confirmed that a working loop system was available at two of the venues but said that it was not at four of the meetings (in one there is a loop system which apparently works well usually but was not working that day); at the other meetings, observers were unsure/ left this blank
- At 12 out of the 14 observed meetings, the observer confirmed that they could see the presentations clearly and that none of the attendees said they could not; at a couple of

meetings the observer reported that it was difficult to see some of the slides from the back of the hall

- At 13 out of the 14 observed meetings, the observer confirmed that they could hear the presentations and discussions adequately, however there were some problems with sound during the panel sessions (members of the public being softly spoken, not being confident with the microphone, etc). There was evidence that event organisers and chair responded to this feedback and worked to improve this. They issued a 'Do's and Don'ts for the independent chair' which emphasised the need to use microphones, check whether the audience can hear, insist panel members stand up, etc. A couple of observers at the later meetings commented that the microphone usage had been much better.
- There were a few issues with presentations running over time, reducing time available for discussion/ people to complete feedback forms and/or consultation responses and meetings finishing later than scheduled, which may have a particular impact on disabled people/ carers.

Members of the public attending meetings were also asked to complete event feedback forms. 63 (16%) returned their forms. Most were very positive about the venue (61% were very satisfied; 23% were satisfied). Most people were also satisfied with the booking process/ pre-event arrangements. There were several comments about amplification problems and a couple of negative comments about accessibility/ signage. Responders gave more mixed responses to the questions about whether they found the *content* accessible (i.e. jargon-free and clear) and understood how to participate in the consultation.

Proactive steps to include the views of disabled people

Around twenty local disabled/ carer groups or organisations working with them were approached in the early stages of the consultation. They were told about the consultation (generally by phone) and ways in which they might involve their members and service users were discussed. All were offered a copy of the consultation toolkit and the opportunity for a member of the PCT engagement team to facilitate a group discussion. Documentation and toolkits were then sent to those organisations that had requested them. These organisations are listed in the appendix to this report.

As a result of these initial contacts and subsequent discussions, the following activities took place:

- Four group discussions were held (facilitated by a member of the PCT engagement team), two at Blu Sci centres in Old Trafford and Partington (for people with mental health needs); one at the Centre for Independent Living (with learning disabled people/ carers); and one with members of the Longsight and Moss Side Community Care Link (for South Asian carers and people with mental health conditions)
- The PCT had also planned to hold a stall at the Mencap roadshow at Trafford General Hospital (focusing on health issues for people with learning disabilities) but unfortunately the roadshow was cancelled.
- An article about the consultation was included in the Genie networks magazine for Deaf people and their families

It should also be noted that, during the pre-consultation engagement work, facilitated group discussions were held with a group of carers and a group of people with mental health problems.

How successful have these been?

In this section, we present the monitoring information from the consultation response forms. There are various problems with trying to find comparable statistics on the Trafford population: not only are there gaps in the evidence base but it is also difficult to agree a shared definition for disability

and people's self-labelling may vary. We have, however, presented some estimates to help make sense of these figures.

- 8.6% of responders said that they have a physical disability. Estimates from the Trafford JSNA (Trafford Council/PCT/CYPS 2010) suggest that between 10 and 13% of the working age population has a moderate or serious physical disability. A higher proportion of those completing hard copy responses reported a physical disability than those completing online responses (11.4% compared to 5.4%). This may be because disability is strongly related to age: 2.1% of 16-19 year olds are recorded as having a disability; 31% for those between the ages of 50-59 years; and 78% of people aged 85 or over (Papworth Trust 2011). Cross-tabulation of the age and disability data from the consultation show that 37% of those aged 50 and over and half of those aged 75 and over told us they had at least one disability and/or long term condition
- 2.5% of responders said they had a sensory (visual or hearing) disability. Around 3% of people are estimated to have sight loss in the UK (RNIB Key information and statistics) and around 1.3% are thought to be profoundly or severely deaf (Action on Hearing Loss 2011).
- 2.2% of responders said they had a mental health disability. The PANSI database (www.pansi.org) suggests an incidence of around 9.5% for 'common mental health disorders', though it is possible that many of those who suffer depression and/or anxiety will not label themselves as having a 'mental health disability'.
- 0.5% of responders said they had a learning disability. This is a slightly lower than the PANSI baseline estimate that 1.4% of the population aged 18-64 has a learning disability. However, a relatively high proportion of consultation respondents were from the older age groups (27% of respondents were over 70 years) and the proportion of people with a learning disability in these age groups is much lower, given differences in life expectancy. Allowing for this, the proportion of people with a learning disability seems to be about what we would expect.
- 16% of respondents reported having a long term health condition: nearly 1 in 5 of those completing a hard copy response ticked this box (again perhaps linked to age-related differences). The JSNA reports that around 24% of the total population has a disability and/or long term limiting illness. If we combine our 16% response with the 8.6% who told us they have a physical disability (bearing in mind there is likely to be some overlap between the two groups), this would suggest a representative sample of Trafford residents.

