



**Disabled People's Organisations Sharing Experiences During  
Covid 19**

**Project Report 7 – Disabled Peoples' Organisations Questionnaire**

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July 2022



## DPO Operational Questionnaire June 2022

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### **Executive Summary**

- Before the pandemic most DPOs rented their own or shared premises;
- Following the pandemic most DPOs now operate a hybrid model of renting a premises and working from home;
- Only 2 DPOs have not changed their operating methods as a result of the pandemic. One of these already operated a hybrid model before the pandemic arrived, while the other has returned to pre-pandemic operating methods. The rest now operate a hybrid model, and still follow the Covid rules that were introduced during the pandemic;
- The pandemic has had a huge impact on the ways that the DPO sector now operates;
- Like other areas of life the pandemic seems to have brought forward some changes for some DPOs that were already on the cards before the pandemic began;
- Hand sanitising, social distancing and face masks with client contact are the three biggest changes that remain in place following the pandemic. The safety of disabled staff and customers remains of paramount importance;
- The impact of Covid will be felt long into the future by DPOs, which employ many disabled staff and people with long term health conditions who remain more likely to contract what can become a fatal illness;
- Disability Equality Training and Welfare Benefits Training are two strong areas of expertise that DPOs can offer to outside organisations, including Local Authorities, to generate unrestricted income;
- Diversity, Legislative Issues and DPO Issues are areas of training that many DPOs would like to receive;
- Most DPOs operate a mixed funding organisational model, with some unrestricted revenue generation within that. Training programmes can be quite lucrative within this model. Most DPOs rely very heavily on grant and contract delivery for their incomes; and
- In an ideal world most of the DPOs would like to have a mixed funding model, to reduce over-reliance on any one income stream which could finish unexpectedly or at very short notice. The need for direct core funding – from government or Local Authority – in recognition of the value of these organisations – is emphasised.

***Introduction***

In June 2022 I created a questionnaire to understand in a bit more detail how the pandemic has affected DPOs and their use of their buildings. I was also interested in discovering any DPO training offers or needs, and in hearing any ideas about future funding possibilities.

I had 28 responses in total (about 22% of the 130 English Generic DPOs).

When analysing the answers it became clear that not everyone answered all the questions, hence the figures do not always add up to this figure of 28. However, the responses do provide some indicative data about the current situation for DPOs operating in England.

Although in this document I have tried to group the responses into themes it is clear that rarely do responses fit neatly into one theme or another. People often use the opportunity to talk about a range of issues in their answers. I believe that this is a reflection of the fact that DPOs rarely get the opportunity to talk about themselves, so an opportunity like this is used to the maximum. The groupings within this document are therefore only indicative and not absolute.

***The Findings***

Here I will present the key findings from the questionnaire. For a fuller listing of the responses I received please see Appendix I at the end of this report.

**Q3 Before the pandemic did your organisation –**

Rent space in another organisation’s building, or share a building with another organisation	11
Operate from a building solely rented by your organisation	10
Work from home	2
Operate a hybrid of renting/owning space and working from home.	2
Other	2
Operate from a building you own or co-own	1

The ‘Other’ responses were –  
renting an office in the business centre

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we share an office with Shopmobility in a shopping centre

Before the pandemic 21 out of the total 28 DPOs rented their own, or shared, premises. Only two of these 28 operated a hybrid model which included some home working.

This situation changed dramatically during the pandemic, and remains changed now that we are all 'getting back to normal' –

**Q4 Now that we are 'getting back to normal' does your organisation –**

Operate a hybrid of renting/owning space and working from home.	13
Rent space in another organisation's building, or share a building with another organisation	5
Operate from a building rented solely by your organisation	4
Work from home	3
Other (please specify)	3
Operate from a building you own or co-own	0

The 'Other' responses were –

operates from an office in a business centre

as above – we share an office with Shopmobility in a shopping centre

home visits and libraries

Following the pandemic most DPOs now operate a hybrid model of renting a premises and working from home. These numbers do not show that DPOs have left buildings, either owned or rented, but that they are now operating more of a hybrid model than they were pre-pandemic.

**Q5 Is your organisation operating differently now from before the pandemic in the way you use premises/buildings?**

Yes	24
No	4

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By far the majority of DPOs are now working in different ways from how they were two years ago. For many of these DPOs the new ways of working are proving to be very durable.

