

Peer2Peer Project with vulnerable adults 2009/10

A Thurrock Community Empowerment Network project delivered in partnership with Thurrock Disability Network and Thurrock Lifestyle Solutions CIC.

Funded and supported by the Take Part in Thurrock project.



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Forward

Disabled and older people can be excluded from the democratic decision making process for all sorts of reasons. When Thurrock Council adopted the Social Model of Disability in 2002, Members agreed that people are disabled not by their diagnosed conditions, impairments or illnesses but by the society in which we all live. The barriers that prevent them leading ordinary everyday lives like other citizens are mainly created by people's attitudes, by the way society is organised and often by actual physical constraints. Thurrock Disability Network and Thurrock Lifestyle Solutions CIC support the Peer to Peer initiative as the beginning of a process to understand what really disables people and what can be done to ensure that more people feel socially included and empowered.

We believe that Peer to Peer conversations may be able to achieve more effective outcomes than formal consultation processes. It is more likely that a truer picture of an individual's feelings and concerns is obtained through a peer interview. Disabled and older people are often worried that if they express their opinions about the quality of services too directly to those who can influence service delivery, there will be an impact on the help they receive. Such perceived power differences are obstacles at least partly removed by someone being asked questions by a person they see as in a similar position to themselves, as opposed to a 'professional'. The interviewer gains in confidence and skills; and both gain in knowledge which itself is empowering.

We support the Peer to Peer survey as an approach to identifying the ways in which disabled and older people see the limitations on and opportunities for social engagement and influence. This work on identifying the barriers in Thurrock that prevent disabled and older people getting involved in their communities can only be a start. If acted on, however, it may mean more disabled and older people have the chance to participate in their local area and in ordinary activities of their choice. Disabled people will then be able to decide how and when to make their contributions in their own ways. Through publishing the outcomes of this Peer to Peer research and taking action informed by it, we hope disabled and older people can become both more included and more empowered within their communities in Thurrock.

Thurrock Disability Network
Thurrock Lifestyle Solutions CIC
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SECTION 1 - Peer2Peer research project with disabled and vulnerable adults.

In Autumn 2009, Thurrock Community Empowerment Network (TCEN) and the Thurrock Disability Network (TDN) in partnership with Thurrock Lifestyle Solutions CIC (TLS) jointly undertook a project to conduct a peer to peer study into the disabled community of Thurrock, focusing on issues around civic participation, barriers to taking part, perceptions on influencing decisions and views on some key local public services.

Peer to peer research involves a group of individuals being trained and given the skills and support to go out and talk to people of a similar background to themselves and ask questions. The answers to these questions are then used to inform decisions about local communities.

TDN and TLS brought together 14 individuals from across Thurrock of mixed gender, age and having various disabling conditions who underwent training in market research to carry out the project with their peers. A handful more who could not attend the training and had links into seldom heard voices were also asked to work on the project. It was carried out successfully and competently, achieving the objectives initially set out. Through the peer to peer approach, with individuals being asked to try to bring back ten questionnaires each, we obtained **137** completed questionnaires containing the high quality data looked at in detail in this report.

1.1 Background

In line with the national transformation agenda, hearing the views and priorities of local residents is becoming increasingly important as Thurrock's public agencies seek to improve the provision of services in our local area.

There are many methods to consult with local people in Thurrock, although there is no real provision to meaningfully listen to the disabled sector beyond the work of the Thurrock Disability Network. Disabled people and/or those with long term medical conditions form a relatively large part of the Thurrock community, and although this is acknowledged, little work has been done to engage with the sector to shape the services disabled and older people receive as citizens of Thurrock.

This project was specifically designed to engage with this traditionally 'hard to reach group', it aimed to identify the level of civic participation from the disabled community as well as gauging their perceptions on individuals' abilities to influence decisions and barriers to taking part, as well as an opportunity to express views on local services.

Thurrock Community Empowerment Network (CEN) has a direct interest and considerable experience in accessing and consulting with various communities in Thurrock through working with existing networks and utilising existing expertise. To that end, Thurrock CEN worked with and through the Thurrock Disability Network who already had considerable experience and presence within the disabled community in Thurrock and in turn involved Thurrock Lifestyle Solutions, a Community Interest Company run by disabled people.



1.2 Objectives

The overarching aims of this project were three fold.

1. To produce a high quality report that is informative and of use to the service providers in Thurrock.

Parallel to this, and as the report accurately represents the needs and issues of the sample disabled and vulnerable adult community approached for the research, we would want to ensure the information is also used to inform service planning and delivery where it is appropriate.

2. To provide structured training on various aspects of research including communication skills and health and safety to enable the peer cohort to effectively conduct the research and also to generate a future resource in these individuals.
3. To raise awareness and promote civic participation within Thurrock's disabled and vulnerable adult communities, whilst raising the profile of the Thurrock Disability Network and so aiding their organisational development as an amplifier of those hard to hear voices.

1.3 Methodology

In Autumn 2009 Thurrock Community Empowerment Network (TCEN) and the Thurrock Disability Network (TDN) agreed to jointly undertake a peer to peer research project into the disabled and vulnerable adult community in Thurrock. The project required TDN to gather a cohort of individuals with impairments or long term medical conditions to be part of a two day research training programme. The training involved 14 individuals of mixed ages and gender with various conditions being taught the principles of market research. The training also provided an opportunity to develop the proposed questionnaire with the participants to ensure the style and language were as appropriate as possible.

Once trained the researchers then conducted targeted peer research within the disabled and vulnerable adult community in Thurrock through one to one questionnaires. TDN were commissioned to provide support in delivering this project and the participants were given expenses on a per unit response basis, this financial support was designed to provide an incentive to maximise the response and also to secure some core funding for TDN through the process.

The pre-selected questions within the peer to peer survey were focused on the following themes.

1. Civic participation
2. Engagement and consultation methods
3. Democratic participation and experiences
4. Barriers to activity
5. Local public services



In order for the data to be of high quality, the research was conducted with strict targeting criteria to identify the individuals we wished to survey. The requirements were as follows:

- 1. Individuals must be residents of Thurrock**
- 2. Must be over 16 plus**
- 4. There must be a mix of men and women targeted in the research**
- 5. Individuals must be from all circumstances e.g. marriage status, employment status**
- 6. Individuals must have an impairment or long term medical condition**

TCEN then processed and analysed this data internally. The data was processed into Microsoft Excel format which was then analysed to produce a comparative, informative report which can be presented both graphically and as a written report. This report may be of particular significance, as it will tie in with the Thurrock Council's Place survey to provide a useful point of comparison and a useful source of information.

Analysis

The following section of this report contains the breakdown and analysis of the data collected from the peer-to-peer research interviews. Each interview took between 15 and 20 minutes, and with 137 surveys completed, this represents nearly 50 hours of one to one consultation and feedback. These completed surveys were screened by the Thurrock Community Empowerment Network for quality, and then processed internally to ensure accuracy and consistency.



SECTION 2: Profile

2.1 **GENDER:** Male 58 (43%) Female 76 (57%) Unanswered 3

2.2 **AGE:** The average age of our data set was **57 years**.

Table 2.2: Age of participants

Age	Number
16-25	8
26-35	8
36-45	22
46-55	16
56-65	34
66-75	27
76-85	17
86 plus	5

2.3 **IDENTIFIES AS BEING DISABLED:** Yes 66 No 69
(Less than 50% identify as being disabled)

2.4 **LONG TERM MEDICAL CONDITIONS:** Yes 113 No 24
(82% said yes)

Table 2.4: Medical conditions.

Condition	Number of respondents
Heart condition	1
Learning Difficulty	14
Long Term medical Condition	53
Mental illness	7
Physical Disability	33
Sensory Impairment	3
Other	2



2.5 LENGTH OF RESIDENCY IN THURROCK.

Table 2.5: Years in Thurrock

Years	Number	%
1 to 5	11	8.27
6 to 10	10	7.52
11 to 15	6	4.51
15 plus	106	79.7

2.6 SUMMARY OF PROFILE

From the information above the data set was diverse, providing a fair reflection of Thurrock's disabled and vulnerable adult population. This included a fairly even spread of gender, age and disability/condition. The sample, although it included some individuals from other ethnic backgrounds, was predominantly White British (98% of individuals).