Additionally, organisational responses to the consultation were received from:

- Alzheimer's Society (Trafford)
- Disability Advisory Group (online)
- Transport for Sick Children

Age

Younger people

What are the potential barriers to participation and good practice principles?

- The Big Lottery Fund (2005) stresses the importance of using a **range of formats** to make consultation accessible to younger people. The NHS Federation (2011) argues that **technology and social media** are crucial to engaging with children and young people.
- "Children and young people need to be engaged **early** in the design of new health organisations and structures to ensure their views are included right from the start and regularly in the future" (NHS Confederation 2011).
- "Building the skills, knowledge, confidence and **capacity** of children and young people is crucial for their participation to make change happen. Access to information they can **understand** is also important for them to be able to make informed choices and decisions" (The National Youth Agency 2008).
- The National Youth Agency (2008) also recognises the importance of using **workers** who have the time and skills to work directly with young people.

What steps have been taken to promote equality for younger people within the consultation?

The Trust has developed long-term links with Trafford Youth Parliament. This project builds the capacity of young people to make an ongoing contribution to decision-making – a remit beyond the timescales and budget of the current consultation. Young people and the worker from this group were involved in the Public Reference Group, observing and rating the accessibility of public meetings. The Parliament also had two discussions regarding the proposals, one of which was attended by a local MP. Having an opportunity to meet with an elected member in this way is recommended in the National Youth Agency's *Hear by Right* standards. Issues were raised about the accessibility of the response form for young people; though the toolkit helped here and the youth participation worker explained that he had adapted this for the young people's discussion.

Three further, targeted focus groups were held to try and capture the views of young people outside of the parliament. These included one for under 18s, one for 19-30 year olds, and one for young parents in Davyhulme. Approximately 7 or 8 participants attended each of these focus groups.

The consultation used a range of online media, including an attractive web site with audio-visual material, an online questionnaire (which could be accessed via mobile phone bar code technology) and other means of e-mail feedback, and Twitter and Facebook.

Several groups were approached to promote the consultation amongst members and/or facilitate a discussion using the toolkit. These are listed in the appendix.

Older people

What are the potential barriers and good practice principles to participation?

- Older people are more likely than younger people to vote and to report a strong feeling of belonging to their neighbourhoods. However, in the Citizenship Survey (CLG 2010), only 30% of people 65-74 and 29% of people 75+ said they feel they can affect decisions in their local area, as opposed to 38% of working age adults in England.
- Basing consultation on formal meetings will only engage the type of people who are willing and able to attend meetings. Of the over 70s, less than half have a driving license and 38% have a mobility difficulty (Age UK 2012).
- Older people have higher rates of disability, including mobility issues, sensory impairment and cognitive impairments. Older disabled people are likely to experience similar barriers to younger disabled people, though they may be further disadvantaged by higher rates of poverty (14% of pensioners live below the poverty line, with incomes of less than £215 per week – Age UK 2012), lack of access to transport and ageist attitudes.
- Internet access: there has been a marked increase in the numbers of older people using the internet, however, only 37% of one-person pensioner households have internet access at home (compared to 79% of one-person working age households). Those older people who do use the internet tend to do so differently and less frequently than younger users, e.g. only 59% of users over 65 log on every day and only 8% of users over 55 have a social networking profile page (Berry 2011)

What steps have been taken to promote equality for older people within the consultation?

Hard copy distribution (with large print, audio versions and support available) and coverage in local free press should maximise the chances of engaging older people with high support needs who do not have internet access and spend most of their time at home.

Information about the consultation has been made available at libraries, GPs, post offices and community centres where older people are most likely to visit.

Four groups were approached to promote the consultation amongst members and/or facilitate a discussion using the toolkit. These are listed in the appendix.

Other proactive steps have included:

- Attending an older persons' coffee morning and a community group of older women in Sale to discuss the consultation and hand out response forms;
- Distributing consultation documents and toolkits at the Age UK AGM
- Sending flyers about the consultation/ toolkit to residential/ nursing homes near the hospital
- Trafford LINk facilitated group discussion with the Engage group in Partington (average age of 69 years old) and also visited an extra care housing scheme on the estate

How successful have these approaches been?

The following table shows the breakdown of consultation responses by age group and compares this with the resident population. As we might expect, there are significant differences between the age make-up of paper and online responders so we have included this detail here.

