

**Glasgow Community Planning Partnership
Executive Group
27 April 2022 at 14:00
Microsoft Teams**

Agenda

1. Welcome and Apologies
2. Minute of previous meeting Attached
3. Community Mental Health Wellbeing Fund
Sheena Arthur, Glasgow Council for the Voluntary Sector
4. Transforming participation for disabled people in Glasgow beyond Covid-19
Tressa Burke, Glasgow Disability Alliance Attached
5. Violence Board/Prevention Strategy and our approach to Public Health Presentation
Emma Croft / Craig Robertson, Police Scotland
6. Civic Engagement Presentation
Stevie McGowan, Glasgow City Council
7. Meeting Schedule:

08/06/2022, 14:00
24/08/2022, 14:00
05/10/2022, 14:00
23/11/2022, 14:00

**Glasgow Community Planning Partnership
Executive Group
16 March 2022 at 14:00
Via Microsoft Teams**

Draft Minute

Present: Bernadette Monaghan (Glasgow City Council), Mark Sutherland (Police Scotland), Mike Burns (North East Senior Officer Group), Kevin Murphy (Scottish Fire & Rescue Services), Andrew Olney (Glasgow Life), Debby Beattie (Glasgow Housing Association), David Crawford (Department for Work & Pensions), Ian Bruce (Glasgow Third Sector Interface Network), Kerry Wallace (NatureScot), Laura McCormack (Skills Development Scotland), Stephen Frew (Scottish Enterprise), Fiona Moss (Glasgow City HSCP), Emilia Crighton (NHS Greater Glasgow & Clyde), Brue Kiloh (Strathclyde Partnership for Transport)

In Attendance: Douglas Hutchison (Glasgow City Council), Dominique Harvey (Glasgow City Council), Mick Stoney (Scottish Prison Service), Michelle McGinty (Glasgow City Council), Julian Perera (Glasgow City Council), Harjinder Gharyal (Glasgow City Council), Gerald Tonner (Glasgow City Council), Shaw Anderson (Glasgow City Council), Alan Speirs (Glasgow City Council), Kathleen Caskie (Glasgow Third Sector Interface Network), John Binning (Strathclyde Partnership for Transport)

Apologies: Susan Deighan (Glasgow Life), Jehan Weerasinghe (Glasgow Housing Association), Martin Boyle (Glasgow Colleges Regional Board), Alison McRae (Glasgow Chamber of Commerce), Heather Macnaughton (Historic Environment Scotland), Theresa Correia (Scottish Enterprise),

Item 1 – Welcome

Bernadette Monaghan chaired the meeting and welcomed members.

Item 2 – Minute of Last Meeting

The Executive Group noted the minute of meeting as an accurate record.

Item 3 – Education Services / Children's Service Executive Group

Mike Burns / Dominique Harvey / Douglas Hutchison

Mike Burns introduced the item reminding the Executive Group that the Children's Services Executive Group is an aspect of work that the CPP has delegated. The presentation provided covered many aspects of the transformational change programme of Children's Services for Glasgow.

Douglas Hutchison advised that he aims to build on the success Maureen McKenna led in Education Services; success based on educating with a focus on nurture and wellbeing, strong partnerships, and good use of data. Children's Services in the city will continue to focus on the needs of children, young people and families and the ability to respond locally within an overall strategic framework. Children being ready to learn starts pre-birth and it is every partner's responsibility to ensure overall wellbeing for our communities. Education Services is not a service that can work in isolation.

Dominique Harvey advised that the working hypothesis is "If our system was working well to support families, and delivering effective early intervention, there would be fewer families receiving statutory social work intervention." There has been some progress in GIRFEC but not enough progress, as the number of families receiving these interventions in Glasgow is not decreasing at a fast pace – rates of interventions are stubbornly high across Scotland.

Mike Burns advised that Children's Services in Glasgow are shifting the approach to a system that is designed to support families to care and protect their children, rather than a system designed to identify and manage risk to children by families.

During discussion Mark Sutherland noted that there are looked after children in Glasgow who go missing on a regular basis and the partnership approach to this has been key in ensuring the safety of those children in a timely manner.

Laura McCormack welcomed the report as there are some shocking pieces of information of the scale of the challenge but also good to see progress has been made.

Mike Burns advised that it will be key to join systems and data more effectively to allow for a more local neighbourhood approach, which will in-turn allow for a shift to more preventative approach.

The Executive Group noted the report.

Item 4 – HMP Glasgow

Mick Stoney provided information to the Executive Group on the plans for HMP Glasgow, a new prison to be built.

Very soon, invites to tender will be issued with a contractor appointed by July. A 13-month design phase will be followed by a 33-month build, with an anticipated handover to the Prison Service in summer 2026. A benefits realisation plan is in place for the contract.

HMP Barlinnie has worldwide status, and HMP Glasgow aims to replicate this – but in a positive manner. The Prison Service are shifting from a risk and justice model to a health and wellbeing model. This resonates with other strategies discussed by partners and Mick welcomed earlier discussion on people who have been through the care system, or who have suffered trauma – a significant amount of people within prisons will have been in the care systems, or suffered trauma, or both.

The new prison will have social value at its heart, and will focus on building support for people to deal with challenges that life will face them before, during, and after prison. There is an aim to improve the health and wealth of surrounding communities through systems such as district heating, integrated café, and vertical farming to provide goods that can be used, gifted, or sold.

Mick advised that there may be land available within the outer prison footprint (Germiston area) which could be used by the community and the Scottish Prison Service are engaging with community to ascertain what that could be used for.

Overall, the prison aims to play a real part of Glasgow life.

Mick posed questions to partners and hoped that partners are keen to be involved in HMP Glasgow's journey; where are the dependencies and opportunities between partners? What will working together look like?

During discussion Debby Beattie offered to provide contacts to local groups in Germiston who may be interested in working with the Scottish Prison Service.

The Executive Group noted the report.

Item 5 – Open Government Partnership

Michelle McGinty and Alan Speirs provided a presentation as way of update on the Open Government Partnership.

Alan provided an overall programme update and milestones to date, including the governance structures put in place.

An Independent Monitoring Body (University of Glasgow) has been agreed, to act as a sounding board and to foster learning, in addition to ensuring accountability. An Open Government Monitoring and Evaluation Group will be established going forward.

A mentoring programme was recommended by the Open Government Partnership and Glasgow was matched with Porto Alegre, Brazil who are keen to share their experience of participatory democracy.

Details were provided on the four Open Government Action Plan for Glasgow commitments were provided:

Commitment 1 - Increasing Participatory Democracy - Developing Citizens' Panels across Glasgow (Public Service Delivery)

Commitment 2 - Exploring an Open Digital Engagement Platform (Public Participation)

Commitment 3 - Co-creating an Open Data Hub (Open Data)

Commitment 4 - Building Awareness and Communication on Open Government (Public Participation)

Alan detailed the next steps including:

- Expanding the OGP Local Team
- Commitment Lead Officers Group
- Establishment of Open Government Monitoring & Evaluation Group

During discussions Bernadette shared information on the progress to develop Citizens' Panels and are taking on board feedback from community councils.

Shaw Anderson advised that there is a synergy across the commitments, and empowerment legislation which strengthens the overall programme.

Michelle McGinty advised the Executive Group that an overall aim for this programme is for the Council to see being an 'open government' as business as usual practices.

The Executive Group noted the report.

Item 6 – Customer Relations Strategy

Julian Perera provided a presentation on the development of Glasgow City Council's Customer Strategy. The intention of this strategy is to cause a shift in behaviour rather than a programme of work.

The need for the strategy was outlined and the anticipated benefits to the Council. The four themes of the strategy were detailed including; Digital Services, Digital Inclusion, Engagement, and Accessibility.

The next steps of the strategy development were provided, with an ask to partners to support as required.

During discussion Mark Sutherland offered to pass on contact detail of Alan Gray within Police Scotland who may be able to provide some insight in a similar strategy that Police Scotland have recently implemented.

The Executive Group noted the report.