There are some interesting results found within this basic data, primarily this includes the samples perception of themselves and how they identify themselves. Only 47% of individuals responded that they were a disabled individual, despite 82% stating they have a recognised long term medical condition. When this information was compared to the age of respondents, the information suggests that the age groups between 55 and 75 gave the highest response (64%) to not recognising themselves as being disabled, despite indicating they have a long term medical condition.

We also broke this information down by gender and discovered men were much more likely to respond 'yes' to being disabled than women, with 56% of men saying yes compared to only 43% of women.

It is also interesting to see that the majority of the sample had resided in Thurrock for over 15 years (80%). This suggests a lack of representation of Thurrock's new communities in this sample.

2.7 IMPLICATIONS

The implications from this data are firstly that the sample set is a reliable source to give accurate estimates for this community. Secondly it may indicate a large group of individuals, who do not recognise themselves as being disabled but who identify as having a long term medical conditions, may be excluded from the additional support and benefits to which they may be entitled.

From the data females in the age bracket of 55 to 75 are most unlikely to identify themselves as disabled.

It also suggests the term 'disabled' is not recognised by or appropriate to identify all adults with long term medical conditions, especially in the older age ranges, and this should be considered when communicating and corresponding with this part of the Thurrock community.



SECTION 3: Engagement and contact

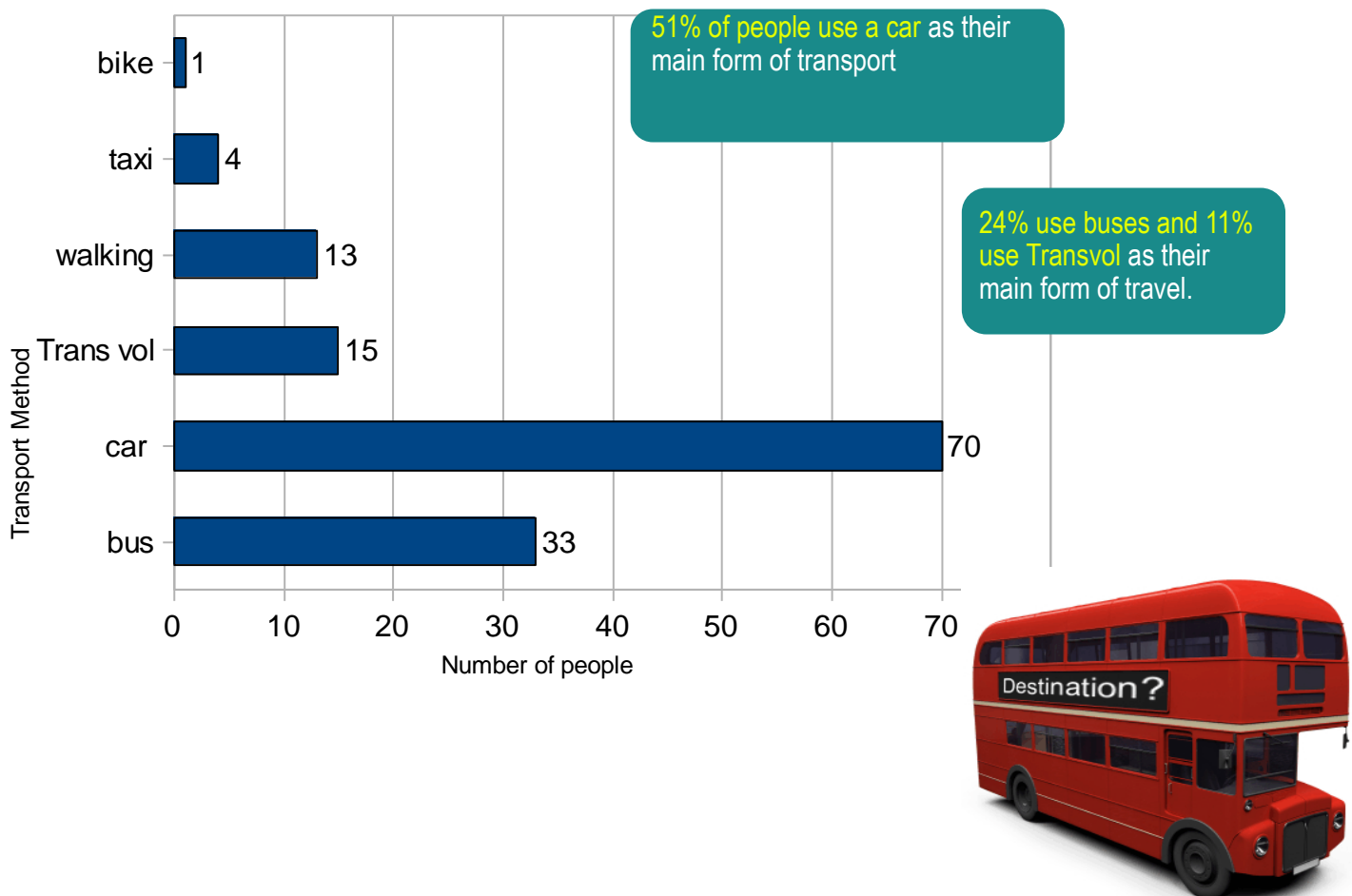
A key element of this project was to identify ways to improve civic participation and community engagement levels within the disabled and vulnerable adult community. With this in mind we asked several questions of our sample, including transport methods, contact preferences and attitudes towards community involvement. The information below sets out our findings.

3.1 WHAT IS YOUR MAIN FORM OF TRANSPORT

Table 3.1: Transport methods

Bike	1
Taxi	4
Walking	13
Transvol	15
Car	70
Bus	33

Graph 3.1 – Transport methods





3.2 INTERNET ACCESS

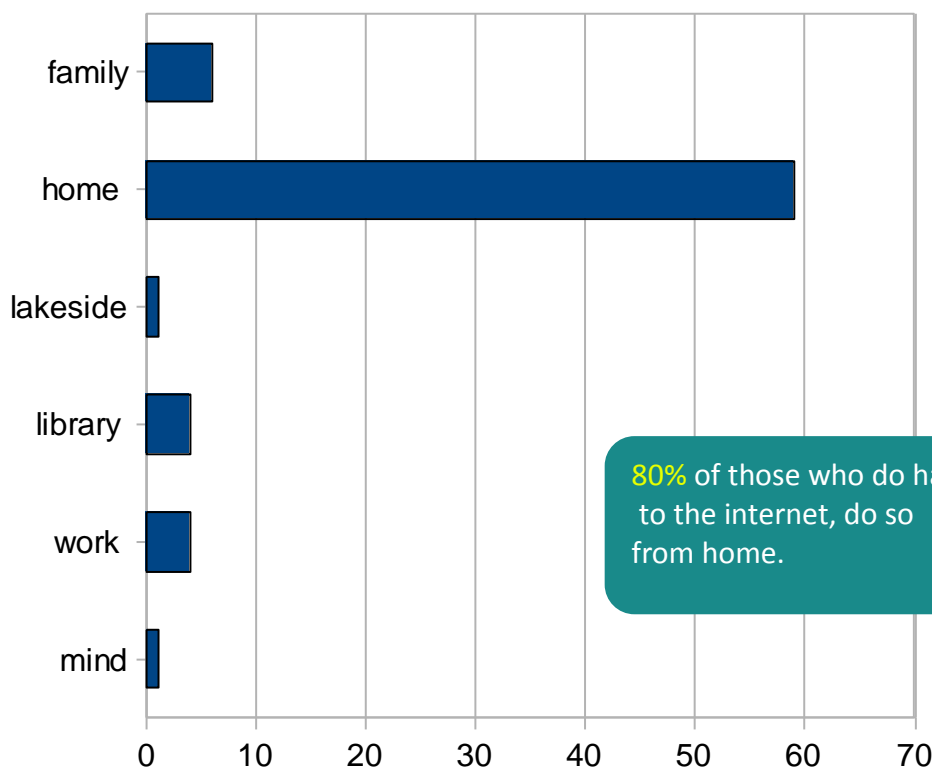
The table below demonstrates the samples response to whether they had access to the internet and if so, where.