### **Q6 If yes then in what way are you operating differently?**

17 respondents to this question talked about how they were now working with more of a mix of hybrid, home working and virtual contact than they were before. This comment sums up the situation for many of the DPOs that responded here –

We have a reduced customer facing space, hire more venues as needed and telephone /web work is undertaken from home. This has eliminated a massive liability (c300k p.a.) but decreased options.

Six DPOs talked about how they were now operating with increased social distance and more space in their premises –

we are renting larger premises for meetings and groups which results in higher costs but alleviates anxiety from members around not having enough space

We were able to move back a wall in the office creating more space. We no longer operate a drop in system and clients must ring a bell so that we can show them into the office

Only one DPO said they had implemented no change post-pandemic, while one had unfortunately closed entirely.

Anecdotally, many DPOs are running a hybrid model with staff working from home for 2-3 days per week, to create more space within the office to allow greater social distancing for staff who need to be there.

### **Q7 Are these differences caused by the pandemic or by other factors – e.g. a lease expired but this was going to happen anyway, or a funding stream that was going to finish anyway –**

Caused by the pandemic	22
Caused by other factors	3
<b>TOTAL</b>	<b>25</b>

Clearly the pandemic has had a huge impact on the ways that the DPO sector now operates.

### **Q8 If they were caused by other factors what were these exactly?**

Although only 3 people said their organisational changes were caused 'by other factors', 8 people answered this question which I have grouped into themes as follows –

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Four DPOs said they were already changing before the pandemic began –

We were already shifting to a more hybrid approach and better digital. the pandemic just accelerated the change

Two DPOs talked about how their workload had increased –

Ironically, more project work coming our way but without the funding for core costs that could provide additional hours for managing all this new work.

Got lots new members

Ill health and Loss of funding were mentioned by two other DPOs.

Like other areas of life the pandemic seems to have brought forward changes for some DPOs that were already on the cards before the pandemic began.

### **Q9 What, if any, precautions is your organisation currently following in your office space relating to the Covid virus? Please tick all that apply**

Other (please specify)	20
Hand sanitising	19
Social distancing	13
Face masks when moving around	7
None of the above	3
Face masks when sitting at a desk	1
All of the above	0

Seven of those who specified ‘Other’ talked about their use of ‘screens’, particularly when dealing with clients –

Screens on all desks where the public will be seen and the public must wear a mask when in the building. Desks moved to provide a safer working environment

Six talked about the continuing use of face masks, though mostly in relation to client contact –

We encourage our staff and customers to wear a face mask if they feel uncomfortable and there is a stock for people to use if others feel uncomfortable.

Of the four other comments ‘ventilation and open windows’ and ‘sanitising of work surface’ seem most relevant here.

Three DPOs explicitly mentioned \Lateral Flow Tests –

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staff testing if any of the 9 symptoms BEFORE coming in; masks available if needed

Hand sanitising, social distancing and face masks are the three biggest changes that remain in place following the pandemic. The safety of disabled staff and customers remains of paramount importance.

### **Q10 Are your staff confident being at work right now?**

Yes – 22

No – 5

Although the majority of staff are clearly 'confident being at work right now', those who expressed concerns cited these reasons –

Four DPOs talked about 'Hesitancy' –

Some staff are, some particularly those at higher risk if they catch covid prefer to home work, some staff not confident using public transport which is their only means of getting to and from the office

Two talked about the health impacts of Covid –

We lost a number of staff due to COVID, some sadly died, others were left with life changing conditions. Some of those who were medically shielding are still hesitant

Clearly the impact of Covid will be felt long into the future by many staff who remain more likely to contract what can become a fatal illness.

### **Q12 Training - In relation to being a DPO and DPO issues does your organisation deliver any training or education courses that might be useful/of interest to other DPOs and their staff?**

Yes – 14

No – 14

### **Q13 If Yes, and you would be willing to offer this training to other DPOs, please describe this training here**

Six DPOs talked about the Disability Equality Training they offer –

We deliver Disability Equality Training and have considerable experience in direct payments, Personal Health Budgets and negotiating with Local Authorities, etc.