Age band	No. Trafford residents (in 1000s)	% of total population* (181,200)	Online responses	Paper responses	All responses
15-19	13.5	7.5%	0% (0)	0.6% (7)	0.5% (7)
20-29	25.6	14.1%	5.4% (14)	3.2% (40)	3.6% (54)
30-39	31.4	17.3%	20.0% (52)	9.4% (118)	11.2% (170)
40-49	36	19.9%	21.9% (57)	13.4% (169)	14.9% (226)
50-59	28	15.5%	23.5% (61)	17.7% (223)	18.7% (284)
60-69	22.6	12.5%	22.7% (59)	24.5% (309)	24.2% (368)
70-79	15.8	8.7%	5.4% (14)	20.5% (258)	17.9% (272)
80+	10.8	6.0%	1.2% (3)	10.9% (137)	9.2% (140)

*We have used the total for Trafford residents over 15 years (from 2011 census), since this is the target group for the consultation. We have calculated the number and proportion of residents using the 5 year age bands data from the census (ONS 2012).

Organisational/ group responses were provided by:

- Parents at Seymour Park primary school (Old Trafford residents)
- Youth Cabinet
- Transport for Sick Children
- Urmston Manor Rest Home – following 1-1 meeting with manager here
- Alzheimer's Society (Trafford)

Discussion and analysis

Those over 50 years are over-represented in the survey response: those under 50 years are under-represented. For example, the 15-29 age group makes up 21.6% of the population and 4.1% of the response. It is encouraging to note that a high proportion of responders in the older age groups also have a disability and/or long term health condition (37% of those over 50 and 50% of those over 75). We would expect the majority of these people to be regular users of health services and therefore those most likely to be affected by the proposed changes.

Trafford General Hospital statistics compiled for the pre-consultation Equality Analysis show that, whilst the oldest (over 75 years) age groups make up the largest proportion (38.4%) of current non-elective admissions, younger adults are the biggest group of A&E users, especially outside of core hours, when services will change if the proposals go ahead. 18-34 year olds make up 28% of outside core hours attendances and 24% of in-core hours attendances.

However, there are significant challenges in seeking to engage this age group as they:

- tend to move frequently,
- may be living with family (and not be the person in the household who completes the form)
- may be in private rented/ temporary accommodation,
- may be students who may feel they have less of a vested interest in the neighbourhood,
- are likely to be busy with work/ studies/ social life/ parenting; and
- are less likely than other age groups to be regularly involved in local groups/ networks

Given these barriers, the consultation has done well to gather responses from 54 individuals in the 20-29 year age group, even though the response is not proportionate.

Sexual orientation

> "Lesbian, Gay and Bisexual (LGB) people require the same services as the rest of the community, but they may access those services differently" (Stonewall, 2011, p.4)

What are the potential barriers to participation and good practice principles?

- LGB people are less likely to feel a strong sense of belonging to their neighbourhoods (three quarters of heterosexual people reported feeling this, compared to just over half of LGB people in the 2010 Citizenship Survey (CLG 2010)). LGB people may therefore be less likely to find out about or mobilise around neighbourhood issues.
- Some LGB people fear and/or have experienced marginalisation or exclusion from mainstream public services. For example, 1 in 14 lesbian and gay people expect to be treated worse than heterosexual people when accessing healthcare (Stonewall 2011). It is possible that these fears and feelings can extend to consultation.
- Around 40% of LGB people say they are worried about being the victim of a crime or being harassed because of their sexual orientation (Dick 2009). This fear can act as a barrier to people attending public meetings or 'outing' themselves in public and means that anonymity and confidentiality may be particularly important to these groups (Stonewall 2011).
- Perhaps for these reasons, opportunities to respond privately by questionnaire can be particularly welcomed by LGB people. Research with LGB people in Brighton found that 61% would like to see consultations being undertaken by questionnaire (Browne 2008). Stonewall (2011) recommends using a range of methods to engage LGB people, including internet surveys, Facebook, internet and social media. Pink News (2010) reports the findings of a US survey which suggests that LGB people are significantly more likely than heterosexual people to use Twitter, Facebook and read news, current affairs and political blogs.
- Stonewall (2011) also recommends using an independent facilitator at public meetings and monitoring and evaluating different approaches to build organisational learning about what works best in engaging LBG people.

What steps have been taken to promote equality for LGB people within the consultation?

The pre-consultation Equality Analysis recognised the need to ensure LGB people were included in the public consultation process to further understand the impact of proposed changes. The following steps were taken to ensure the views of LGB people were captured during the public consultation:

- A member of the engagement team met with a worker at the Manchester-based Lesbian and Gay Foundation to discuss the consultation and encourage organisational and individual responses to it.
- The consultation used electronic and internet-based communications methods and had a website (including videos and question and answers) so anyone who would rather not attend a public meeting could access the information they needed to inform their response and make their individual response privately and anonymously. Twitter, Facebook and mobile phone bar codes were also used.
- Sexual orientation was monitored on the individual consultation responses and reassurances about confidentiality and data protection given.