Table 3.2a: Internet access

Response	Number	Percentage
Yes	74	54
No	62	46

Table 3.2b: Location of internet access.

Where	Number	Percentage
Family	6	8
Home	59	80
Lakeside	1	1
Library	4	5
Work	4	5
Mind	1	1



Only 54% say they had access to the internet

80% of those who do have access to the internet, do so from home.

When we broke this information down by gender, we discovered the women in our sample were much less likely to have access to the internet with 55% of female respondents indicating they had no access compared to 34% of men.



3.3 WHAT IS THE BEST WAY TO ASK YOUR OPINION?

We also asked the question 'what is the best way to ask your opinion about your local area'. This is very important given the growing significance of community engagement and a desire to listen to the public's views. The table below demonstrates the sample set's response to this question.

Table 3.3: Asking Opinions

Face to Face	1
Forum	1
Public meeting	11
Telephone	36
Post	59
Email	27

43% indicated the best way to contact them is by **post** and 27% said by phone closely followed by email.

The data found in the previous question regarding women in our sample set generally being less likely to have internet access than men also transfers to this question. From the data shown above, both men and women prefer to be contacted by post, however 31% of men stated they prefer to be contacted by email compared to only 12% of women.

3.4 WHERE DO YOU GET MOST OF YOUR INFORMATION?

In order to reach this section of the community it is important to understand where they get most of their information from. The table below demonstrates the sample set's response to this question.



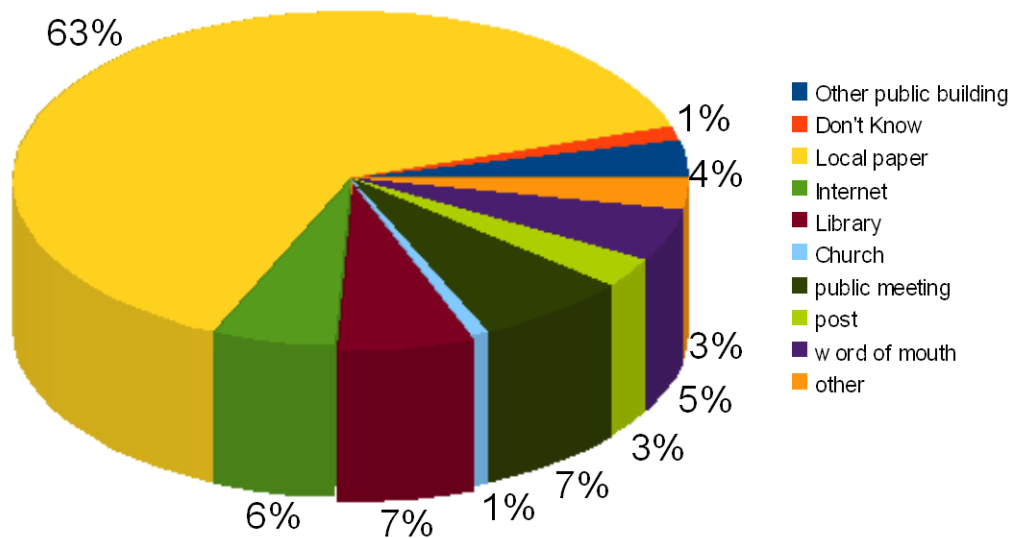
An overwhelming **63%** of individuals say they get most of their information from the **local Thurrock newspaper**



Table 3.4: Information

Response	Number
Other public building	5
Don't Know	2
Local paper	86
Internet	8
Library	9
Church	1
public meeting	10
post	4
word of mouth	7
other	4

Graph 3.4 Where do you get most of your information from?





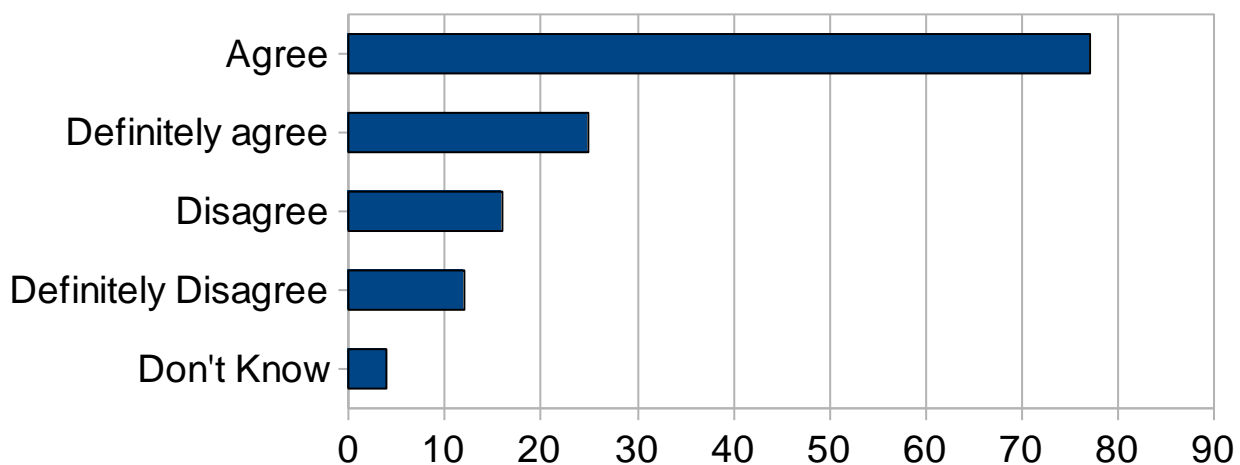
3.5 IF YOU WERE GIVEN THE OPPORTUNITY TO HAVE A SAY ABOUT SERVICES IN THURROCK HOW LIKELY WOULD YOU BE TO RESPOND?

Given the growing emphasis on community engagement placed by local and national government, we asked a question to gauge the appetite our sample has to have a say about their area. The table below shows the breakdown of this information.

Table 3.5: Having a say

Agree	77
Definitely agree	25
Disagree	16
Definitely Disagree	12
Don't Know	4

When asked how likely they would be to respond to an opportunity to have a say about their local area **76% agreed or definitely agreed that they would.**



There was no significant indicator highlighted due to age, gender etc. The results tended to mimic the general make up of the surveyed group.



SECTION 4: Involvement and barriers

This section of the survey was focused on assessing the level of involvement the disabled and adult community is currently engaged with and also to assess any barriers to community involvement.

4.1 ARE YOU A MEMBER OF A LOCAL GROUP

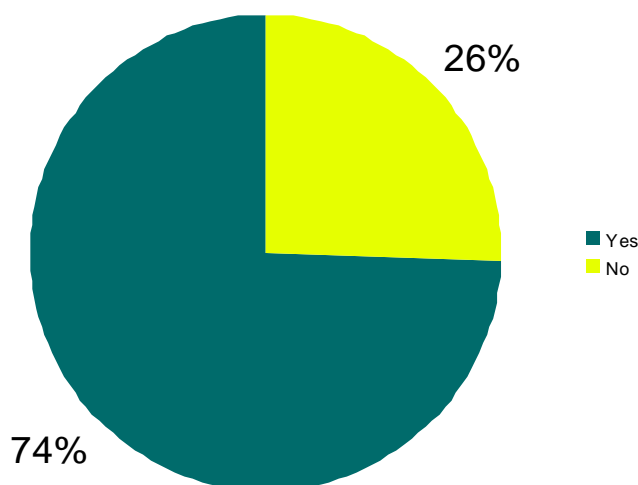
Table 4.1: Are you a member of a local group

Yes	102
No	35

A massive 74% of individuals stated that they were involved in some form of community group, or multiple groups. These groups were very mixed and included a drop in service for people with learning difficulty at Chadwell, the Thurrock Parkinson's Group, community forums and TDN itself amongst others.