Two described the Welfare Benefits Training they deliver –

We offer welfare benefits training - there are capacity limits on what we can offer. We regularly train DPOs, working in cooperation with Inclusion London

Two talked about their Accessible Information training –

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Making Information Accessible - easy read and how to do it - although we provide materials for this and so have to charge for people taking part

And two described other training, including

we deliver training on a range of issues relating to supporting disabled victims of hate crime or of violence against disabled women and girls. Currently we are providing capacity building to specific DDPOs in London on supporting disabled victims of hate crime

We do run training courses for the public which cover employment issues and in care.

Disability Equality Training and Welfare Benefits Training are two strong areas of expertise that DPOs can offer to outside organisations, including Local Authorities, to generate unrestricted income.

### **Q14 Is there any training that you or your staff would be interested in receiving, if it were delivered by another DPO?**

Yes – 17

No – 11

### **Q15 If Yes, then what – please describe here**

Three DPOs each answered with Diversity –

Increasing diversity, Intersectionality and Neurodiverse training

Legislative –

Debt, Human Rights, and Adult Safeguarding, health and safety etc

And DPO Issues –

training around the ethics of working within the social model and trying to get the best for our clients?

Two talked about Awareness/Accessibility –

Disability Awareness, Accessible trustee training

Two asked for Mental Health Training –

Training in the current Mental Health White Paper, and

Resilience Mental Health First Aid

Diversity, Legislative Issues and DPO Issues are of the greatest importance to the DPOs that answered this question.

### **Q16 Does your organisation operate a successful revenue-generating process to create unrestricted organisational income?**

Yes – 14

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No – 14

### **Q17 Have you heard of successful revenue generating mechanisms run by another DPO?**

Yes – 10

No – 17

It is interesting that a majority of these DPOs do not have knowledge about revenue generating processes for their organisation.

### **Q18 Please share as much information as you are willing about any revenue generating mechanisms you either operate or have heard about**

Six DPOs described their mixed-income streams –

we provide training, access auditing and other access tools to heritage and country sites plus meeting rooms generating income. We also run the Countryside Mobility scheme in which we own over 40 trampers/all terrain wheelchairs which we lease to sites to enable disabled people to use them which generates non restricted income

One of these six described a social enterprise they had established –

A decade ago we launched a social enterprise, owned and operated by our charity. It involves retail of mobility and independent living equipment, a mobility workshop, a community café, a payroll service and events

Six DPOs talked about the charges they got from clients –

Most revenue generating DPOs appear to do so by charging disabled people for the services they provide e.g. wage roll for people getting direct payments.

Two described the services they were delivering –

Contracts provide more opportunity for generating unrestricted income than grants but only if full cost recovery has been possible

Most DPOs operate a mixed funding organisational model, with some unrestricted revenue generation within that. Training programmes can be quite lucrative within this model. Most DPOs rely very heavily on grant and contract delivery for their incomes.

### **Q19 In an ideal world, how would your organisation generate the funds you need to run the services you want to run and which are needed in your area?**

Eleven DPOs talked about how they believed the mixed Funding Model worked well for them –

Combination of contracted provision where there is a statutory duty to provide the service and income generating services that can then generate income to invest (e.g. we have used reserves to fund a Counselling and Befriending service for disabled people, and seed funded a General Advocacy service that helped us to show evidence of need that subsequently attracted 2 years funding for the service).

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Seven DPOs talked about the need for Core Grant Funding –

In an ideal world we would be core funded through central govt or the local authority (without any compromise to our values) but other than that delivering services that people could pay for, its difficult to charge people that are in poverty or debt already. Legacies would be a good option but as we're pan impairment and rights based we're never the first charity in people's wills or loved ones thoughts

To be given funding from the DWP, Social Services and the local councils in the areas that we cover as most of our work relates to issues that are affected by these organisations yet we receive no funding from them. Service level agreements would be beneficial. A donation from people who we get money for would be nice but rarely happens.

Three DPOs talked about their desire for a trading arm/business –

I would love to be able to secure the funds to build accessible accommodation and become a landlord. The need for accessible housing in Kent far outweighs supply and is key to independent living.

In an ideal world most of the DPOs that answered this question would like to have a mixed funding model, to reduce over-reliance on any one income stream which could finish unexpectedly or at very short notice. The need for direct core funding – from government of Local Authority – in recognition of the value of these organisations – is emphasised.