Item 7 – Clyde Metro Proposal

Harjinder Gharyal provided a presentation on the Clyde Metro proposal, which is part of the Glasgow City Region City Deal. Clyde Metro will offer an integrated public transport system for the City Region where bus rapid transit, tram, light rail and/or metro rail will complement the existing subway, bus and heavy rail networks offering effective alternatives to car. It will target at improving connectivity whilst contributing to the City Region's ambitions to improve the health and wellbeing of its people by delivering an inclusive, net zero and climate resilient economy.

The Clyde Metro proposal will put links in place to transform the region including through Housing Strategies, Public Health plans, Transport Strategies, Climate Change Plans and Economic Strategies.

Harjinder detailed the next steps for the Clyde Metro proposal which includes; Public Consultation, Communication / Engagement, Collaborative / Partnership Working.

During discussion Kerry Wallace welcomed the proposal in particular how it aligns with wider aspirations of partners and would be keen to understand more as the plan progresses.

Fiona Moss asked that the whole journey experience is taken into consideration. Partners have long been aware of accessibility issues on transport and noted that some people struggle to engage with public transport. There are placemaking opportunities which can be harnessed through this proposal and stations/surrounding areas have to be designed to encourage all people to use the Metro. A fundamental change to the transport experience may be required.

Bruce Kiloh advised that the Clyde Metro proposal is at an early stage and it is key that all partners ensure the building blocks we put in place at this time are solid for the future. This is an important project for the city and beyond, which SPT are fully behind.

Shaw Anderson suggested that all partners factor the approach to this project into our own thinking and take example of early engagement opportunities with communities.

The Executive Group noted the report.

Item 8 – Meeting Schedule

The Executive Group noted the meeting schedule as detailed on the agenda.

Ref	Action	Responsibility	Raised	Comments
02-00	AOCB <ul style="list-style-type: none"> All partners are asked to arrange a meeting with Bernadette/Shaw to discuss their thoughts on agenda setting for the Executive Group, or to suggest items. 	All Partners	16/03/22	In Progress
02-04	Item 4 – HMP Glasgow <ul style="list-style-type: none"> Debby Beattie to provide details of community groups in Germiston to Mick Stoney 	Debby Beattie	16/03/22	Completed
02-06	Item 6 – Customer Relations Strategy <ul style="list-style-type: none"> Mark Sutherland to provide contact details for Alan Gray to Julian Perera 	Mark Sutherland	16/03/22	Completed

Glasgow Community Mental Health and Wellbeing Fund

Background

In February 2021, Scottish Government announced an additional £120 million for a Recovery and Renewal Fund to ensure delivery of the commitments set out in the Mental Health Transition and Recovery Plan - <https://www.gov.scot/publications/mental-health-scotlands-transition-recovery/>.

This funding was in response to the mental health need arising from the pandemic, and was intended to benefit the full agenda for mental health and wellbeing in line with the four areas of key need set out in the Plan.

As part of the Recovery and Renewal Fund, the Minister for Mental Wellbeing and Social Care announced a new Communities Mental Health and Wellbeing Fund for adults on 15th October 2021, with £15 million being made available in 2021- 22. This was the first year of a two-year fund to support mental health and well-being in communities across Scotland. The Fund was distributed by the Third Sector Interface (TSI) in each local authority to community groups and organisations.

Building on the focus on wellbeing and prevention in the Transition and Recovery Plan, the Fund was to provide investment into community support for adults. It links to the Scottish Government's commitment to ensure that every GP Practice will have access to a primary care mental health and wellbeing service by 2026, providing funding for 1,000 additional dedicated staff who can help grow community mental health resilience and direct social prescribing.

The intended outcome of the Fund is to develop a culture of mental wellbeing and prevention within local communities and across Scotland with improved awareness of how we can all stay well and help ourselves and others.

In February 2022 the Scottish Government added an additional £6m of funding to the fund nationally.

Local Implementation

In Glasgow, the fund was distributed by Glasgow Council for the Voluntary Sector (GCVS) with support from partners including Glasgow City HSCP, Glasgow City Council, Third Sector Interface (TSI) partners, North West Voluntary Sector Network, Voluntary Sector North East Glasgow, Voluntary Sector Voice, West of Scotland Regional Equality Council, Glasgow Disability Alliance, Scottish Refugee Council, Glasgow Life, Mental Health Network Greater Glasgow, Glasgow Kelvin College, Glasgow Equality Forum, and LGBT Health Scotland.

A local partnership group established the fund criteria which are outlined in full in the fund guidance https://www.gcv.org.uk/wp-content/uploads/2021/11/GVCS_Wellbeing_Fund_2021-1.pdf.

The core purpose of the fund in the city was agreed as being that projects should build one or more of seven wellbeing drivers:

- emotional resilience, strength and mindfulness
- connection to others within the community
- a sense of security, trust and being included
- mobility and physical activity
- a sense of purpose and being valued through volunteering, helping others, or paid work
- support for people who are in distress
- access to learning opportunities and the development of new skills and knowledge

It was agreed that applications would be up to a maximum of £10,000. Organisations could request funding for up to two years.

Applications and Support for Applicants

Applications were invited via an online application on the GCVS website, with an MS Word / paper form as an alternative for organisations not comfortable using the online system.

Unconstituted organisations (without bank accounts in their own name) were able to apply for a smaller grant of up to £2,000 that could be held by a partner organisation on their behalf.

A partnership of organisations was commissioned to encourage applications and support groups to complete their application. This enabled us to better target groups that are traditionally less likely to apply for funding.

The Third Sector Interface partners also delivered a programme of capacity building to applicants to support them to become more sustainable.

Applications for the fund in Glasgow opened on 17th November 2021 and closed on 7th February 2022.

Assessment of Applications

Applications were scored by GCVS and TSI partners against four criteria:

- Contribution to improving wellbeing
- Impact on reducing inequalities
- Community engagement / connection
- Budget / value for money

Recommendations for funding were agreed by the partnership group. The final approved projects are available here <https://www.gcv.org.uk/blog/wellbeingfundannouncement/>

Summary of Funded Projects

Total Applications

Applications Received	380
Grants Made	308
Total value of grants made	£2,749,077

Grants by Outcome

Emotional resilience, strength and mindfulness	197
Connection to others within the community	274
A sense of security, trust and being included	168
Mobility and physical activity	130
A sense of purpose and being valued through volunteering, helping others, or paid work	142
Support for people who are in distress	91
Access to learning opportunities and the development of new skills and knowledge	189

Grants by Beneficiaries

Women (particularly young women, and women and young women who have experienced gender-based violence)	32
People with a long-term health condition or disability	61
People from a Minority Ethnic background	41
Refugees and those with no recourse to public funds	36
People facing socio-economic disadvantage	250
People experiencing severe and multiple disadvantage	124
People with diagnosed mental illness	32
People affected by psychological trauma (including adverse childhood experiences)	5
People who have experienced bereavement or loss	4
Older people	37
Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTI) communities	13
Carers	8
Others	28

Grant Administration

All successful projects received a grant offer letter from GCVS. On acceptance of the terms of the grant the GCVS Finance team made payments to organisations bank accounts.

Monitoring of grants shall be undertaken by GCVS over the life of the grants to demonstrate the impact of the investment in the city.

**Glasgow Community Planning Partnership
Executive Group**

**Report by Tressa Burke
Glasgow Disability Alliance**

**Transforming participation for disabled people in Glasgow
beyond Covid-19**

Purpose of Report:

To provide the Executive Group with an opportunity to consider the Report and Recommendations from Disability Workstream to Glasgow Social Recovery Taskforce.

A Summary is provided at pages 2 and 3 of the report.
The recommendations and conclusion are provided at pages 24-30 of the report.