It is thought likely that peers sought members of groups of which they were members to interview initially as they practised their skills and thus somewhat biased the likelihood that people would be group members.

Graph. 4.1 Diagram showing proportion of individuals involved in a community group.





4.2 LOCAL CONSULTATIONS

A key part of the public sectors communication with residents is through consultation, where service providers ask the views and opinions of residents about service provision and key public decisions. We asked our sample whether they have been aware of any of these consultations and whether they took part. The following table shows how many of the sample set have been aware of any consultations.

Only 35% of all participants said they had been aware of any consultations in the past 12 months.

Table 4.2: Awareness of local consultations

Answer	Number	%
No	90	65.69
Yes	47	34.31

On reviewing all the responses to the survey there is no indicator to suggest why those that were aware of consultations, should have been any better informed than those who were unaware.

4.3 DID YOU TAKE PART ?

Of those who had responded yes to being aware of any consultations in the past 12 months, we asked whether they had then proceeded to take part.

75% of individuals who said they had been aware of local consultations said they had taken part.

Table 4.3: Did you take part?

Yes	35
No	23

4.4 WHY NOT?

We then asked the individuals who did not take part why they had not done so. The responses are shown in the table below.

Table 4.4 Why not?

No Information	8
Health	2
Cannot write	1
Absent	1



4.5 DO YOU FEEL THERE ARE ANY BARRIERS TO YOUR INVOLVEMENT?

An important issue that is often raised within the disabled and vulnerable adult community is access and other barriers to taking part. These may be physical, organisational or psychological, behavioural and social perceptions that they themselves or others hold. We explored this by asking the opinion of the sample set on whether they think there are barriers to taking part in their community. Most admitted no awareness of barriers.

Table 4.5: Any barriers to involvement ?

Yes	51
No	82



When asked whether they felt there were any barriers that stopped them from becoming more active in their community only **38% said yes**.

There were more barriers faced by those over 56, 75% and these related in the main to transport and health or disability.

4.6 IF YES WHAT?

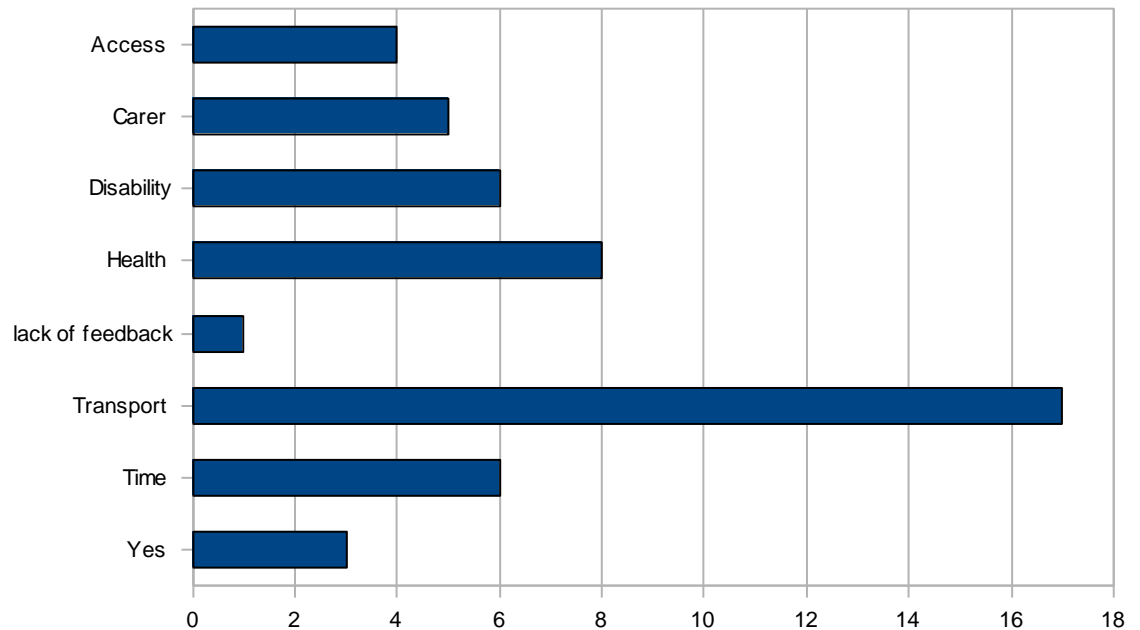
The table below details what sort of barriers individual participants said they faced in their community.

Table 4.6: What are the barriers?

Access	4
Carer	5
Disability	6
Health	8
Lack of feedback	1
Transport	17
Time	6
Yes	3



Graph 4.6 Barriers to involvement



SECTION 5 Influencing decisions

Community engagement and civic participation is fundamentally about influencing decisions.

In this section of the survey we asked questions to discover to what extent our sample set influence decisions and feel they are able to influence decisions in their local area.

5.1 DID YOU VOTE IN THE LAST ELECTION?

Perhaps the most fundamental form of influencing decisions, is through democratic elections, votes directly correspond to decisions of representation in local communities. We asked our sample set whether they had voted in the last local elections, the table below demonstrates their answers.

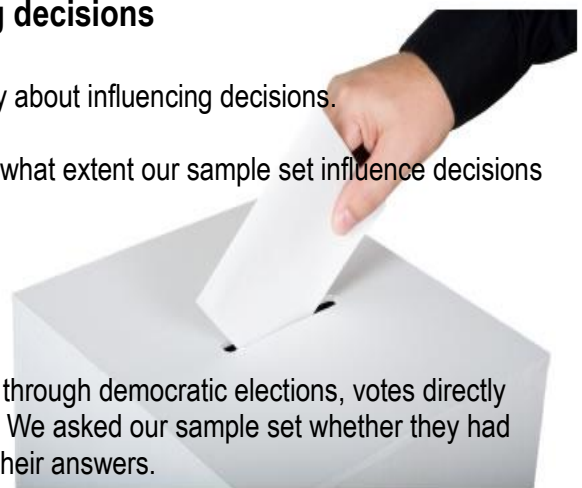


Table 5.1: Did you vote in the last election?

Response	Number	Percentage
Yes	89	65.93
No	46	34.07

As shown in the table above **66%** of our participants responded that they had voted in the last local election, this figure is compared to a **Thurrock wide turn out of 29% in 2006**.

This percentage of 66% is less than the 76% of respondents from this sample who had said they 'would have



a say' if they had an opportunity in their local area (section 2.5, page 8). It would appear that for some voting does not count as having a say.

5.2 IF NO, WHY NOT?

For those who answered that they did not vote in the last election we asked them why not? As shown in the table below the predominant response was 'no response'.

Table 5.3: Why not?

No response	29
Not registered	5
Religious	1
Transport	1
Never has	3
Health	3
Don't like to go out	2
Alienated	2

5.3 DO YOU KNOW YOUR LOCAL COUNCILLOR?

Following voting, contacting your local councillor is probably the next best way to directly influence decisions. We asked our sample set a range of questions to discover their level of interaction with local councillors. The table below shows the findings of the fundamental question of whether the participants actually know who their local councillor is.

Table 5.3: Do you know your local councillor?

Response	Number	Percentage
Yes	63	47.37
No	70	52.63

As shown in the results less than half of all our sample knew their local councillor, this is almost 20% less than the number of individuals who voted in the last election.

As part of our project we hoped to raise civic participation and to this end we supplied our surveyors with a list of councillors and wards to inform those who were not aware of their local councillor, who currently represented their area.