### ***Conclusions***

The Covid pandemic saw DPOs moving very quickly to protect their staff and customers, the majority of whom are disabled people or people with long-term health conditions. This is a group of people who were hit really hard by the pandemic recording a very high number of fatalities – over 60% of the people who died from Covid were disabled people or people with long-term health conditions.

DPOs changed the way they use their buildings, their interactions with staff and customers, and the services they provided, to help keep people as safe as possible. This questionnaire demonstrated how before the pandemic most DPOs rented their own, or, shared premise. It is relatively rare to find DPOs that own their own premises.

Following the pandemic most DPOs now operate a hybrid model of renting a premises and working from home. This represented a significant change from the way these organisations worked before the pandemic. The pandemic forced DPOs to implement social distancing, hands, face, and space within their buildings so that staff could remain safe and confident that they were safe. During the pandemic many DPOs closed their premises and the staff worked from home or out in the community. Many of these working practices remain in place after the pandemic, with only 1 DPO having fully returned to the office as it operated pre pandemic.

The pandemic has had a huge impact on the ways that the DPO sector now operates; Like other areas of life, the pandemic seems to have brought forward changes for some DPOs that were already on the cards before the pandemic began. This includes moving out of premises altogether, and hence not having to pay

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significant rental costs for buildings. Although many organisations discovered new ways of working during the pandemic, this did not necessarily affect the services from the customer's point of view.

Hand sanitising, social distancing and face masks are the three biggest organisational changes that remain in place following the pandemic. The safety of disabled staff and customers remains of paramount importance.

The impact of Covid will be felt long into the future by many disabled staff and staff with long term health conditions who remain more likely to contract what can become a fatal illness. These people are understandably often hesitant to return to a working environment where there are other people, or to have close contact with other people in their working lives.

In the questions relating to the training that DPOs could offer to other DPOs Disability Equality Training and Welfare Benefits Training were the two strongest areas of expertise that were mentioned. DPOs can offer this training to outside organisations, including Local Authorities, to generate unrestricted income, so it is entirely understandable that these are 2 very strong areas of expertise for DPOs. When I asked what areas of training they would be interested in receiving 3 key issues were Diversity, Legislative Issues and DPO Issues.

In the questions relating to organisational income, most DPOs operate a mixed funding model, with some unrestricted revenue generation within that. Training programmes can be quite lucrative within this model. Most DPOs rely very heavily on grant and contract delivery for their incomes. This can be very short-term, unreliable, and subject to a successful application process often with fierce competition from other organisations, many of which will not be DPOs.

In an ideal world most of the DPOs said they would like to have a mixed funding model, to reduce over-reliance on any one income stream which could finish unexpectedly or at very short notice. The need for direct core funding – from government or Local Authority – in recognition of the value of these organisations – is emphasised.

**Appendix I**

**The Data**

Q1 Name of your organisation (anonymised)

Q2 Your name and email address (anonymised)

**Q3 Before the pandemic did your organisation –**

Rent space in another organisation’s building, or share a building with another organisation	11
Operate from a building solely rented by your organisation	10
Work from home	2
Operate a hybrid of renting/owning space and working from home.	2
Other	2
Operate from a building you own or co-own	1

The ‘Other’ responses were –  
renting an office in the business centre  
we share an office with Shopmobility in a shopping centre

**Q4 Now that we are ‘getting back to normal’ does your organisation –**

Operate a hybrid of renting/owning space and working from home.	13
Rent space in another organisation’s building, or share a building with another organisation	5
Operate from a building rented solely by your organisation	4
Work from home	3
Other (please specify)	3

Operate from a building you own or co-own 0

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The 'Other' responses were –  
operates from an office in a business centre  
as above – we share an office with Shopmobility in a shopping centre  
home visits and libraries

**Q5 Is your organisation operating differently now from before the pandemic in the way you use premises/buildings?**

Yes 24

No 4

**Q6 If yes then in what way are you operating differently?**

***Hybrid, Home working, Virtual contact (17 Responses)***

We have a reduced customer facing space, hire more venues as needed and telephone /web work is undertaken from home. This has eliminated a massive liability (c300k p.a.) but decreased options.