Recommendations:

The Executive Group is asked to:

- Note the report

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Recommendations:

The Executive Group is asked to:

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Transforming participation for disabled people in Glasgow beyond Covid-19

Report and Recommendations from Disability Workstream to Glasgow Social Recovery Taskforce



January 2022

Summary and recommendations

This report from the Disability Workstream of Glasgow City Council's Social Recovery Task Force, supported by a researcher from University of Glasgow's Centre for Disability Research, makes recommendations to remove barriers to disabled peoples' participation in key areas of life in Glasgow. The Disability Workstream held an online co-design event on 22 April 2021 involving disabled people, public service and third sector workers, and disabled peoples' organisations (DPOs). Participants gave real-world examples of barriers and enablers to participation in public services. They also highlighted participation in Glasgow's wider public realm, discussed digital and real-world participation, and considered the diversity of disabled people. Alongside other evidence, these themes inform the report recommendations.

In this report, participation means the **active and direct involvement by disabled people in the planning, delivery and evaluation of services and interventions**. This means empowerment of disabled people on the one hand, and the benefit/obligation for services of gaining access to disabled peoples' expertise on the other. These are compatible with long-established Independent Living, community empowerment and citizenship principles.

There are three layers of participation: micro-level (participation at the individual level), macro-level (participation in systems, services, and policymaking) and meso-level (the collective empowerment of disabled people, notably through DPOs, alongside the empowerment of the public service workforce). The meso-level is the superglue that enables disabled people to equally participate at the micro-level and macro-levels.

The findings highlight that equal participation means disabled people always being included from the start of any given activity or process. The report finds that to achieve equal participation by disabled people, the aims of Glasgow's Community Plan, and the work of public services, need to include the following:

- Building a disability-inclusive Glasgow, post-Covid
- Fulfilling equality and human rights principles and obligations
- Enabling public services and DPOs to work together (meso level) to actualise change and empowerment for officers and disabled people at micro and macro levels

- Empowering public service leaders to engage DPO leaders to lead and embody the change ('be the change they want to see in the world')
- Supporting disabled people to participate in all areas of the public realm
- Developing inclusive digital approaches to complement inclusive in-person approaches to participation
- Incorporating diversity and intersectionality amongst disabled people.

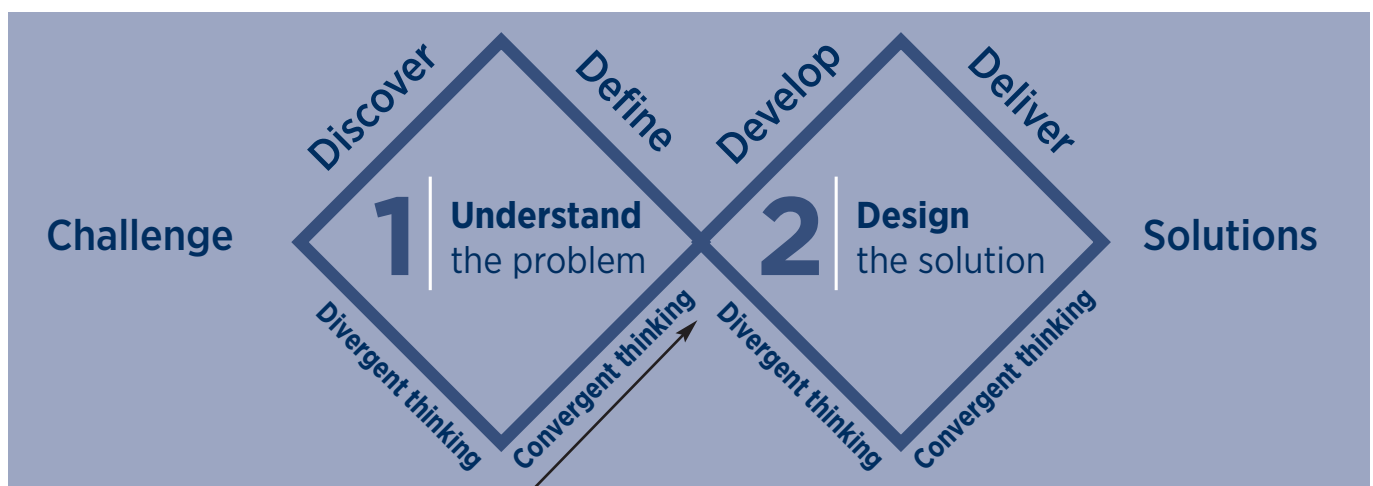
The report makes eight priority recommendations (section 5). This has a balance of recommended actions for CPP partners and leaders, and for disabled people and DPOs. The recommendations in this participation report interconnect with recommendations in the other three SRTF Disability Workstream reports on poverty and work, health and social care, and mental health.

Introduction

Coronavirus has widened inequality, with disabled people facing some of the worst impacts and unintended consequences of the pandemic and responses, supercharging inequalities they already faced. Together with GCC policy leads, cross-party elected members, and leaders from across Community Planning, the Social Recovery Task Force (SRTF) Disability Workstream aims to co-design a set of shared goals and actions for real measurable improvement towards equality and the progressive realisation of Human Rights for disabled people in Glasgow.

This report is number one of four from the Disability Workstream and has been supported by a researcher from University of Glasgow's Centre for Disability Research. The Report makes recommendations to remove barriers to disabled peoples' participation in key areas of life in Glasgow. In this report, participation means **active and direct involvement by disabled people in the planning, delivery and evaluation of services and interventions**.

The Disability Workstream held a co-design event on 22 April 2021, attended by 55 public service and third sector workers, and members of the Glasgow DPO Network comprising disabled peoples' organisations (DPOs)*. Disabled people and those from public and third sectors participated in online discussions and workshops. Following the principle of the Christie Commission (2011), that the people of Scotland need to be supported and empowered to actively participate in the definition, design and delivery of their public services at all levels, the event drew on the Scottish Approach to Service Design using the following diagram:



“Too often we start projects **here** thinking we already understand the problem.”

Disabled people's expertise is too often missing from both parts of the diamond – but especially the first part, and the wrong analysis leads to the wrong solutions.

The co-design event highlighted several key themes. Alongside other evidence, these inform the recommendations of this Disability Workstream report.

* ‘Glasgow DPO Network’ – comprises organisations led and controlled by disabled people including: Deaf Scotland, Flourish House, Glasgow Access Panel, Glasgow Centre for Inclusive Living, Glasgow Disability Alliance, Mental Health Network (Greater Glasgow), People First Scotland (Glasgow).

1. Aim and principles of this report

a. Aims

The **SRTF** aims to address the societal and equality impacts of the Covid-19 pandemic in Glasgow, including by (SRTF Terms of Reference 3.4):

- using data and evidence to inform clear actions, tracking and reporting
- influencing the resources of CPP partners
- recommending actions to be included in the Glasgow Community Plan.

The **Disability workstream**'s purpose is to make recommendations to the SRTF to ensure that post-Covid-19 recovery planning addresses the inequalities facing disabled people focusing on (15 Dec 2020 SRTF Disability Workstream meeting):

- balancing immediate actions and longer-term planning with a roadmap and progression measured in milestones
- creating enabling conditions for change by using existing levers and creating new opportunities
- building resilience for the future as well as making practical recommendations to tackle pre-existing inequalities.

b. Principles

Two principles in the SRTF Terms of Reference strongly underpin this report:

- **2.1** Human Rights and Equalities will be embedded within every aspect of decision making of the SRTF, and the wider renewal and recovery programme. The SRTF will adhere to the requirements of the Fairer Scotland Duty and Public Sector Equality Duty and will ensure these requirements are at the forefront of all discussions and when making strategic decisions.
- **2.2** The voice of communities will be heard within every aspect of decision making of the SRTF, and the wider renewal and recovery programme. Communities will be asked and supported to participate in the SRTF and its workstreams to ensure their experiences inform the design and delivery of recovery approaches.