- An independent facilitator was appointed to chair public meetings and members of the public were encouraged to provide feedback on their experience of attending the meeting. People were not asked for equality monitoring information on these forms but there were no comments about people not being made welcome or included for any reason linked to their diversity.

How successful have they been?

32.4% of those responding to the consultation left the section on sexual orientation blank. The following table shows the numbers and percentages of the remaining 1288 people who provided this information:

	Online	Paper	Total (of those giving information)	Total (of all responses)
Gay	7 (2.4%)	7 (0.7%)	14 (1.1%)	66.2%
Lesbian	2 (0.7%)	3 (0.3%)	5 (0.4%)	0.7%
Bisexual	4 (1.4%)	4 (0.4%)	8 (0.6%)	0.3%
Heterosexual	284 (95.6%)	977 (98.6%)	1292 (97.9%)	0.4%
Not given				32.4%

Discussion and analysis

67.6% of total responses identified their sexual orientation on the form. This is relatively high given well-documented (e.g. Creegan & Keating 2010) issues with people not understanding the rationale or the categories, or not feeling safe enough to disclose. This suggests a developing degree of trust in the PCT's confidentiality procedures and their attitude to sexual orientation.

- If we assume that the 32.4% of respondents who did not give their personal information in this section share a similar breakdown to those who did, 2.1% of respondents would be from LGB people. However, it is quite possible that LBG people are over-represented in group of non-disclosures, given the perceived risks of 'outing' yourself, especially when asked for your postcode in the same section. The government and Stonewall currently use an estimate of 5-7% of the population being LGB.
- Given both the lack of accurate data about the numbers of LGB residents in Trafford and the significant gaps in the sexual orientation data on the consultation responses, it is difficult to draw firm conclusions about whether and to what extent LGB people were under-represented in the consultation. However, what we do know is that at least 27 LGB individuals *have* responded and told us their sexual orientation and that we have one organisational response from an LGB representative and campaign group.

Sex and gender

This section covers the following protected characteristics:

- Sex
- Gender reassignment
- Pregnancy and maternity

What are the potential issues here?

- There can be barriers for **men** in getting involved in community-based events, issues and networks – these can include time (especially in challenging economic times, men are more likely to prioritise work over other activities); awareness (men are less likely to be involved in community based groups and activities so may be less likely to find out about the consultation from these sources; and perceptions (norms of masculinity can put men off engaging). **Young men and BME men** are can be at particular risk of exclusion. See Johal et al (2012) for a more detailed discussion of all these issues.
- **Men and women have different patterns of involvement with health services**. For example, we know that, as a group, men are less likely to seek help for health-related problems and can experience later diagnosis and worse health outcomes as a result (Johal et al 2012); around 80% of the NHS workforce are female, though men tend to occupy more senior roles (NHS: The Information Centre);
- There are barriers to involvement for **women and men who are caring for children or others**. Although those with young children are more likely to be both at home and around and about in the local communities (at libraries, schools, community centres and parks), attending public meetings can be difficult and finding time to complete forms can be a problem; male carers do not always engage with local groups and networks. Carers (both of children and disabled people) are an important target group for this consultation, since, as a group, they may experience a significant impact from the proposed changes.
- Safety is a paramount consideration for many **trans people** who experience high levels of harassment and other transphobic crime (Community Connections 2012). Holding meetings in venues with nearby car parking/ public transport facilities and at different times of the day may encourage trans people to attend. Giving the option to access the information and complete the survey privately and anonymously on line or on paper should also encourage a greater response.

What steps have been taken to promote equality for these different groups within the consultation?

Focus groups were held with families and with Asian men as part of the pre-consultation engagement.

Promoting the consultation through a wide range of local media, delivering hard copies to homes and displaying materials in a range of community settings should increase the likelihood of both men and women hearing about it, regardless of whether they are working or caring or both.

Public meetings were held at different times of day; some in the evening so that people could attend after work (or carers could attend when other family members return from work).

Being able to access all the consultation information online, and having information available on Twitter and Facebook should make it easier for those caring and those working to engage with and respond to the consultation at a time and place that suits them and without needing child care, worrying about the provision of toilets, private space to breast feed, etc.

Gathering feedback via individual, private and anonymous questionnaires should also benefit those who are particularly worried about personal safety or are concerned that they will not be welcomed by other participants due to sexual orientation or gender assignment; or who have concerns about the cultural appropriateness of attending a mixed meeting.