We are operating differently in order to respond to the wants and needs of staff and disabled service users. Many staff prefer hybrid working arrangements and disabled service users want virtual as well as face to face delivery options. As a result, we require less office space than before and, in order to maximise the space we do need, hotdesking has been introduced given that staff are no longer working from the office 100% of the time.

We are co-located with local authority teams who have not yet returned fully to office working and may not. Another part of our business also leases private office spaces and continued to make use of these throughout; finally we also lease over 7 acres of land from council where we deliver a range of integrated services and community horticultural projects. Again, we had to keep the spaces open and growing as they are a 'living thing' and time waits for no one. we have worked throughout the pandemic, operating face to face where possible and keeping our doors open when others closed. The nature of our work meant we were unable to pause, and had to adapt quickly - as is often the case (the sector was heavily called upon to pick up the pieces) We had been fortunate that we were already future proofing our IT and phone systems to MS teams before pandemic started so were able to quickly mobilise to this hybrid approach. The use of digital has been vital to continue to support disabled people to access services and support when needed and we continue to listen to their needs and shape the future of our work accordingly e.g. some peer support health condition groups have remained online; we have set up new social media pages/groups to connect people e.g. our Direct Payments

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recipients thriving Facebook group is now also moving offline at monthly meet ups. During the pandemic we have adopted a more flexible approach to working from home if this supports our staffs health and wellbeing at difficult times e.g. appointments, caring for loved ones, health reasons.

Hybrid working office/home, clients currently not coming in to the office for appointments - either home visits, telephone or virtual. Group sessions happening virtually and in person in rented rooms

We have a hybrid working policy, so staff have a combination of home and office working. We also use to have to carry out home visits to our users, but these have been replaced with telephone or video calls

more blended/home working for staff thus freeing up premises to create some new accessible counselling rooms and other income generation opportunities.

We have less staff office based as our outreach services work from home when not out in the local community, so we are looking at attracting more charitable organisations who think like use to share our space for a competitive rate

More of our meetings within the organisation and with other agencies are online. The main person still operating largely from home is our chief officer as, with more responsibilities than ever, but no increase in hours, it increases the amount of time they have to complete their tasks.

One of our staff works solely from home, the other uses our offices part time

More homeworking

Less staff in the building many continue to work from home some of the time. Our facilities aren't currently being hired out to external organisations.

we use Zoom etc for most of our meetings - we only see people face to face when essential

Working from home is now normal. Some people choose to work in the office but the majority only go in when they need so to do.

Hybrid working and currently exploring options to host another charity

A mixture of home and office working. I have given up my office and now hot desking

No longer have a building, it's better to work in the community spaces such as cafe libraries and shopping areas

Hybrid

### ***Social Distancing, More Space (6 Responses)***

we are still using social distancing, and ensuring safety of staff so we need more space.

We see people by appointment most of the time where before we had people dropping in all the time. We now only have drop in on 2 days a week. We also do a lot more of our services by email and telephone

we are renting larger premises for meetings and groups which results in higher costs but alleviates anxiety from members around not having enough space

No longer have an office working remotely but sometimes meeting clients in community settings.

Adopting a Covid friendly environment - being cautious

We were able to move back a wall in the office creating more space. We no longer operate a drop in system and clients must ring a bell so that we can show them into the office

***No Change (1 Response)***

Nothing has changed apart from we have grown in size since the pandemic

***Closed Entirely***

Stopped the service

**Q7 Are these differences caused by the pandemic or by other factors – e.g. a lease expired but this was going to happen anyway, or a funding stream that was going to finish anyway –**

Caused by the pandemic	22
Caused by other factors	3
<b>TOTAL</b>	<b>25</b>

**Q8 If they were caused by other factors what were these exactly?**

Although only 3 people said their organisational changes were caused 'by other factors', 8 people answered this question which I have grouped into themes as follows

***Already changing (4)***

We were already shifting to a more hybrid approach and better digital. the pandemic just accelerated the change

Always on the cards as office was under utilised and expensive. Pandemic gave us the kick to make the change.

we realised new ways of working which were beneficial to the organisation

Landlord wanted to raise rent which was already 150k p.a. by another 50k ( no direct sublet) fortunately this happened just before the first lockdown when it became apparent that our underpinning social enterprise would take a hit.