The 22 April 2021 codesign event applied a series of further principles to shape its deliberations, which also underpin this report:

- **Collaboration:** We all bring a different piece of the puzzle to the table.
- **Community Empowerment:** Those who face barriers and inequality should be in the driving seat of efforts to tackle them.
- **Social model of disability:** ‘Disabled by society not by our bodies’: impairments and conditions are a normal part of life – inequality is not.
- **Independent Living:** After centuries of institutionalisation, disabled people fought for and won the right to exercise choice and control over their lives. Independent Living includes having self-determination and having the right systems and support to equally participate.
- **Disabled people speak for themselves:** ‘Nothing about us without us.’ Disabled peoples’ participation is best supported by capacity building, peer support and accessible information and communication - all provided by disabled people led organisations (DPOs).
- **Relationships & behaviours matter:** How we do things is as important as what we do: honesty, transparency and mutual respect as partners of equal value, are key to co-design.
- **Disability Equality will benefit everyone:** Disabled people are a high proportion of Glasgow’s population. None of the major challenges Glasgow faces today can be solved effectively without disabled people’s involvement.

2. What problem are we trying to solve?

Glasgow has lots of disabled people. 24% of Glasgow's working age population are disabled people, rising to 64% of those aged over 65¹. 31% of all Glasgow residents have one or more health conditions (Glasgow HSCP, 2020).

Disabled people have been historically excluded from participation in society. They are twice as likely to experience social isolation and are disproportionately likely to encounter significant barriers in local decision making and civic life (GCPH/GDA (2021), face significant employment barriers (Scottish Government, 2021), and are nearly four times more likely to be digitally excluded (GDA, 2020, p.12). Lightbody (2017, p.22) sums this up as:

'People with disabilities are not helped to participate usually due to the budget restrictions that many organisers face, as well as their own financial restraints, issues of accessibility, and because organisers rarely understand the challenges that people with disabilities face.'

Disabled people in Britain have been further disadvantaged by Covid-19 including in terms of physical and mental health, isolation and health and social care support (GCPH/GDA, 2021, Shakespeare et al, 2021), and in terms of additional poverty and debt (Marmot et al, 2021, p.136).

Public services have legal obligations to enable disabled people to equally participate, notably the Public Sector Equality Duty (Equality Act 2010). The forthcoming Human Rights Bill will incorporate the U.N Convention on the Rights of Persons with Disabilities into Scottish law. Equal participation also complies with Scotland's public service obligations:

'Embedding disabled peoples' participation in mainstream budget planning is crucial if we are to achieve Christie's vision of improved participation, partnership, prevention and performance, address inequalities and improve life outcomes.' (GDA, 2018, p.36).

Public services and society benefit from disabled peoples' participation and empowerment:

e.g. by proactively reaching out during Covid-19 lockdown, GDA were able to discover - and act - on the facts that 60% of their disabled peoples' network were digitally excluded, and that 80% were unaware of local emergency support that they could access (GDA, 2020, p.12).

¹https://www.understandingglasgow.com/indicators/health/trends/disability_trends_scottish_cities/overview

Even newer participation frameworks, such as PB (Lightbody & Escobar, 2021) and the Place Standard (GDA, 2019), marginalise disabled people. PB is also not designed to address city-wide and structural drivers of inequality for disabled people:

‘While welcome and important, small-scale community grants have very limited capacity to meet the needs and sustain support and participation for disabled people. Transformative change for disabled people requires the sustained participation of disabled people in resource and policy decision making in social care, employability, housing, transport, public infrastructure and other public services.’ (O’Hagan et al, 2019).

However, there is an appetite for participation amongst disabled people (GDA, 2018, 2019).

Transforming disabled peoples’ participation needs a culture and mindset step-change, and working in new, coproductive ways (Lightbody, 2017). There are examples of this:

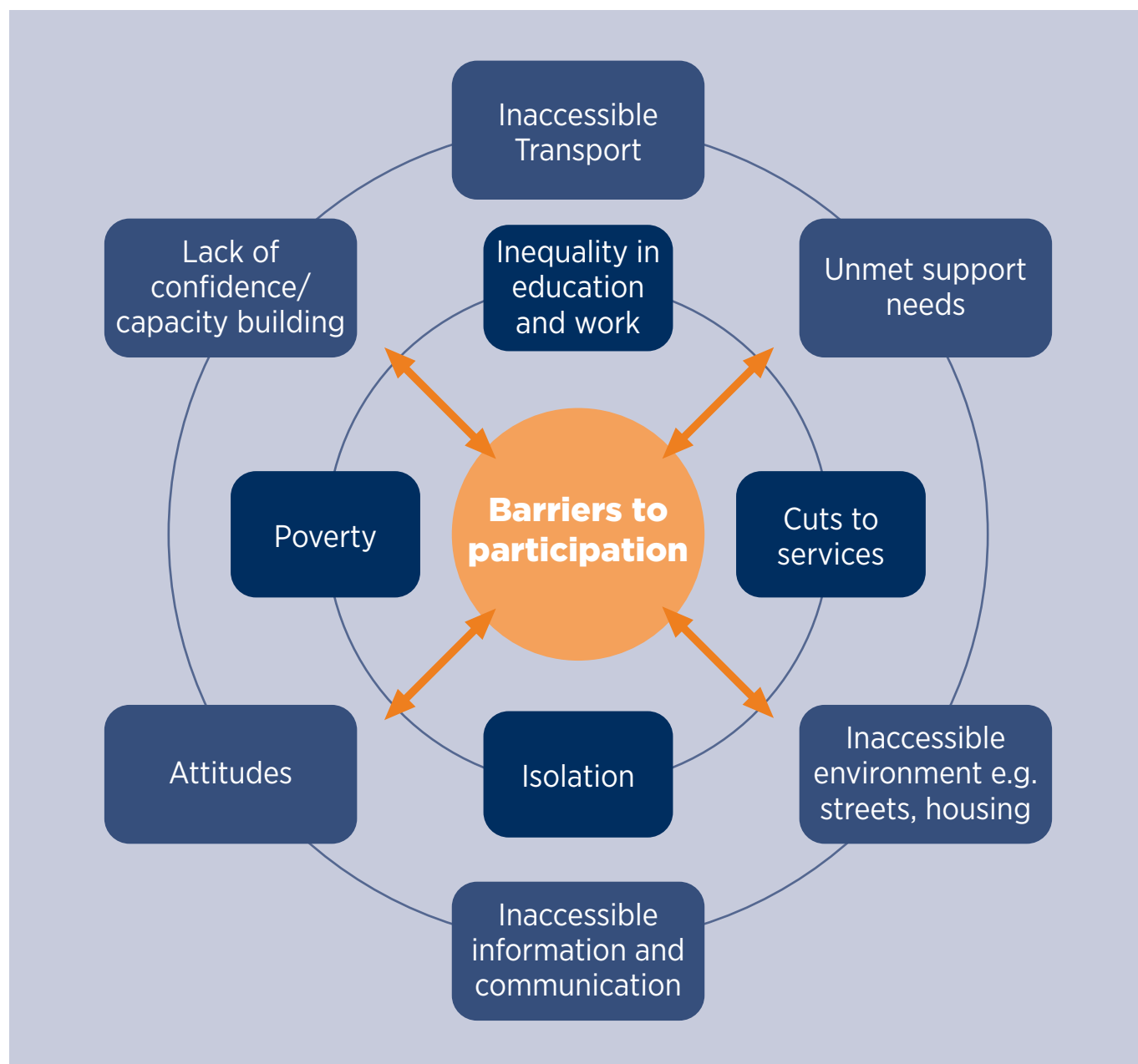
GDA was invited to deliver online workshops on best practice in engagement with disabled people to Social Security Scotland staff in different teams across the Agency, to increase their knowledge and confidence in using accessible, effective engagement methods. Feedback included: “I don’t work directly with members of the public so good to hear how I can do more to ensure my work is relevant”; “Made me think more about how I can improve how we engage and reflect on mistakes made in the past”. More sessions are planned to be delivered.

Facilitating meaningful participation also takes resource and commitment. Lightbody (2017, p.6) captures why, instead, institutions tend to ignore disabled people:

‘The term easy-to-ignore recognises that it is more complex than groups just being hard-to-reach: these groups are ignored because it is easier than tackling the diverse and hugely complicated barriers that some people face.’