One facilitated group discussion was held with Asian women (another was planned with Asian girls but did not go ahead); another group discussion was held with parents and other stakeholders at a primary school

- 2 bespoke focus groups were held at baby & toddler groups in Stretford and Davyhulme (each with 6-8 participants) and one with young parents in Davyhulme;
- Response forms were dropped off and staff informed of the consultation at a family centre and a toy library;
- FASNET (an umbrella organisation for community groups working with families), raised awareness of the consultation through their networks

How successful have they been?

- 11% of responders did not give their gender; of the remainder, 39% were men and 61% were women. Men were more likely to respond online than by hard copy: 44.5% of the online responses, compared to 37.7% of the hard copy responses were from men. According to the 2011 Census, men make up 49% of the population of Trafford. Given the potential issues identified above in engaging men, the consultation has been successful at engaging both men and women.
- 11 people (0.7% of the total) said that their gender was different from that which had been assigned at birth (10 of this group had responded by hard copy). Estimates of the proportion of trans people in the UK population vary between 0.5% and 0.8% (based on own calculations using data from Reed et al 2009) so, assuming people have understood the question and completed it correctly, this would suggest trans people have been proportionately represented in the consultation response.
- Individual responses were not monitored by pregnancy/ maternity, however, the issues from focus groups targeting parents of young children have been analysed and fed into the consultation alongside individual responses to ensure that the views of these groups have been included.

Socio-economic inequalities

The Institute for Public Policy Research (ippr) (Paxton & Dixon 2004) have questioned whether the UK is witnessing a widening 'citizenship gap' between the rich and the poor and caution that '… the forms of political engagement which are increasing (those that are more individualised) display a stronger pro-middle-class bias with a danger that this gap between the "two nations" will continue to widen in the future'.

We have already seen how socio-economic inequality cuts across the protected characteristics: with disabled people, carers, the oldest and youngest, and BME groups most at risk of poverty and social exclusion.

What are the potential barriers to participation in the consultation?

The **use of jargon** and large amounts of complex **information** can be a barrier for anyone but, can be particularly off-putting for people with lower literacy levels or those who have had fewer educational opportunities. Asking what things mean – especially in a public meeting – can be intimidating and many people do not have the confidence to do this.

The ippr study found that people's **sense of empowerment**, the feeling that they could influence decisions if they wanted to, is lower amongst the more deprived: 51% of the top social class felt they could influence decisions at a local level in 2003, compared to just 33% among the lowest social class.

Money and access to transport are likely to be barriers for those on low incomes: having to pay for a bus fare, a phone call, a postage stamp or for car parking in order to participate is likely to be at best off-putting, if not unaffordable. Disadvantaged groups are less likely to have access to the internet at home or via a mobile phone.

However, there may also be more opportunities to raise awareness in more deprived communities: word of mouth can be stronger; people are more likely to access local services – libraries, community centres, post offices – and to sit out with neighbours watching children playing in the street.

What steps have been taken to promote equality for more disadvantaged communities and individuals within the consultation?

No cost to return response form, either online or using Freepost reply slip.

Press coverage in free newspapers to raise profile of consultation.

Information in libraries, community centres, GP surgeries, etc.

Considerable engagement activity was focused on the different area-based partnerships, parish councils and residents' groups, some of which have a focus on tackling local poverty and engagement issues. Focused group discussions were held with the Partington, Old Trafford, Sale Moor and Lostock partnerships. A facilitated discussion had been held with residents at Broadheath during the pre-consultation engagement work, though attempts to engage through local housing associations were not successful during the public consultation. Additional flyers and leaflets were distributed around the Broadheath area and e-mails sent out to those on the partnership mailing list.

A bespoke focus group of 13 East Manchester residents was held (mostly to explore the impact of the proposed changes to orthopaedics) and the public meetings held in Manchester were focused on some of the more deprived/ diverse areas of the city (Cheetham Hill, Hulme and Wythenshawe).

The Trust sought to engage social housing tenants by contacting Trafford Tenants and Residents Federation to offer toolkits and other documents. Trafford LINk attended the Sale and Urmston

residents' panels run by Trafford Housing Trust; the engagement team contacted the Trust several times to organise activities in other parts of the borough but these were not successful.

G Force (working with disadvantaged families in South Trafford), Citizens Advice Trafford and the Voluntary Transport Group, all of which have contact with socially excluded residents, were contacted and offered toolkits and other information.

Trafford LINk did some street work, speaking to people using the shopping centres in Urmston, Partington and Stretford Mall and spoke to about 40 people in total at these sites.