5.4 ARE THEY APPROACHABLE?

Knowing your councillor is only part of the picture when trying to influence decisions, there are also issues around whether they are approachable and whether they act upon community issues. The table below shows our samples response to approachability.

Table 5.4: Is your councillor approachable?

Response	Number
Yes	75
No	50

60% of our sample say that their local councillor is approachable despite only 47% actually knowing who their councillor is. Of those individuals who did know who their councillor, only 20% said they are not approachable.

The table below shows some of the reasons why our sample felt they were not approachable.

Table 5.4: Why is your councillor not approachable?

Different politics	2
Difficult to Contact	6
Don't know them	9
No personal interest	5
Only in an emergency	1
They do not listen	4

5.5 HAVE YOU EVER CONTACTED YOUR LOCAL COUNCILLOR?

We then went on to ask the participants whether they had actually contacted their local councillor. Only 30% of people had ever done so. Of the individuals who knew their councillor, 60% had been in contact.

Table 5.5: Have you ever contacted your councillor?

Yes	41
No	92

5.6 HOW EASY WAS IT?

Of those how had contacted their councillor we asked how easy the experience was, 80% of people said that it was very easy or quite easy.



Table 5.6: How easy was it to contact your councillor?

Difficult	5
Quite Difficult	2
Quite Easy	18
Very Easy	16

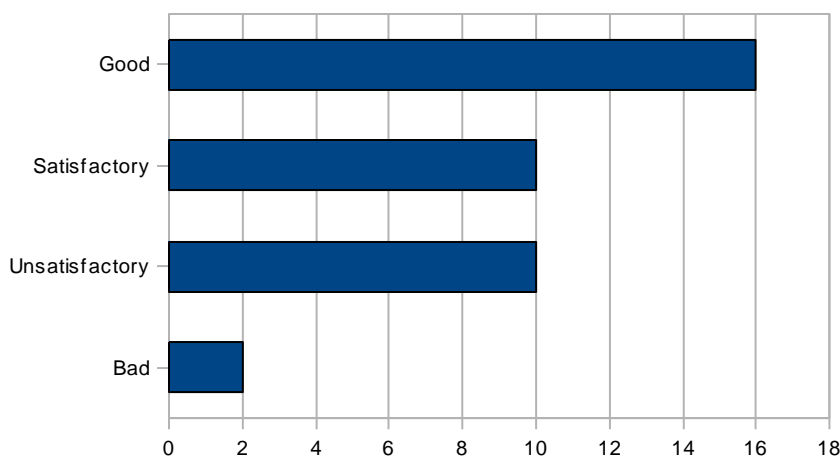
5.7 WHAT WAS THE OUTCOME?

An integral part to the success of councillors as a channel to allow communities to influence decisions, is obviously the outcomes that occur as a result of contacting them. The table below shows the response our sample set gave regarding the outcomes following contacting their councillor.

Table 5.7: What was the outcome?

Good	16
Satisfactory	10
Unsatisfactory	10
Bad	2

Graph 5.7 What was the outcome of contacting your councillor?





5.8 ARE YOU AWARE OF YOUR LOCAL COMMUNITY FORUM?

In Thurrock we have 20 community forums, one based in each ward. These forums act as conduit between the local people and the public sector agencies, lobbying local priorities and coordinating local community projects on behalf of the local residents. The forums are inclusive and encourage participation from any local resident in the area and organisations based in their ward.

The forums form a crucial non political alternative for local people to influence decisions. From our sample set 56% of people were aware of their forum, 10% higher than the number of people who knew their local councillor. The samples response to awareness of community forums is shown below.

Table 5.8: Are you aware of your local forum?

Yes	76
No	58

5.9 WOULD YOU ATTEND YOUR LOCAL FORUM IF THERE WAS SOMETHING RELEVANT BEING DISCUSSED?

The merit of community forums is not necessarily the number of regular participants, but as a platform to raise issues as and when they arise. This sample data certainly supports this theory with 70% of individuals stating they would attend if something relevant was being discussed. The results of this question are shown in the table below.

Table 5.9: Would you attend your local forum if something relevant was being discussed?

Yes	93
No	38

5.10 IF NO, WHY NOT?

Table 5.10: If you wouldn't attend your forum, why not?

Access	1
Do not go out at night	3
They will not listen	1
I do not know about them/where they are based	2
Transport	4
Rubbish	1
Time	5
Sight / hearing	2



5.11 TO WHAT EXTENT DO YOU FEEL YOU CAN INFLUENCE YOUR LOCAL AREA?

This is a fundamental question which relates to National Indicator 4. This indicator is used to measure Thurrock as an area and comes attached with reward money from Government if the target is achieved. It is also a fundamental question of relevance to our survey as it gauges perceptions of our sample set on influencing decisions.

This table shows the results to the question.

Table 5.11: Do you feel you can influence your local area?

Response	Number
Agree	47
Definitely agree	14
Disagree	58
Definitely Disagree	14

The area target for National Indicator 4 is 31% in our survey 47% indicated they feel they can influence decisions in their local area. This is obviously well beyond our target and well above the national average of 29% (Place Survey 2008).



Section 6: Services

The final part of this project was to identify how our sample set rated a range of public services they receive in their local area. The participants were asked questions on pre selected services which were most appropriate to the target demographic. We asked firstly how you rate your local services on how easy they are to access and secondly on how good they are.

6.1 HOW DO YOU RATE YOUR SERVICES ON HOW EASY THEY ARE TO ACCESS?

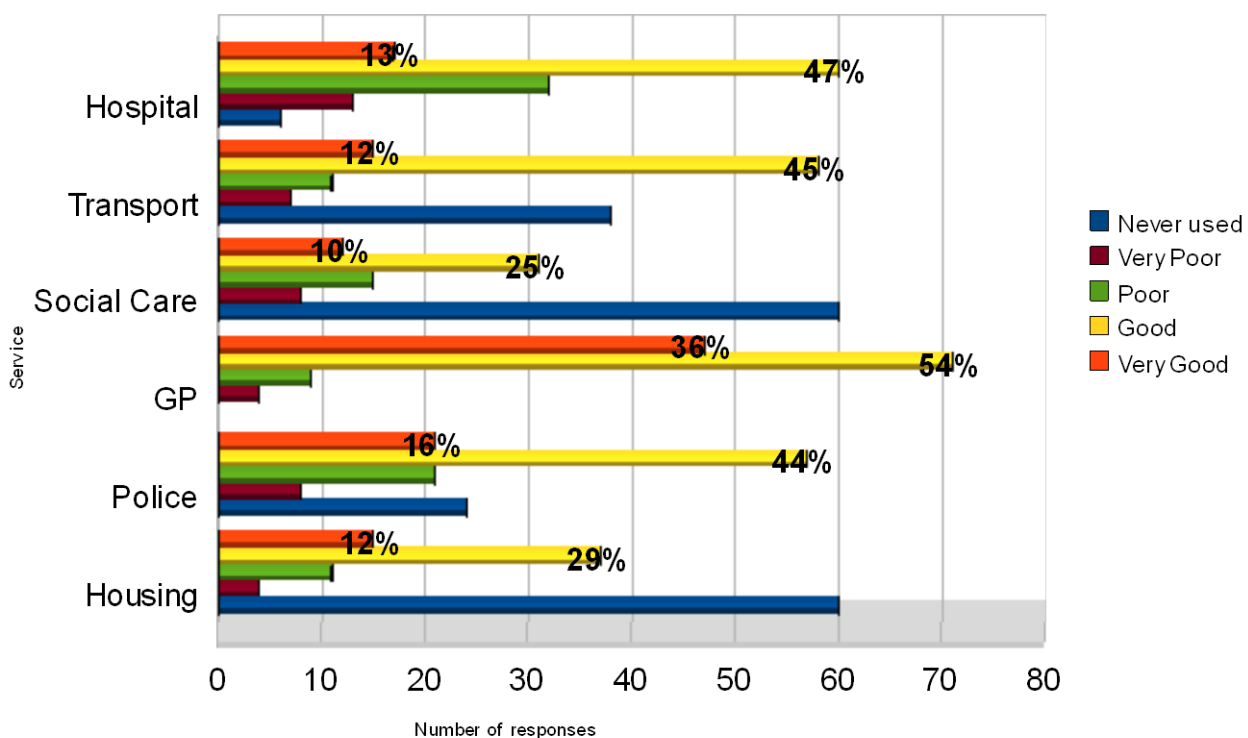
The first question focused on accessibility of services or how easy they are to use, this includes location, any costs incurred, information availability etc.