The GDA action research on participation put its finger on this: *‘Those who have valuable lived experience of complex barriers and inequality are the least able to participate in decisions about resources, precisely because of these barriers.’* (GDA, 2018, p.7).

Those complex barriers include needs for guarantees of support, transport and access in all areas of life. There are examples of resourcing participation, for example, in order to enable 60 disabled people to engage with Glasgow City Council's PB pilots in 2018-19, GDA contributed approximately 1,500 hours of specialist support across the four pilot areas (Harkins, 2019; GDA, 2019).



Shifting mindsets and culture amongst officers at all levels towards meaningful participation by disabled people is as important as increasing funding to support participation. It is both/and, not either/or. This was particularly brought out in the 22 April codesign event.

3. What does the Disability Workstream mean by participation?

Participants from DPOs at the 22 April event said: *'It's about really deep down, being prepared to give marginalised disempowered people some power. That's a brave and difficult thing to do.'* They also said: *'How can our voices and participation help?'*

Participation means empowerment of and meaningful involvement by disabled people on the one hand, and the benefit/obligation for services of gaining access to disabled peoples' expertise on the other. These are compatible with long-established Independent Living, community empowerment and citizenship principles: reciprocity, choice and control. In order for public services to be better delivered, and for disabled people to attain full citizenship alongside the rest of the population, meaningful participation by disabled people needs to be successfully achieved in the City as a whole, as well as within public services and CPP partners.

In this report, meaningful participation means **active and direct involvement by disabled people in the planning, delivery and evaluation of services and interventions**. The findings of the 22 April 2021 event indicate three levels to this:

i. Micro-level: Service delivery or individual social care and support.

Achieving participation at the level of individual support means shifting the process for decisions on how individual services are provided from an ethos of being person-centred to an ethos of being person-led. Person-led transfers autonomy, agency and self-determination to disabled people. This achieves meaningful individual support and empowerment.

ii. Macro-level: systems, policies, strategic and structural decision-making

Achieving participation in systems, services and policymaking requires the elimination of barriers - and an active welcome - to disabled peoples' collective participation in all CPP systems, services, and policy-making processes. This needs to be at all stages of the policymaking, implementation and evaluation cycle, and at the highest levels of seniority. This achieves meaningful strategic co-design.

iii. Meso-level: the superglue that enables the micro-level and macro-level to meaningfully involve disabled people

Achieving *i.* and *ii.* firstly rests on work done at the meso-level to enable disabled peoples' **collective empowerment**, notably through DPOs. This is the essential underpinning to both individual person-led participation and system-level collective participation because it enables the capacity building that is necessary to achieve **active and direct involvement by disabled people in the planning, delivery and evaluation of services and interventions**. Secondly, the empowerment of the public service workforce is necessary to enable this participation. Combined, these would achieve a more level playing field.

A participant at the 22 April 2021 event expressed why it is necessary to work at all levels:

'Jenny Morris (a leading disability academic) talked about coproduction/user involvement as a 'currency'. It's what gives disabled people power. Like currency, you've got pennies, coppers. Little things like making sure the information you give people is accessible. It's not going to change the world, but it's necessary. Then you've got big bank notes, £50, things like the way you devolve power. Maybe you would commission a DPO to deliver a service, or give us veto over who delivers contracts. At strategic level, these have much more impact. Like currency, it's all valuable and all plays its part. You wouldn't throw your coppers away just because they're smaller than £50 notes.'

Meaningful participation by disabled people needs to be successfully achieved at the three levels and across CPP partners, in order for public services to be inclusive of disabled people. However, for disabled people to attain full citizenship alongside the rest of the population, the 22 April 2021 event also emphasised the importance of: equalising disabled peoples' participation in the wider public realm; considering diversity within disabled people; and digital inclusion/exclusion in the post-Covid world.



4. Findings

The 22 April 2021 codesign event involved two workshops in which combinations of disabled people and public service officers discussed:

- What works?
- Where can disabled people's involvement strengthen the work that you do?
- What are the opportunities in your organisation for disabled people to influence?
- What are the blockages and enablers to achieving change, building on what works?
- Three recommendations for Community Planning and wider partners.
- One action to take away.

Full notes were taken of the workshop and feedback sessions. The main themes were as below. In the workshops people discussed examples and made points which exemplify the themes. These are quoted anonymously.

a. Public services

i. Micro-level: Service delivery or individual social care and support.

How can social workers, managers and PAs change their approach from being person-centred to being person-led? One disabled participant described how good being empowered by services feels:

'I have had to have carers since 2016, which I've hated, because I've always been so independent. After four years, I've found out that you're supposed to have assessments every year, but alas that hadn't been happening. There's a new social care worker in my area. Had an assessment, and I felt listened to. I didn't feel demeaned. A lot of people who have carers are older and people can speak about you at the side, as if you're not there. I say, you can ask me. I felt very affirmed and it was very positive. So that was really good. It was the first time I really felt that way since having help from carers.'

Another participant described her proactive social workers and conveyed a sense of how this can work and how independent living can feel. However, she still needed a collective voice, in her case through GDA:

‘For myself, I’ve always worked... I want to live my life, live in my house, work, socialise, go out, go to the cinema, visit friends, go abroad. I wanted to do all the things everybody else did... it’s vital to have a proactive social worker. She’s a conduit to your care and what you’re gonna get. If you have proactive one, who’s on the money – it’s life-changing. The last two I’ve had have been great. Now I’ve got PAs and agency. I can live my life now, the way I want it. I can do what I want, when I want. Even though my condition is degenerative and I have to keep adapting, I’ve got these people in my life to support me to live the way I can... If you’ve got a good social worker, it allows you to have a voice. The only difficult thing has been trying to get my voice heard... I recognise that I’ve also had support and connections to help me use my voice - through GDA and in my life because I’ve worked. So it is working. It’s allowed me to stay in my home and do what I want to do.’

In terms of capacity building for individual voice, her workshop noted the importance of training by and for disabled people on how to manage social care, such as that provided by Glasgow Centre for Inclusive Living (<http://www.gcil.org.uk/support/gcil-support-training.aspx>).

The workshops also revealed that officers can also have strong personal connections with disabled people and use of social care. A service manager’s work has been impacted by lived experience after her mum needed care. The officer said she ‘felt the system first hand’; her mum was not being listened to or respected in the way she hoped she would be, and the officer wanted to use this difficult experience to improve services for everyone.

ii. Macro-level: systems, policies, strategic and structural decision-making

Public service officers and managers at the event highlighted opportunities to build strategic engagement with disabled people. For example:

‘... it really is about trust – we have a real issue with that (at GCC): when we consult we’re not really trusted by community groups. We need to build that. We also need to work on co-creation.’

‘Culture shift right at the top needed, so this is the first thing on everyone’s mind when we start ... I genuinely don’t think engagement is currently box-ticking, but it’s not high enough up the agenda to do at the right time in the right way.’

‘... disabled people’s voices could strengthen the work we do greatly.’

Building trust and moving to co-creation at strategic level was also endorsed by disabled people at the event: ‘Continued focus on consultation highlights ‘us and them’.’

In terms of solutions, suggestions were made:

‘We can learn from good practice elsewhere. Social Security Scotland has done effective engagement with disabled people, like with experience panels. We can learn from that.’

‘It’s not necessarily about the numbers of people who took part, it’s getting the right people, supported, and the change that resulted.’

People discussed how to make this more efficient for officers and for DPOs:

‘Often GDA, People First etc. are responding to multiple requests, chasing down requests. Do we need a more integrated forum for requests like these, creating ongoing relationships, feeding in early enough to influence direction?’

‘Pulling together the vast practice and experience of disabled people that’s out there in a way that means disabled people and other groups aren’t having to say the same things over and over again to 10 groups of people. Having a certain forum that can connect and link in and be more effective.’