***More work***

Ironically, more project work coming our way but without the funding for core costs that could provide additional hours for managing all this new work.

Got lots new members

***Other***

Ill health

Loss of funding

**Q9 What, if any, precautions is your organisation currently following in your office space relating to the Covid virus? Please tick all that apply**

Other (please specify)	20
Hand sanitising	19
Social distancing	13
Face masks when moving around	7
None of the above	3
Face masks when sitting at a desk	1
All of the above	0

Those who specified 'Other' said the following –

***Screens (7)***

Use of screen when interviewing if needed

Screens on all desks where the public will be seen and the public must wear a mask when in the building. Desks moved to provide a safer working environment

Screens

Screen in interview room

Installed screens in office and interview room

We have kept counter top screens at reception points, and offer hand sanitiser. Staff, volunteers and public have the option to wear face masks.

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Each desk has a plastic shield around it - these were purchased during the pandemic (with funding)

### ***Face Masks (6)***

We will use masks if the clients feel more comfortable with this

We encourage our staff and customers to wear a face mask if they feel uncomfortable and there is a stock for people to use if others feel uncomfortable.

The wearing of face masks is dictated by service user needs and requirements.

Not applicable. but if seeing clients still lat flow testing, distancing and wearing face coverings.

Face masks when moving round building but not office, desks still socially distanced, smaller number of people in office than previously, window open

Depends on whether they are in the office alone, or with others. If with others, all the above apply; if alone, just face masks when moving around the communal areas and sanitising surfaces when they leave.

### ***Other (4)***

ventilation and open windows

Covid-19 Policy and Risk Assessment, wall mounted thermometer, one-way system for the kitchen

sanitising of work surface. restricting number of people in office at any one time

More relaxed approach now. But these measures have been in place throughout, more thorough cleaning regimes are now second nature. However somewhat

### ***Lateral Flow Tests (3)***

LFTs if visiting people

Lateral flow tests

staff testing if any of the 9 symptoms BEFORE coming in; masks available if needed

challenging to uphold all the time without gov restrictions and relaxing or rules. Hard to help keep disabled people safe.

### **Q10 Are your staff confident being at work right now?**

Yes – 22

No – 5

**Q11 If no, then why not?**

***Hesitancy (4)***

Still very aware of covid. Do not believe we should be complacent

some want to be in the office, some are not due to the risk but also the impact of two years remote working- people are anxious about being with other people, some staff are not vaccinated but are high risk. the psychological impact has been enormous

Some staff are, some particularly those at higher risk if they catch covid prefer to home work, some staff not confident using public transport which is their only means of getting to and from the office

where they are hesitant we are supporting them to work from home and they are all gradually coming back to some blended office working to develop teambuilding and support

***Covid/ill Health (2)***

We lost a number of staff due to COVID, some sadly died, others were left with life changing conditions. Some of those who were medically shielding are still hesitant ill health

***No staff (2)***

We don't have any staff

Only me so no other staff

***Other (1)***

we have been in work all along

**Q12 Training - In relation to being a DPO and DPO issues does your organisation deliver any training or education courses that might be useful/of interest to other DPOs and their staff?**

Yes – 14

No – 14

**Q13 If Yes, and you would be willing to offer this training to other DPOs, please describe this training here**

***Disability Equality Training (6)***

We deliver Disability Equality Training and have considerable experience in direct payments, Personal Health Budgets and negotiating with Local Authorities, etc.

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Disability Equality Training Hate crime awareness

Disability Equality Training Access Audit Training Basic Energy Advice For Front Line Workers

Disability Equality and Reasonable Adjustment Training courses

As I am sure others do, we deliver Disability Equality and Inclusion Training available to our staff and to external organisations (tailored to suit)

Deaf and disability awareness and autism essentials user led training, Heritage sites disability access training

### ***Welfare Benefits Training (2)***

We offer welfare benefits training - there are capacity limits on what we can offer. We regularly train DPOs, working in cooperation with Inclusion London

We can deliver- PIP basic training, Appeals training for PIP and ESA and UC for those claiming on the basis of being sick and unable to work. Our trainer is very experienced especially in appeals and representation. There is a cost for our training but we try to keep costs as low as possible and can look at it on an individual organisation basis.