The table below shows the sample sets response to each service.

Table 6.1: How easy are services to access?

	Housing	Police	GP	Social Care	Transport	Hospital
Never used	60	24		60	38	6
Very Good	15	21	47	12	15	17
Good	37	57	71	31	58	60
Poor	11	21	9	15	11	32
Very Poor	4	8	4	8	7	13

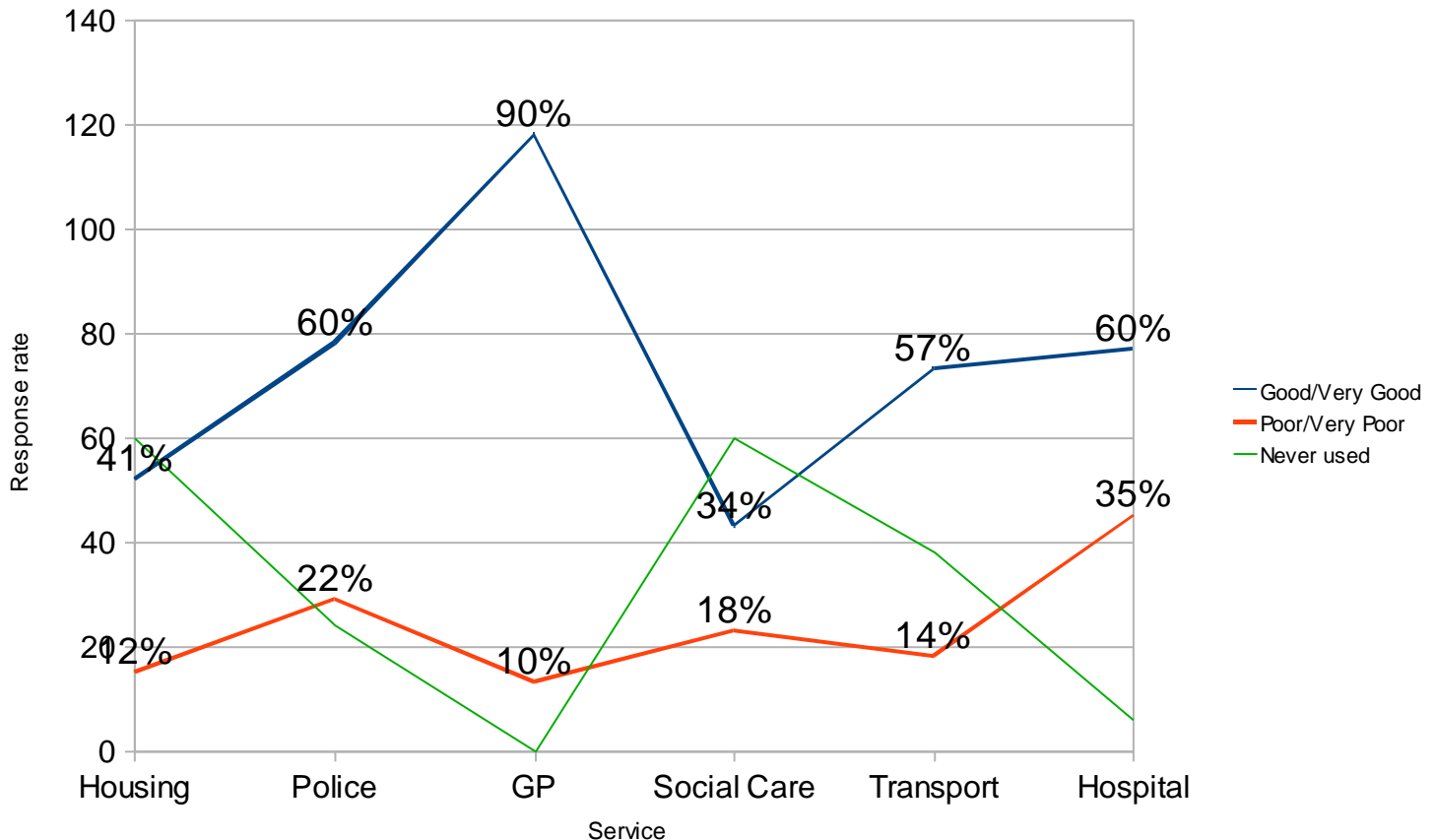
Graph 6.1 How easy are your services to access.





The two graphs illustrate that in all services, the majority of responses were positive with GP/Medical centres receiving 90% positive feedback followed by the police service and the local hospital receiving 60% good or very good responses.

Graph 6.1b Trends (How easy services are to access).



It is however essential we consider the 'never used' statistics from the sample data (shown by the green line on the diagram above).

On the raw data It is easy to see more of the sample set has given positive answers to the hospital service than to social care services 60% to 34% respectively. However when we remove the 'never used' data, we have only responses of those who have actually used the service and this gives a very different picture.

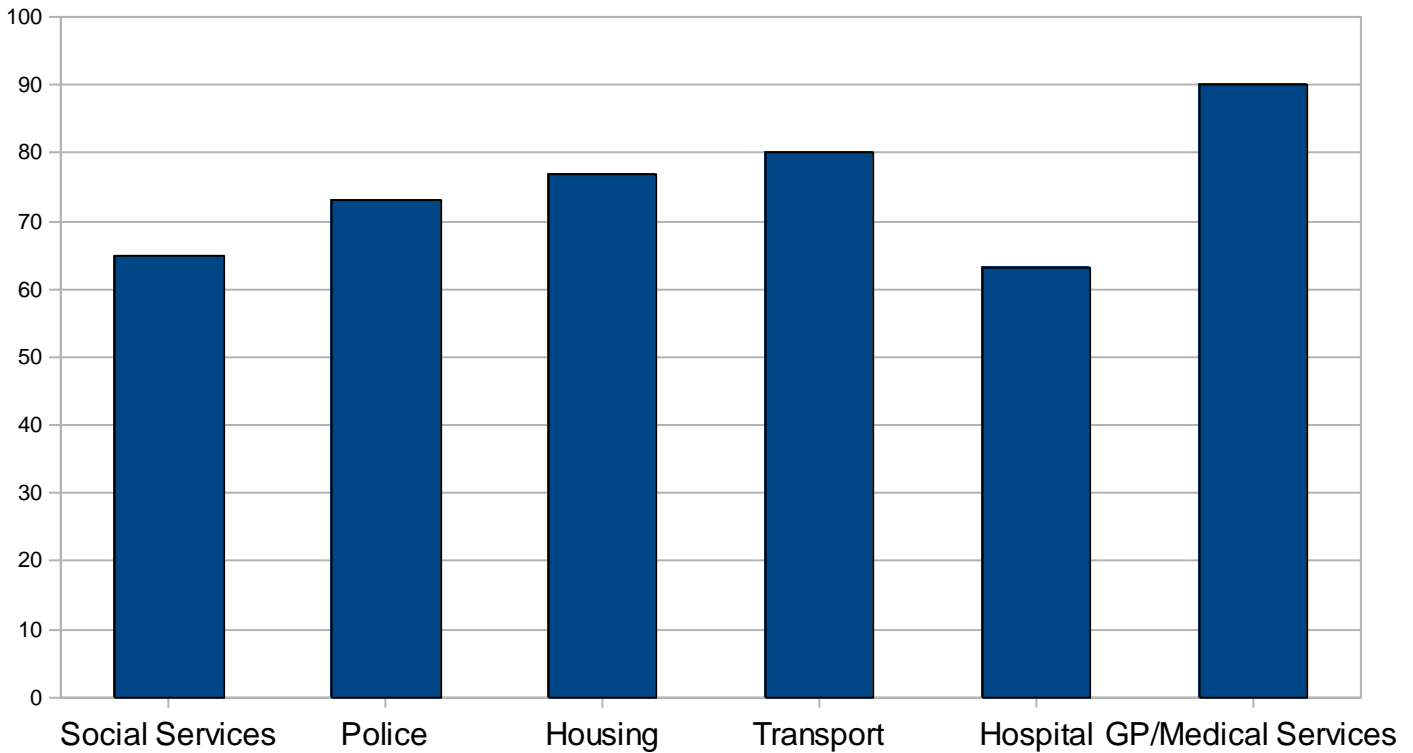
65% of individuals who have actually used social care services report positive feedback compared to only 63% of individuals who have actually used the hospital service. This is a change of 31% in social care responses.