The double diamond diagram (page 4) helped to clarify the problem that needs to be solved. A workshop group leader made notes on this:

‘(officer name) really appreciated the diamond diagram and agreed that it would be much better to involve disabled voices far earlier. She recognised that we know good practice, but that this is not always implemented from the start. (Officer name) expressed that we need to have some difficult conversations to start to improve things. And also highlighted that there is a massive increase in demand on GCHSCP, especially due to Covid.’

iii. Meso-level: the superglue that enables the micro-level and macro-level to meaningfully involve disabled people

A disabled person at the 22 April event expressed the difference that DPOs make to disabled people, in terms of identity, confidence and capacity building:

‘When I first became disabled, I refused to identify like this. Using my wheelchair was a big deal. It was almost like my life was over, right until I joined GDA. Before that, I would throw myself off my wheelchair to a chair, just so I wouldn’t be disabled. When I joined GDA, their capacity building is what made me think, I’ve got value... It allowed me to believe in myself... Through GDA’s support I got to know myself - knowing I am who I am, and that’s ok, and you still have a voice. That allowed me to go to college initially, just because I had the courage from the capacity building that GDA does... I still continue to learn and continue to challenge the status quo when I see things that I don’t like. That’s been really positive for me.’

How can services best work with the collective ‘voice’ of disabled people? An officer highlighted that whilst facilitating meaningful participation by disabled people is new for some officers, they needed to find ways and means to start the process:

‘It’s about understanding that lots of the people we’re talking about within HSCP might not have done anything like this, true engagement and coproduction. A starting point would be, how do we work together to know what good looks like for Maximising Independence. Let’s see how we can get this right. Recommend a way to co-create how to do that.’

Another officer described the psychological difference between working with disabled individuals and working with disabled people as a group: ‘We’ve got some nice examples here of coproduction at an individual level with social workers. But events become scarier.’ A complementary perspective was given from a DPO: ‘I think a main reason for lack of participation is because the staff are disempowered. Limited by the status quo and a sense of having no real power to change it.’

However, fear and disempowerment did not happen for all officers, some of whom already worked with DPOs to involve disabled people:

‘I’m sort of a Place Standard rep for GCC – this led to work... that was missing from the Place Standard which involved GDA Young Drivers For Change and a walkround exercise in (name) Park. *(Continued over)*

Through PB work on parks and green space worked with GDA young people's group in Pollok. The recruitment process for my parks and green spaces was described as "innovative" by the Scottish Government... recently I've got back to ... setting priorities with the community on parks and green spaces – accessibility came out as the number one priority. I'm now designing workshops together with the community and GDA YDFC on accessibility ... Doing all of this is about having conversations and hearing people's stories. One area to improve – there are "Friends Of" parks groups all over the city, would be good getting more people to join and ask about things like each group's equality policies.

So, although fear and disempowerment may exist amongst some officers, there are examples of officers working with DPOs. One workshop argued that:

'Empowering staff at all levels requires a leadership steer and culture change. At a service level, things can be done in terms of empowerment and relationships and the way we support people - empowering disabled people, their organisations and staff.'

The benefit to Glasgow of DPOs capacity building role was highlighted by a disabled person with a visual impairment. Limits remained, though:

'... by far the most amount of consulting I've done has been through GDA. GDA know the skills, passion and experience I have and get me involved in things e.g. building and street design consultations. GDA makes events accessible. One experience that was really good was a street design consultation where we actually got to go out on to the street with the designers. The breakdown came with how the info we gave fed into the final result.'

The same person described the opposite experience where thoughtless exclusion of people with a visual impairment was rescued by a DPO:

'Example from Avenues project – consultants had placed ads in the paper to get people involved in consultation – didn't realise how that might be an issue for VI people!! Having GDA there to spot these things and get us involved is great.'

A representative from a DPO of people with learning disabilities described how they facilitate meaningful participation from the outset, and from which services can learn:

‘An example of what works is from People First, we start from the beginning. People are prepared by development workers for meetings etc. so that they can take part effectively - agendas and papers are sent out well in advance to help people participate. Important to have other ways to get people involved, multiple ways to participate. Important to take time at meetings so that people understand.’

A participant from a mental health user network reinforced this need for timeousness:

‘There needs to be support for people to be able to engage, to prepare for meetings and to engage in our agendas. For example, if (name of DPO) are given a document for a focus group a week before it has to take place this is not enough time to prepare people to participate and circulate the document.’

So, DPOs can ‘model’ inclusive participation. **The need to build trust** was a strong theme. A disabled participant thought that there was *‘a perception we’re going to say challenging things. If dialogue is done right and people are supported, there will be tension and difficult conversations, but you need that for change.’* A Public service officer reflected:

‘...organisations can be afraid of criticism. The knowledge people have is so useful – we need to remember why we’re involving people. On what (name) said – it’s important to say why we can’t do things. It builds the trust and honesty in the relationship. I worked with a disabled people’s forum up north, the manager always told it straight – not PR, everything is great when it’s not.’

Officers and disabled people in workshops discussed trust and mutual learning, for example:

Disabled person: Feedback on why something we suggest hasn’t been implemented is really important. Don’t be scared or run away from coming back to us and keeping us involved – we might not be happy but if you come back, explain and discuss we might come up with another solution.

HSCP Officer: That avoids the situation where we come back in future and ask you the same questions. It’s about honesty and transparency over what people can influence.

Disabled person: Learning goes both ways.

How to **move away from tokenism**, such as individual disabled people being on working groups, was also a concern shared by officers and disabled people. An officer said: *'We want to move away from that traditional meeting structure; you're put in a corner, it's tokenistic, we've ticked a box.'* A disabled person responded:

'OK - so on a practical level, how can I get involved? As an individual, but as a disabled person and member of (DPO). How can I help support the vision that (officers have) got? ... Somebody talked about the parameters. Let's see if we can move them a bit. Let's not look to the patterns that we've inherited. How do we create new paths so we don't come up with the same things? ...Invite me to the meeting but don't sit me in the corner and tick a box to say a disabled person was there.'

However, at the event, two service managers separately mentioned their work in getting disabled people onto steering groups. This was not seen to be adequate and risked tokenism. **The key is the role of DPOs in capacity-building for both 'sides' – for disabled people and for organisations that want to involve disabled people.**

Facilitation may also be necessary at the granular level in order to maximise productive dialogue: *'Encounters of all sorts often go awry due to bad facilitation, confrontational dynamics, rehearsed monologues, shallow exchanges, and the invisible barriers erected by specialised jargon and glorified bodies of expertise.'* (Escobar, 2012, cit. Lightbody, 2017, p.10; see also Escobar, 2011). Both a public service officer and a DPO highlighted that having explicit and coproduced groundrules might also help to level up involvement and equalise power, and the SRTF Disability Workstream itself was cited as a good example in terms of process outcomes and building respect and trust.

Participants highlighted **how accountability could help** in terms of transforming participation from well-minded individuals to the system as a whole, to being everybody's job. A DPO representative said:

'It's trying to embed that into the system so that it becomes independent of really good individuals who have the training, the leadership, to the policies and the way that people's performance monitoring is done: how much coproduction have you been involved in today? How much power have you given away today? Build into the system for people who are meaningful in those roles.'

Accountability needs to be supported by monitoring. One workshop said:

‘... we can measure the participation itself, but what actually changed? Knowing that there are changes as a result of your actions and having those reported back – saying what you have done differently or changed.’

Equality Impact Assessments were one potential tool, one group arguing: **‘Why is participation and engagement not part of EQIA process?’** A workshop facilitator noted on behalf of their group:

‘Could EQIAs be more of a ‘shared process’ and IJB participation more meaningful? Involve disabled people in meaningful Equality & Human Rights Impact Assessments as part of a deliberative democratic process.’

Disability equality training was also seen as important – at all staff levels, prioritising the most senior levels (elected members, Principal Officers, Heads of Service, Chief Officers). This is distinctly delivered by DPOs and disabled people, training staff on barriers and solutions and in this way, DET is different from disability awareness training. DET is geared to support staff personal learning, development and CPD, to build understanding about disability and the disabling world. DET is a way for services to draw on disabled peoples’ expertise and lived experience. Officers highlighted resource constraints and lack of training budget. However a DPO representative suggested:

‘The CPP should come together to co-design training with DPOs, to be delivered by DPOs. This would save money and resources and improve standards across the whole CPP.’