Given the combination of public transport issues, geographical isolation and pockets of poverty and unemployment, Partington was a particular target for engagement activity. In addition to the public meeting on the estate, the following additional actions were taken:

- Discussions held at the Parish Council twice
- E-mails sent out to all Partington (agency) stakeholders at the outset
- Article in the Partington Transmitter
- Group discussion at the Partington Partnership
- Trafford LINk did some leafleting and outreach on the estate, speaking to over 20 individuals, visiting the shopping centre, health and wellbeing centre and extra care housing scheme
- A focus group was held with people using the Blue Sci service in Partington

How successful have these been?

The only available proxy measures to assess the consultation's success around socio-economic inclusion are the employment status and postcode of respondents.

The following table gives the breakdown of consultation responses by employment status:

	Online response	Hard copy response	Total response
Full-time employed	172 (58.7%)	317 (36.7%)	489 (42.3%)
Part-time employed	49 (16.7%)	180 (20.8%)	229 (19.8%)
Unemployed: looking for work	3 (1.0%)	26 (3.0%)	29 (2.5%)
Unemployed: not looking for work	69 (23.6%)	341 (39.5%)	410 (35.4%)

Since 'retired' was not given as a separate category, we must assume that retired people either ticked the 'unemployed: not looking for work' box or left this question blank.

Trafford Economic Bulletin (2011) estimated that there were 4263 unemployed people in the borough in June 2011. Using the working age population total from the census of the same year, this suggests an unemployment rate of 2.9%. Since a large number of people over retirement age responded to the consultation, these have been removed in order to compare the proportions. 904 people aged between 16 and 64 responded to the consultation; 3.2% of them told us they were 'unemployed: looking for work', which compares favourably with the estimated unemployment rate for the borough (2.9%).

88.7% of respondents supplied their postcode. A further 150 (8.9%) were residents from outside of Trafford. The breakdown by area (using postcode as the proxy) of the remaining 1539 respondents is presented in the following table, alongside the proportion of Trafford residents estimated to live in each of these areas (drawn from analysis conducted by Gill Fairclough at NHS Trafford).

Postcode area	No. of responses	% of responders identifying as Trafford residents	% of Trafford population
Old Trafford	69	4.5%	11%
Partington/ Carrington	116	7.5%	4%
Stretford	160	10.4%	10%
Sale	400	26.0%	24%
Urmston/ Flixton/ Davyhulme	574	37.3%	15%
Altrincham/ Timperley/ Bowdon	209	13.6%	36%
Other	11	0.7%	-

These figures suggest that Partington and Carrington residents were well-represented; and that, despite concerns about under-representation at the mid-point review, a good response from Stretford residents has been achieved. Old Trafford residents are under-represented, which, given the relatively high levels of deprivation (and high proportion of ethnic minority residents) could cause concern. However, it seems that the under-representation of Old Trafford and Altrincham, Timperley and Bowdon residents can be adequately explained by the geographical factors, i.e. distance from Trafford General and proximity to other hospitals. These factors clearly also explain the high response rate from Urmston, Flixton and Davyhulme residents.

Conclusions

We have reviewed evidence of the steps taken to remove potential barriers to participation and have analysed the demographic breakdown of those who responded to the public consultation. The Trust has, in our opinion, taken all reasonable actions, within the timescales and budget (which have been reasonable and proportionate), to engage groups who might otherwise not have been heard. Those who responded do broadly reflect the diversity of the borough, in particular those parts of the borough which are likely to be most affected by the proposed changes.

> "Thanks for coming back and for doing all that you could do to make the session accessible to LD [Learning Disabled] self-advocates. I think they have enjoyed being consulted, just as other groups have been, and I got the impression that they felt listened to throughout those couple of hours".
>
> *Worker at Trafford Centre for Independent Living following a facilitated group discussion*

The Public Reference Group was impressed by the Trust's willingness to hear their critical feedback and the speed with which they responded to concerns raised during the consultation period. They described practical improvements which had been made to public meetings as a result of their concerns, such as producing a glossary of acronyms and jargon for the chair and members of the public; circulating case studies which bring the changes to life; and tightening up microphone procedures.

Nevertheless, the meetings were relatively long and formal in their format and it is a fair criticism that there was a lot of complex information and jargon to digest. Attendance at some of the meetings was low; audiences often consisted mostly of observers, professionals and members of the campaign group with relatively few members of the local community. However, the meetings were intended to serve as just one of the ways in which people could find out about the proposals; they were not the means by which members of the public inputted their views. Our only concern here is that this perhaps needed to be spelled out more clearly at the outset and during these meetings, with more time dedicated at each meeting to making attendees aware of the fact that they needed to fill in the forms if they wanted their views to be incorporated.