It is also interesting to analyse the trends in the responses, note the opposing symmetrical pattern of the green (never used) line and the blue (good/very good) line. This indicates that the more people who have not used the service the less people give positive responses, however the red (poor/very poor) line remains fairly constant. This is indicative that a proportion of the sample set has a negative perception of local services whether used or not. Those who have used services are generally positive with their feedback.



The graph below shows the samples responses with the 'never used' data removed. As you can see the satisfaction levels are much closer together when the 'never used' data is removed.

Graph 6.1c- How easy are your services to access (never used data removed)



6.2 HOW DO YOU RATE YOUR SERVICES ON HOW GOOD THEY ARE?

The second part of this question was about rating local services on 'how good they are' or the quality of the service they provide.

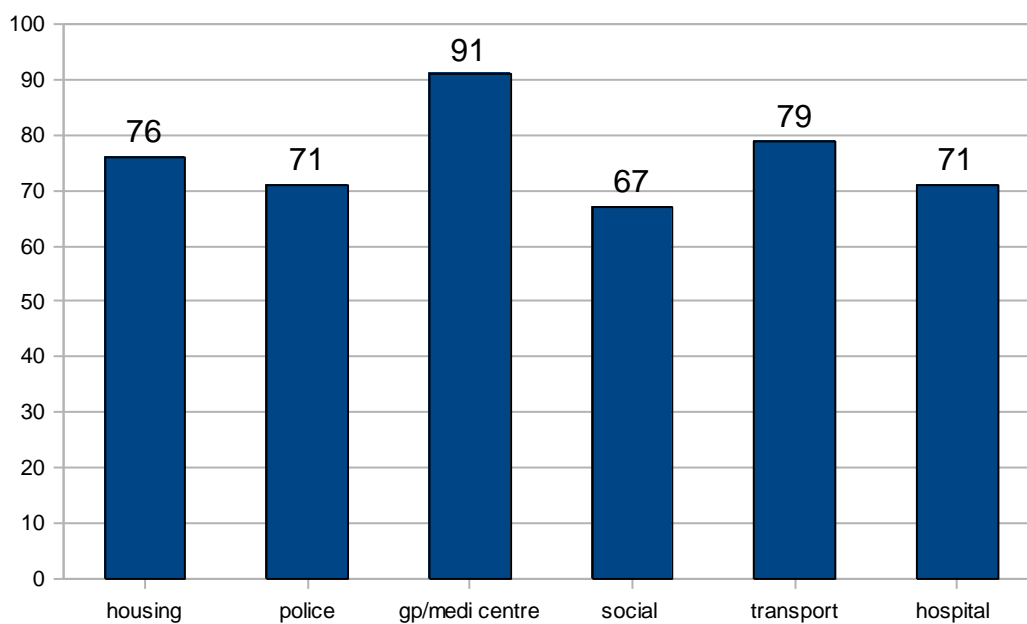
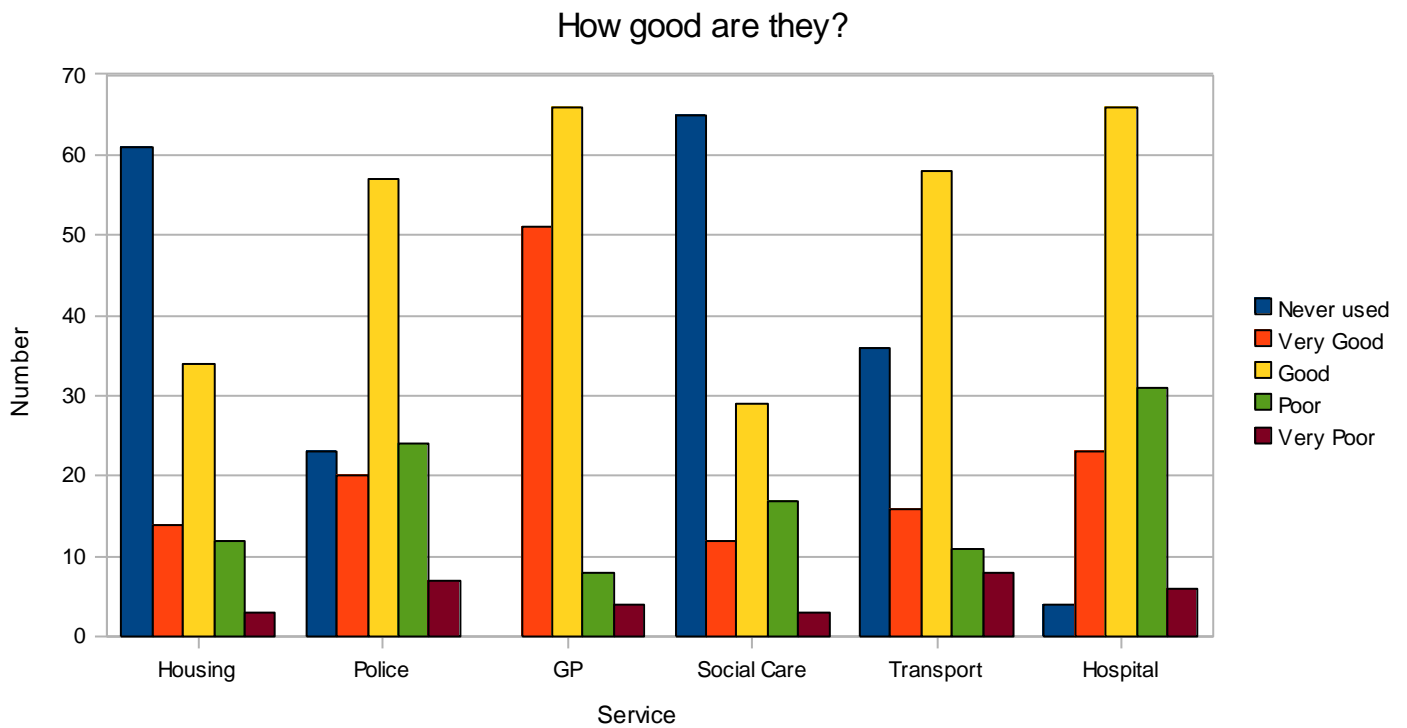
The table below shows the sample's response to each service area.

Table 6.1: How do you rate your services on how good they are?

	Housing	Police	GP	Social Care	Transport	Hospital
Never used	61	23	0	65	36	4
Very Good	14	20	51	12	16	23
Good	34	57	66	29	58	66
Poor	12	24	8	17	11	31
Very Poor	3	7	4	3	8	6



As shown in the following graph, the majority of respondents indicated that they felt the services they receive are good or very good.