DPOs have a role in terms of capacity building for disabled people. This can boost participation at the micro-level, in terms of individual voice. Aiding individual voice is fundamental to enabling the macro-level voice of disabled people, so increasing the **active and direct involvement by disabled people in the planning, delivery and evaluation of services and interventions.**

Disabled people face barriers – so do officers. However, officers – especially senior officers – hold the power, and the 22 April event demonstrated how some officers and services had worked with DPOs to tackle disabled peoples’ involvement. One reflection was that disabled people had hugely benefited from training, support and empowerment from DPOs increasing their skills and capacity to participate and collaborate.

b. Participation in the public realm – employment, community life and volunteering

To live as full citizens, disabled people need to be participating everywhere in Glasgow, able to take roles and responsibilities with the support they individually and collectively need. The 22 April event highlighted the barriers that exist in the public realm. The work to engage in volunteering as a disabled person was conveyed in the notes of a facilitator, the eventual success of which enabled more disabled people to participate:

‘It took 18 months for the workplace to implement the required changes (name) identified to be able to volunteer with them. However, since then other visually impaired people have been able to volunteer much more readily without a massive waiting time and they have become more inclusive overall. They now have not only visually impaired but also hearing-impaired volunteers since (name) joined. They make (name) feel encouraged and a valued member of the team.’

Another disabled participant highlighted ongoing physical barriers in the public realm:

‘... when you are asked to attend a meeting, go to a job interview or for a volunteering opportunity quite often when you get there you find that the building is not accessible so you are immediately blocked before you get there. It happens all the time. An example was when going for a meeting regarding volunteering for the Commonwealth Games, the entrance was down a set of stairs with no other option. Also when working at Hampden, the stadium was not easily accessible.’

Disabled people are hugely underrepresented at work, and the participation agenda is undermined by this too. A DPO representative said:

‘I think disabled people need to be employed at all levels of systems and structures. This isn’t coming from a place of blame, but it’s one thing that can help if there were disabled people employed. Not so they’re vulnerably exposed to be the sole spokesperson, but it would be great if there were diverse disabled people employed in systems all over the place.’

Another group argued that Glasgow should be:

‘... looking at improving education for disabled young people, improving support they get not just through transitions from school but into volunteering, further education, work experience. Anything that will raise attainment for young disabled people.’

Boosting disabled peoples’ participation in all areas of life will underpin disabled peoples’ equality.

c. The future is now: digital participation AND real-world participation

Accessible information and communication are necessary for disabled people to participate. One workshop recommended that:

‘Partners should ask disabled people about their communication and access support needs and then deliver on that. One way to start that is make sure that communications must be accessible and inclusive across the whole spectrum of communication.’

Officers at the event were keen to learn from DPOs on digital inclusion:

‘I’m assuming orgs like GDA will have found or refined innovative new ways to speak to people, digital etc. How can we learn from this and take it to the next level? We need to be making sure we understand the way people want to engage and be engaged with.’

However, the barriers are complex, and it is not just about the technology. A person from an organisation for people with learning disabilities said: ***‘(Our) members are very digitally excluded. Some people are frightened to or don’t know how to use tech... some people have had no support to learn how to use tech.’***

A person with visual impairment noted that they use a screen reader but their needs are still not considered, for example receiving pdfs that can’t be easily adapted even with best technology. They explained that assistive tech was lagging behind, for example being unable to make full use of the chat function in Zoom. They noted: ***‘Disabled people need to be invited – (but this) doesn’t work if access is a problem.’***

Digital is not the only solution to disabled peoples’ participation. But it needs attention and work to maximise accessibility (e.g. Inclusion Scotland, 2018) Involving DPOs to be involved in public services’ communications planning is one route forward (see e.g. GDA, 2020).

d. Diversity and disability – achieving meaningful participation for all disabled people

The 22 April 2021 event included people with learning disabilities, mental distress, physical impairments and sensory impairments, and combinations of impairments. Public services need to enable disabled peoples' participation informed by an understanding of disabled peoples' diversity and intersectionalities. There is nuance and interaction within and between all impairment types.

Disabled people's life experiences vary and are further diverse because of other 'intersectional' identities, such as their gender, race, and class. BAME disabled people, and LGBTQ+ disabled people experience additional barriers to participation. We talked with BAME disabled people about barriers to participation. In terms of individual services, there is a lack of accessible information for BAME groups on social care, notably for older BAME disabled people, who are more likely to have English as a second language or prefer verbal information. Social care and other public services could hold regular drop-ins at mosques, Gurdwaras and so on. To change culture, more BAME disabled people need to be employed to manage and deliver social care and other public services. Monitoring of BAME disabled people employed by public services at all levels is needed. In terms of participation in policymaking, BAME disabled peoples' **'voices are sometimes heard, but then there is silence.'** BAME disabled people and their networks need to be actively included in regular meetings with policymakers, and accountability for decisions is needed. In the public realm, the group told us that whilst employers seem to like the kudos of visible BAME disabled volunteers, BAME disabled people don't get employment opportunities (**'There's five of us in this group, and given the chance, we'd work in a heartbeat'**).

Training and accountability of employers is needed. BAME disabled peoples' participation is as affected by austerity as any other disabled group, so at a wider level, cuts to services need to end and services need to grow in culturally appropriate ways.

How public services secure LGBTQ+ disabled peoples' participation has long been on the agenda in Scotland. Rankin, Hiwatari and Scobie (2014) highlighted environmental, attitudinal and organisational barriers. A recent discussion amongst LGBTQ+ disabled members ('GDA Podcast – Our LGBT Histories' at <https://anchor.fm/gda>) highlighted the ongoing need for distinctive recognition as an intersectional group, alongside person-led support on an individual level (**'If you're my partner, you're automatically seen to be my carer or some heroic person coming into my life and putting up with me'**).

At a collective level, the group highlighted the importance of safe spaces (*'The biggest turning point for me feeling included and accepted as an LGBT disabled person was when GDA ran the LGBT group'*) in order to develop shared voice, so *'making sure that policies and things are challenged, and everything is not just the status quo because it's detrimental to the disabled LGBT community the way it is.'* In the wider public realm, the group highlighted a need for more actively created LGBTQ+ meeting spaces that are both accessible and safe.

DPOs are increasingly developing intersectional networks amongst their members (e.g. GDA BAME disabled peoples' Network, GDA LGBTQ+ disabled peoples' Network). This is an added reason for getting DPOs, with their large memberships of disabled people, and their empowering networks for intersectional groups, involved in service planning.

5. Priority recommendations

‘Just because you can’t do everything, don’t make the mistake of not doing anything. Starting small and doing it right. Knowing you can make mistakes and not be frightened.’ (22 April 2021 participant)

The Double Diamond diagram (page 4) demonstrated that the wrong analysis leads to the wrong solutions, and the need to include disabled people from the outset. The above evidence suggests that to achieve equal participation by disabled people, the aims of Glasgow’s Community Plan, and the work of public services, need to include the following:

- Building a disability-inclusive Glasgow, post-Covid
- Fulfilling equality and human rights principles and obligations
- Enabling public services and DPOs to work together (meso level) to actualise change and empowerment for officers and disabled people at micro and macro levels
- Empowering public service leaders to engage DPO leaders to lead and embody the change (‘be the change they want to see in the world’)
- Supporting disabled people to participate in all areas of the public realm
- Developing inclusive digital approaches to complement inclusive in-person approaches to participation
- Incorporating diversity and intersectionality amongst disabled people.

The Disability Workstream, supported by a researcher from University of Glasgow’s Centre for Disability Research, recommends the actions in the following table. There is a balance of recommended actions for leaders and CPP partners, and for disabled people and DPOs. The recommendations in this Participation report interconnect with recommendations in the other three SRTF Disability Workstream reports on Poverty and Work, Health and Social Care, and Mental Health.