### ***Accessible Information (2)***

Making Information Accessible - easy read and how to do it - although we provide materials for this and so have to charge for people taking part

a. Accessible and inclusive communications - modules covering design, layout, format, colour contrast, letter and word spacing, Easy Read, accessible and inclusive communications when interacting with Disabled people (covers a wide range of impairments), speaking, creating screenreader accessible pdf, etc etc. b. Creating accessible and inclusive meetings/events and the organisation's spaces. c. Basic access auditing - how to be sure the premises you plan to use will be accessible to all. NB For the purposes of this answer, I use the word inclusive to indicate that it is not only accessible to Disabled people but also those who have been failed by the education system and those with limited English.

### ***Other (2)***

we deliver training on a range of issues relating to supporting disabled victims of hate crime or of violence against disabled women and girls. Currently we are providing capacity building to specific DDPOs in London on supporting disabled victims of hate crime

We do run training courses for the public which cover employment issues and in care.

**Q14 Is there any training that you or your staff would be interested in receiving, if it were delivered by another DPO?**

Yes – 17

No – 11

**Q15 If Yes, then what – please describe here**

***Diversity (3)***

Increasing diversity,  
Intersectionality  
Neurodiverse training

***Legislative (3)***

Debt.

Human Rights

Would like to know what is on offer. But some of the mandatory training would be helpful with a DPO slant such as Adult Safeguarding, health and safety etc

***DPO Issues (3)***

depends on what is available! maybe training around the ethics of working within the social model and trying to get the best for our clients?

Any peer learning and training on meeting the changing needs of disabled people, especially in a world where they continue to be impacted by cost of living etc. Any new and emerging training around standardisation of practice within the DPULO space. E.g. standardising approaches to working with disabled people from a genuinely co-produced approach (recognition and quality mark for this type of work?)

Culture and ethos of being a DPO (always good to hear from others)

***Awareness/Accessibility (2)***

Disability Awareness

Accessible trustee training

***Mental Health (2)***

Training in the current Mental Health White Paper.

Resilience Mental Health First Aid

***Other (1)***

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Depends what training was on offer, where it was and how much it would cost. Most of our training is in house or with the large organisations like CPAG and Disability Rights

Diversity, Legislative Issues and DPO Issues are of the greatest importance to the DPOs that answered this question.

### **Q16 Does your organisation operate a successful revenue-generating process to create unrestricted organisational income?**

Yes – 14

No – 14

### **Q17 Have you heard of successful revenue generating mechanisms run by another DPO?**

Yes – 10

No – 17

### **Q18 Please share as much information as you are willing about any revenue generating mechanisms you either operate or have heard about**

#### ***Mixed Income streams (6)***

mixed economies mixture of grant and trading generated incomes - balance across local authorities/funders and contracts. social enterprising activities - selling of goods and services linked to diversification of income - but that must be related to our ethos and social purpose.

we provide training, access auditing and other access tools to heritage and country sites plus meeting rooms generating income. We also run the Countryside Mobility scheme in which we own over 40 trampers/all terrain wheelchairs which we lease to sites to enable disabled people to use them which generates non restricted income

we mainly generate income from training and participating in research projects; some DDPOs generate a small amount of revenue and some benefit from taking social work or other students on placement.

Disability Equality Training Access Audits Domiciliary / Home Care

A decade ago we launched a social enterprise, owned and operated by our charity. It involves retail of mobility and independent living equipment, a mobility workshop, a community café, a payroll service and events

Meeting/office space/training

#### ***Charges from clients (6)***

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We make a small administration charge for Appeal work ie £25 and ask for a further donation to be considered following any success. This has been a successful way of generating revenue and people are very willing to donate for success.

Supported banking service, a charged for admin service to support people with their direct payment budget. With enough people using this service it can cover the costs and create unrestricted income that supports staff posts not funded.

Pretty similar to ours, financial services related to personalised care.

Most revenue generating DPOs appear to do so by charging disabled people for the services they provide e.g. wage roll for people getting direct payments.

We are a service provider so it is a simple business model to charge for the services provided

Delivery of payroll services to people directing their own care; disability equality and inclusion training; training and consultancy trading arms.

### ***Contracted services (2)***

We have legal aid contracts in community care and housing which generate revenue.