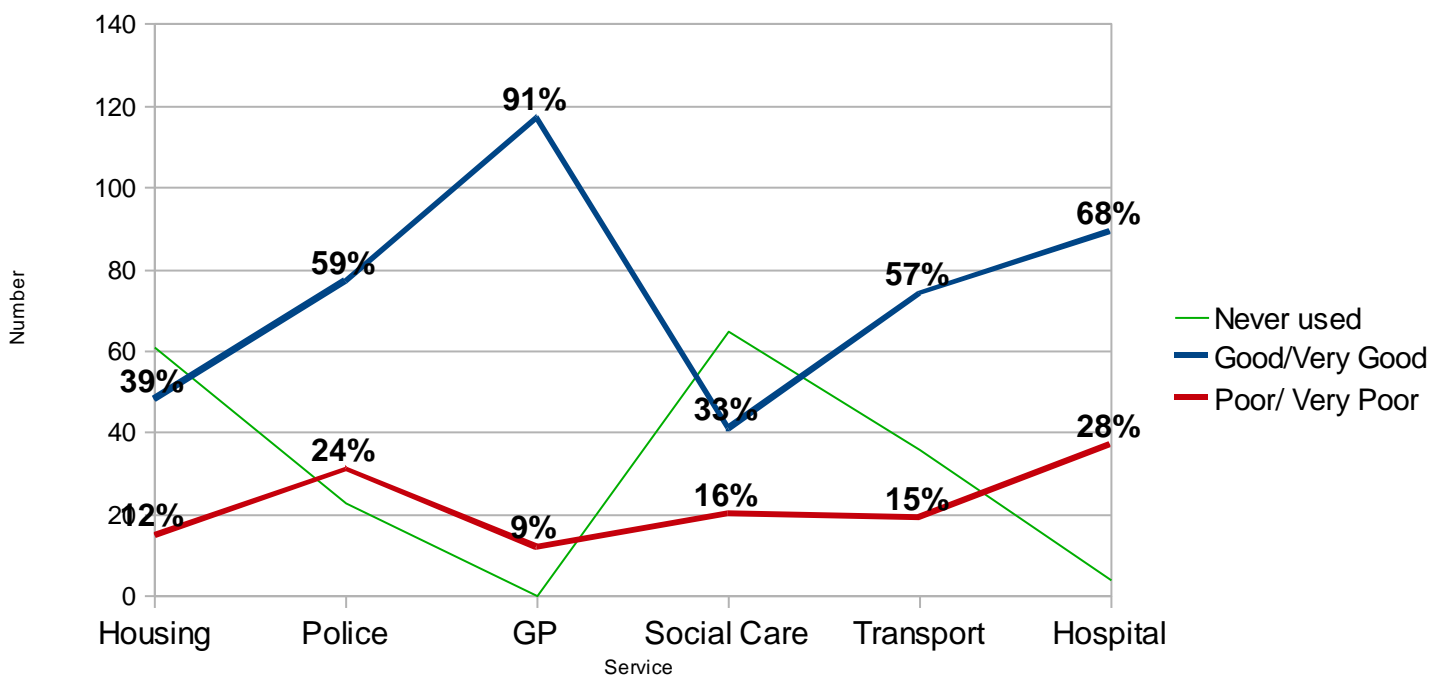




The raw data on the previous page shows that the highest number of positive responses from our sample were for the GP/Medical services with 91% good or very good ratings and the local Hospital with 68%. Housing and Social services had the least number of positive responses with 39% and 33% respectively.

Once again if we remove the 'never used' data it gives us a better impression on how good the services actually are from those who have used them. When this data is removed we see that both housing and transport services improve their rating significantly with 76% and 79% very good/ good responses respectively.

The trends match those previously presented for the access to services question. We observe a fairly consistent red line (poor/ very poor) and the same symmetrical pattern between the blue (good/very good) and green (never used) lines that we saw in the first graph. Again this suggests a innate negative perception in our sample which gives a certain level of dissatisfaction, whilst the red/blue line pattern suggests a positive experience when the services are actually used.





SECTION 7 – An evaluation and comments

This was an exercise that broke new ground in the effort to engage disabled and older people in a consideration of the extent to which they were involved in their communities, participated in decision making opportunities and were aware of barriers which might prevent them from so doing. Some of the outcomes were quite unexpected and others seem to contradict one another, however for a first effort this research is commendable. The principle of involving disabled and older people in asking questions of their peers face to face seems to have resulted in far franker responses than might have been obtained by other methods of enquiry. The questions themselves may require more refinement and the researchers more practice but overall some interesting facts have emerged which may guide future consultations and studies.

People in this research may have admitted to having long term conditions but did not see themselves as being disabled. This has implications for how likely they are to see information and services directed at disabled people of all ages as relevant to themselves if at all and also, critically, how likely they are to understand that they could avoid their conditions becoming disabling by early interventions. The lack of perception of barriers and the fact that they are not seeking ways to surmount those they do identify is also of concern. The car is the main method of transport for 51% of the respondents, followed by 35% who use ordinary 'buses or Transvol but people still quoted transport as being a main barrier to them being involved in their communities. These issues need to be further explored. If more than one in three people surveyed face barriers to getting involved, the possibility of addressing and removing these has to be considered if more disabled and older people are to have the option of full participation.

Half the people surveyed had access to the internet yet only a quarter of those asked favoured being contacted by internet – and most of them were men. People much preferred contact by post or telephone and 63% said they found out most of their information through the local paper. What is published in the local press therefore would seem to have a major influence on what people think they know – and this when it is understood that major areas in Thurrock are not served by the free press because of distribution difficulties. People in areas not served by the Gazette may be disadvantaged if that paper is used as a means to try to convey information to all residents. If people new to Thurrock (who seem most likely to be from BME groups) come to live in these areas they may be put at a double disadvantage and find it more difficult to find out what they need to know. One disadvantage of peer to peer research is that people have to know people to feel confident enough to carry out interviews; one advantage is that when asked people they know will try to answer questions that they might otherwise find extremely uncomfortable.



Whilst efforts were made to skill people up to ask questions, this exercise was a learning experience for both interviewers and interviewees. Following feedback from the interviewers about some issues of interpretation, it seems more effort was needed to ensure the survey questions were clearly expressed and the options for answers were perhaps more closely related to the terms of the question. Despite that people tried to give answers they felt were closest to their views and experiences. Drilling down into some areas might have illuminated some of the reasons why they said what they did - what is regarded as a bad experience with a councillor for example? Interestingly, only about half of those surveyed knew who their councillor was and happily most said when they had contacted them that it was an easy experience with mainly positive outcomes.

There does seem to be a significant difference between those who are aware of ways to influence and say they would wish to (76%) and those who exercised their democratic rights by voting (66%) although even that is much higher than the average number who vote in Thurrock overall. This cohort, maybe because the majority are involved in disability groups and social groups seem more aware of their options than most. The fact that 47% feel they can influence what happens in their local area is in stark contrast to the national picture. There would seem to be some correlation between people who are included in groups and their improved perception of the influence they can exert – whether they chose to do so is another matter and another potentially interesting issue for further study.

Although the main thrust of the questions were to discover what disabled and older people felt and knew about ways of engaging with and influencing their communities, questions about public services raised some more unexpected responses. Most people are satisfied with local services. At the same time there is an underlying and consistently low level of discontent across the board. Since those who have used services mainly respond positively it would appear that this discontent is a perception within the community rather than something that emerges from direct experience. This conclusion may indicate a result of some significance for surveys of the views of the general population and, in as much as this particular sample may or may not be representative, is something that perhaps needs to be more widely explored across the borough in future.

Overall this exercise has proved a stimulating and informative experience for all who participated. The researchers are now experienced, skilled and willing to engage in further consultation with their communities; and the respondents interested in the outcomes of their participation in this novel way of being asked to express their views. Feedback is always a key concern for citizens who take part – and hopefully this report will show how much their participation is valued when the outcomes help to inform decision making in the borough. Certainly the organisations involved would like to think that is what will happen as a result of all the effort that has gone into it. Thank you all.



take part pathfinder

For further copies of this report, more details on the research process or the full breakdown of results, please contact:

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