Issue	Who	Action	Indicators	Progress at 6 months	Progress at 12 months
1 Leadership	GCC SRTF and Disability Workstream	<ul style="list-style-type: none"> Take a collective decision to implement the actions in this report - with cross party support at Disability Workstream level (which has cross party input) 	<ul style="list-style-type: none"> Report is agreed and progressed by SRTF Report is influential and recommendations being implemented 	<ul style="list-style-type: none"> Early wins progressed e.g., DET Progress on actions reviewed by SRTF, GCPP partners and Disability Workstream 	<ul style="list-style-type: none"> Progress on more recommendations Progress reviewed by SRTF, GCPP partners and Disability Workstream
2 Disability Equality Training (DET)	GCC elected members Heads of all Community Planning Partners DPO leads and members	<ul style="list-style-type: none"> DPOs support disabled people's participation through offer of Disability Equality Training (DET) for GCC elected members and CPP Heads as a CPD/ learning opportunity DPOs to deliver DET to areas across CPP organisations 	<ul style="list-style-type: none"> Number of Cllrs and CPP Heads taking up DET as a CPD/ learning opportunity Number of officers in CPP organisations taking up DET as a CPD/ learning opportunity 	<ul style="list-style-type: none"> 25% of Cllrs and 25% of CPP Heads trained by DPOs and disabled people 	<ul style="list-style-type: none"> 50% of Cllrs and 50% of CPP Heads trained by DPOs and disabled people Officers in different CPP organisations being trained by DPOs and disabled people

	Issue	Who	Action	Indicators	Progress at 6 months	Progress at 12 months
3	Leadership	Heads of all Community Planning Partners DPO leads	<ul style="list-style-type: none"> Heads of all Community Planning Partners and Glasgow DPO Network leads jointly engage to strategically co-ordinate improvements in disabled peoples' participation in policy/service development, including through coproduction and codesign 	<ul style="list-style-type: none"> Number of CPP Heads and DPO leads collaborating Number of changes made Resources gained to support process 	<ul style="list-style-type: none"> Active collaboration between DPOs and CPP Heads Application for joint resource to strategically support process to transform disabled peoples' participation 	<ul style="list-style-type: none"> Resources secured to drive participation process
4	Strategic representation of disabled people	Heads of all Community Planning Partners DPO leads and DPO members	<ul style="list-style-type: none"> DPO / DPO members' representation increases on strategic planning groups and decision-making groups across CPP organisations 	<ul style="list-style-type: none"> Number of strategic planning groups and decision-making groups across CPP organisations that have DPO / DPO members' representation Prioritisation of CPP areas that disproportionately impact on disabled peoples' participation 	<ul style="list-style-type: none"> Establish current baseline of DPO / DPO member representation in CPP organisation strategic planning groups and decision-making groups Agree improvements 	<ul style="list-style-type: none"> Monitor improvements across CPP services

Issue	Who	Action	Indicators	Progress at 6 months	Progress at 12 months
5	Capacity-building to enable disabled people to participate at micro and macro levels	<ul style="list-style-type: none"> Participation activities for disabled people - human rights; disability identity; collaborative working; peer support; intersectionalities etc. 	<ul style="list-style-type: none"> Number of disabled people taking part in capacity-building activities Number of disabled people participating in new ways Diversity of disabled people participating in new ways 	<ul style="list-style-type: none"> Capacity-building activities delivered to increased number of diverse disabled people Increased numbers of disabled people participating in new ways 	<ul style="list-style-type: none"> Capacity-building activities delivered to increased number of diverse disabled people Increased numbers of disabled people participating in new ways
6	Tackling city-wide disability inequality	<ul style="list-style-type: none"> Ensure Place-Based Approaches, including Participatory Budgeting, are equalities-proofed to avoid widening inequalities for disabled people DPO leads and DPO members to support this journey through offer of training for equalities competence in place-based approaches 	<ul style="list-style-type: none"> Number of officers, including at community anchor organisations, trained in equalities competence in place-based approaches 	<ul style="list-style-type: none"> Co-monitor and systematically improve Disabled People's Equality - particularly in place based approaches - working with DPOs 	<ul style="list-style-type: none"> Equalities training rolled out to teams responsible for Place-Based Approaches, including at community anchor organisations

Issue	Who	Action	Indicators	Progress at 6 months	Progress at 12 months
7 Embedding disabled peoples' participation	Heads of all Community Planning Partners Equality Outcome leads in CPP organisations EQIA leads in CPP organisations DPO leads and DPO members	<ul style="list-style-type: none"> Equality Outcomes and related priority actions to be co-designed and involve disabled people, with DPOs resourced to support participation EQIAs to be co-designed and involve disabled people, with DPOs resourced to support participation Staff throughout CPP organisations advance participation by disabled people 	<ul style="list-style-type: none"> Number of Equality Outcomes and actions co-designed with disabled people Number of EQIAs co-designed with disabled people Actions taken to advance disabled peoples' participation throughout CPP organisations 	<ul style="list-style-type: none"> Codesigned Equality Outcomes and actions in some CPP service areas Co-designed EQIAs underway in some service areas Joint monitoring by DPO leads and CPP Heads to capture progress 	<ul style="list-style-type: none"> Codesigned Equality Outcomes and actions in more CPP service areas Co-designed EQIAs completed in more service areas Ongoing joint monitoring by DPO leads and CPP Heads

	Issue	Who	Action	Indicators	Progress at 6 months	Progress at 12 months
8	Accessibility: real world and online world	Heads of all Community Planning Partners DPO leads	<ul style="list-style-type: none"> Co-design actions within existing strategies (e.g. Flourish Glasgow), plans (e.g. Community Plan) and services to improve real-world accessibility for disabled people across Glasgow Co-design actions within existing strategies, plans and services to improve online-world accessibility for disabled people across Glasgow 	<ul style="list-style-type: none"> Actions within existing strategies, plans and services Measure progress in accessibility via photos/ surveys / focus groups Equalities measure (e.g. online access for disabled people previously digitally excluded) 	<ul style="list-style-type: none"> Evidence of increased participation and real-world access Evidence of increased participation and access to the online world 	<ul style="list-style-type: none"> Further increases in real-world accessibility for disabled people Further increases in number of disabled people with new online access
Other	Employment of disabled people by CPP organisations	SEE SEPARATE SRTF DISABILITY WORKSTREAM REPORT ON POVERTY AND EMPLOYMENT				

6. Conclusion

‘Just because you can’t do everything, don’t make the mistake of not doing anything. Starting small and doing it right. Knowing you can make mistakes and not be frightened.’ (22 April 2021 participant)

The active and direct involvement by disabled people in the planning, delivery and evaluation of services and interventions in Glasgow is core to the City’s post-Covid recovery, and so to build back fairer (Marmot et al, 2020). Key to achieving this is that the above recommendations are embraced and championed by elected members and senior service leads across the CPP, working together with Disabled Peoples’ Organisations in Glasgow.

7. Acknowledgements

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8. Participation resources and contacts

a. Disabled Peoples’ Organisations in Glasgow

Glasgow Disability Alliance: <https://gda.scot/>

Glasgow Centre for Inclusive Living: <http://www.gcil.org.uk/>

People First: <https://peoplefirstscotland.org/>

Mental Health Network: <https://www.mhngg.org.uk/>

Flourish House: <https://www.flourishhouse.org.uk/>

b. Resources to support disabled peoples' participation

Rough guide to inclusive engagement with disabled people:

<https://gda.scot/resources/budgeting-for-equality/> (see Appendix 1)

Action research about participation for disabled people in Glasgow:

<https://gda.scot/resources/budgeting-for-equality/>

Inclusion of disabled people in Participatory Budgeting:

<https://gda.scot/resources/participatory-glasgow-leaving-no-one-behind/>

The problem with Disability Awareness simulation exercises:

<https://ilmi.ie/a-day-in-my-wheels/>

<https://nfb.org/sites/default/files/images/nfb/publications/bm/bm14/bm1401/bm140107.htm>

9. Participation resources and contacts

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