There have been some unfortunate set-backs during the process, such as the failure of one of the delivery agents to get hard copies of the documents to a significant number of homes as contracted. The Trust decided it could not afford – both in terms of the time it would take and the additional costs – to order another print run and has instead delivered postcards and used local media to advertise the fact that people can ring in and request copies if they have not received them. Additional flyers, summaries and response forms have been distributed to community services and facilities in an attempt to boost awareness in the affected areas.

One of the main concerns of the Campaign group (and of a number of the members of the public attending meetings) has been whether and how residents' views can make a difference at this stage. The Trust has been clear about its decision not to offer apparent but disingenuous choices to the public at this stage and has taken legal advice on this point. It is clear from the extent of the pre-

consultation engagement exercise, which included an extensive public phone survey and a number of focus groups, that the public consultation is part of a longer term process in which diverse public views *have* been sought earlier on. However, it is important to publicise this fact and be very clear in feeding back to the public what difference their views have made to the decision-making if the goodwill of the diverse groups of people who have taken the time to complete response forms is to be maintained in the longer term.

> "Feel decision is already made".
>
> "I acknowledge that speakers are experts in their fields but that only small efforts were made to keep jargon to a minimum".
>
> *Comments from event feedback forms*

> "Someone needs to point out the services you are endeavouring to provide are what the public asked for i.e. care at home – not in hospital. Member of public felt "A&E action group" spoke language of their own – not understandable (They replied they have done research)".
>
> "Pleased to see at least a couple of new slides (particularly at the end advising people to complete the paperwork) and good idea to put "examples" on chairs for individuals to read".
>
> *Comments taken from Public Reference Group observation forms*

References

Action on Hearing Loss (2011) Facts and figures on hearing loss and tinnitus

Age UK (2012) Later Life in the United Kingdom, Age UK Factsheet, September 2012

Badham, B & Wade, W (2008) Hear by Right: standards framework for the participation of children and young people, National Youth Agency

Berry, R. (2011) Older people and the internet, ILC-UK June 2011

Big Lottery Fund (2005) Engaging young people in evaluation and consultation, Big Lottery Fund research issue 10

Brap (2010) Engaging people: Guide for improving the involvement of black and minority ethnic people in engagement activities

Browne, K & Lim. J (2008) Count me in Too: LGBT Lives in Brighton & Hove: General Health, Additional Findings Report, July 2008

Carers UK (2009) Facts about Carers, June 2009

Communities and Local Government (2011) Race, Religion and Equalities: A report on the 2009-10 Citizenship Survey

Community Connections (2012) Engaging Transgender People

Creegan, C & Keating, M (2010) Improving sexual orientation monitoring, Equality & Human Rights Commission

Crossroads Care/ The Princess Royal Trust for Carers (2011) How can the web support carers?

Dick, S (2009) Homophobic hate crimes and hate incidents, Equality and Human Rights Commission Research Summary 38

Equalities in Health/ NHS Greater Glasgow and Clyde (2010) Inequalities, Health and the Accident and Emergency response
http://www.equalitiesinhealth.org/documents/AEFinalReportwrefs23march2011.pdf

Equality and Human Rights Commission (2011) Engagement and the equality duty: A guide for public authorities, December 2011, Revised version

Johal, A.; Shelupanov, A. & Norman, W. (2012) Invisible men: engaging more men in social projects, Big Lottery Fund

The NHS Confederation (2011) Involving children and young people in health services

Northwest Regional Development Agency (2010) Unlocking the potential of the BME population

Office for Disability Issues (2010) A guide to delivering accessible events
http://odi.dwp.gov.uk/inclusive-communications/channels/events.php

ONS (Office for National Statistics) (2012) 2011 Census data for Trafford

Papworth Trust (2011) Disability in the United Kingdom 2011: Facts and figures

Paxton , W & Dixon, M (2004) The state of the nation: an audit of injustice in the UK, ippr

Pink News (2010) 'Lesbians and gay men more likely to read blogs and use online networks' http://www.pinknews.co.uk/2010/07/13/lesbians-and-gay-men-more-likely-to-read-blogs-and-use-online-networks/

Reed, B., Rhodes, S., Schofield, P. and Wylie, K (2009) Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution Gender Identity Research in Education Society

Sheldon, H & Rasul, F (2006) Increasing Response Rates amongst BME and other hard to reach groups – a review of literature relevant to the national acute patients' survey: Summary, The Picker Institute

Stonewall (2011) How to engage gay people in your work

Trafford Council/ PCT/ CYPS (2010) Trafford Joint Strategic Needs Assessment (2009-12)

Trafford Economic Bulletin (2011) 'Key Statistics for Trafford", Issue 01, August 2011