Contracts provide more opportunity for generating unrestricted income than grants but only if full cost recovery has been possible

### ***Other (2)***

We do generate a small samount of unrestricted income, and are about to start up a [funded] pilot community enterprise but, as the amounts of revenue we generate are so small I would not call it especially successful. I don't know, off hand, of any small wholly DPO that does - perhaps because they don't have the people or financial resources needed.

We apply for grants and do our own fundraising

**Q19 In an ideal world, how would your organisation generate the funds you need to run the services you want to run and which are needed in your area?**

### ***Mixed Funding Model (11)***

By having stalls at bazaars and fairs, as we used to in the past, but these don't seem to happen much now.

Coal authority plus sponsorship main issue if the political agendas of funders so many small funders rather than one or two controlling ones

Combination of contracted provision where there is a statutory duty to provide the service and income generating services that can then generate income to invest (e.g. we have used reserves to fund a Counselling and Befriending service for disabled people, and seed funded a General Advocacy service that helped us to show evidence of need that subsequently attracted 2 years funding for the service).

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We are already working to achieve this and do not rely on any core funding from a single entity (e.g. local authority) instead we have a range of income from grants, contracts, selling of goods and services through our social enterprises e.g. Horticultural sites and 'bag your share' veg box schemes. Direct Payments support services continues to be an area of growth for us and we are working to maximise and sweat the assets we have e.g. development of garden maintenance service delivered from our sites, delivery of horticultural therapy sessions for people with self-directed care support packages (pay to attend therapeutic and social support) We would like more control for our people to manage their own care, pay their carers and PA's a wage they want to as an individual employer. We would also want more control over our leased premises to deliver socially enterprising services which meet our charitable aims and objectives – this is a complicated area and linked to complex lease arrangements.

We have a mixed funding methodology and in those which are related to contracts it would be good to see more longevity and recognition the infrastructure costs!

Ideally, we would get back to pre-pandemic when our income was evenly split across contract, surplus from our retail operations and fundraising

Partnerships/ grants/ contracts - some means of generating non restricted funds that didn't involve fundraising

Sponsors, Donations, Grants

Have regular funding streams instead of one off pots of funding with funders interested in what you are doing.

Mix of grant funding, service level agreements and income generation.

Market our organisation well. Try and encourage larger funders to be more open to funding smaller organisations who actually get things done. Be more proactive in asking them. If you do not ask you do not get. Consider sales and hire of things you can provide.

### ***Core Grant Funding (7)***

Direct core funding from government and competitive grant funding rather than competitive tender. Co-production of funding for DPOs with commissioners before they issue tenders for services they don't fully understand or know about

In an ideal world we would be core funded through central govt or the local authority (without any compromise to our values) but other than that delivering services that people could pay for, its difficult to charge people that are in poverty or debt already. Legacies would be a good option but as we're pan impairment and rights based we're never the first charity in people's wills or loved ones thoughts

Through tendering and commissioning opportunities that allow for full cost recovery Through additional grant income from Government / Public Sector which recognises the value added voice and representation work many DPOs provide (free of charge currently) Through selling more disability equality training to organisations and employers Through working in partnership with other DPOs

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To be given funding from the DWP, Social Services and the local councils in the areas that we cover as most of our work relates to issues that are affected by these organisations yet we receive no funding from them. Service level agreements would be beneficial. A donation from people who we get money for would be nice but rarely happens.

Via commercial organisations with a funded grant for core cost

We should not need to generate funds and as a free legal advice service I do not see how we can (other than by way of legal aid)

Grants from Local Authority, NHS and similar.

### ***Trading Arm/Business (3)***

If we had sufficient capital, we would set up a mobility and other aids retail store to sell items cheaper than many private outlets, but still at a profit and feed this back into the organisation.

with a trading arm - we are limited by staffing and specific skillsets (for instance in creating coproduced easy read translations) and so turn down work we could otherwise be doing

I would love to be able to secure the funds to build accessible accommodation and become a landlord. The need for accessible housing in Kent far outweighs supply and is key to independent living.

### ***Client Contributions (2)***

we are quite happy with the way that we work with the only issue being people understanding that services are NOT free and we expect to paid an acceptable fee for the work we do

We would love to receive more legacies and individual donations to support our work

### ***Other (1)***

Generating income from renting to clinical services