Appendix: Detailed steps taken

Race/ ethnicity/ religion

- St Francis Church was contacted directly and asked if they would like to receive a copy of the consultation toolkit and host a group discussion using it.
- The Black Health Agency and the Voice of BME Trafford were contacted, invited to join the Public Reference Group and sent information about the consultation at the outset.
- In early September, the team had a face-to-face meeting with a member of the Altrincham Muslim Association, who agreed to take flyers and promotional materials to the forthcoming Health Fair being held at the Islamic Cultural Centre in Hale.
- The team also attended the African lunch club in Old Trafford and told around 50 attendees about the consultation to encourage a response.
- A focus group of 7 Urmston/ Flixton/ Davyhulme BME residents was convened
- Contact had been made and a group discussion planned with young Muslim women in Old Trafford (through Trafford Connexions) but unfortunately this had to be cancelled (the young women and their worker suggested the date but had forgotten until the day before that it would clash with Eid preparations). There was also a plan to hold a group discussion with Pulling Together (a group of Asian women) but they said, in the end, that they would publicise the additional Old Trafford meeting instead.
- Trafford LINk spoke to several residents at the Seymour Grove medical practice (which has a high proportion of BME patients) as part of their promotional work around the consultation.
- The Chair of the Diverse Communities Board (intended to be a single point of access to community groups and groups within the community who are seldom heard) sits on the consultation's Public Reference Group.
- A facilitated group discussion was held with 7 members of the Longsight and Moss Side Community Care Link (presumably mostly South Asian carers/ people with mental health problems/ other care or disability issues?)
- ACE Women's Group (South Asian women): a facilitated group discussion was held here

Disabled people and carers

The following groups were contacted by phone and offered a copy of the consultation toolkit/ a visit from the engagement worker to facilitate a group discussion:

- Alzheimers Society (Trafford)
- Arthritis Care, Altrincham & District
- Blue SCI
- Cancer Aid & Listening Line (CALL)
- Disability Advisory Group
- Genie Networks (Deaf people)
- Henshaws Society for the Blind
- Trafford Centre for Independent Living
- Trafford Mental Health Advocacy Service
- The Stroke Association
- New Way Forward (mental health)
- Stockdales of Sale and Altrincham (learning disability)
- The Counselling and Family Centre
- Trafford Carers Centre – a facilitated group was set up but then cancelled (lack of interest)
- SENFSG (Dis children)
- Voluntary Transport Group
- Consultation documents and information were sent to the Diabetes Centre in Old Trafford
- A toolkit was sent to Stroke Support, Trafford

- 10 consultation forms were delivered to the Macmillan wellbeing centre in Urmston

Age: Older people

The following groups were contacted by phone and offered a copy of the consultation toolkit/ a visit from the engagement worker to facilitate a group discussion:

- Age UK Trafford
- Alzheimers Society (Trafford)
- Trafford Care & Repair
- Voluntary Transport Group

Other actions:

- Attended an older persons' coffee morning at Chapel Road, Sale to discuss consultation
- At a community group of mostly older women in Sale, 60 consultation documents were handed out to 45 people and a discussion and Q&A session was held
- 80 consultation documents and 30 toolkits were distributed at Age UK AGM (110 attended)
- Flyers about consultation/ toolkit were sent to the residential/ nursing homes near hospital
- Trafford LINk facilitated group discussion with 25 members of the Engage group in Partington (average age of 69 years old) and visited Elkin Court extra care housing scheme, speaking informally to staff, residents and relatives

Age: younger people

The following groups were contacted by phone and offered a copy of the consultation toolkit/ a visit from the engagement worker to facilitate a group discussion:

- SENFSG (Dis children)
- The Counselling and Family Centre

Other actions:

- 3 bespoke focus groups targeting younger people (1 x under 18s; 1 for 19-30 year olds; 1 for young parents in Davyhulme) were held – around 7 or 8 people attended each
- Trafford Youth Parliament held two discussions about the consultation (one attended by Kate Green MP), using a modified version of the toolkit
- FASNET – information about consultation and ways of getting involved sent out to community groups working with children, young people and families

Sex/ Gender

- ACE Women's Group: a facilitated group discussion was held here
- FASNET – see above
- SENFSG (Disabled children) – were offered a facilitated session but did not come back on this
- Extended services at Seymour Park Primary School – liaison to issue consultation toolkit – group discussion held using this
- 2 bespoke focus groups were held at baby & toddler groups in Stretford and Davyhulme with 6/8 participants and one with young parents;
- An engagement worker went to speak to staff at Delamere Toy Library about the consultation
- 10 consultation forms were delivered to the Big Life Family Centre in Old Trafford