



# Foundations for Change:

## Framework for Disability Equality

Greater  
Manchester  
Integrated Care  
Partnership



Greater  
Manchester  
Coalition  
of Disabled  
People



Delivered in Partnership

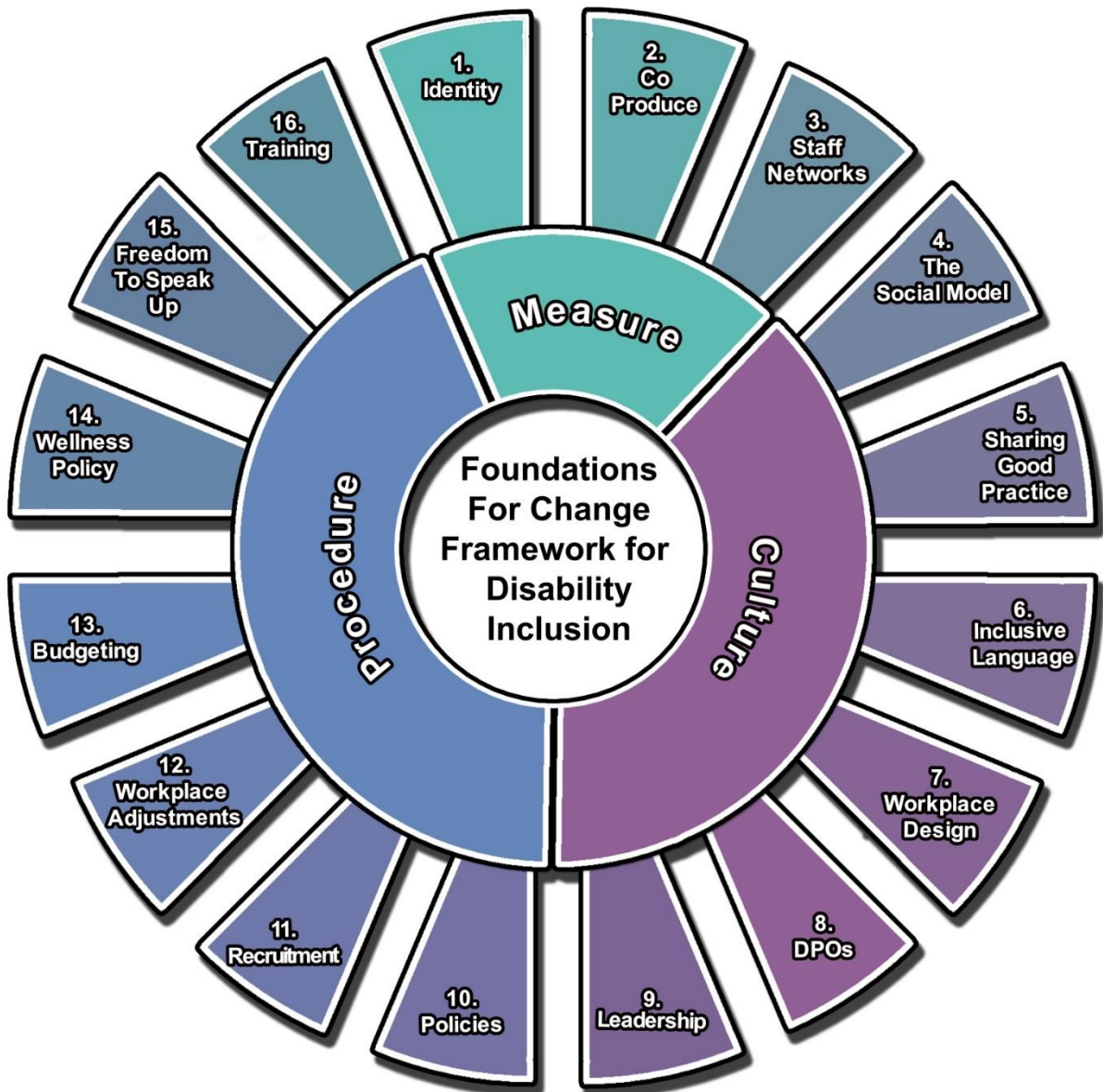
## The Foundations for Change Framework of Disability Inclusion

The purpose of the Foundations for Change Project was to develop a co-designed framework. The Framework provides the foundational building blocks of an inclusive system that uses the social model of disability as the standard for workplaces across Greater Manchester's Health, Social Care and Locality sectors.

The project was developed to gain an understanding of not only the number of disabled people employed but also career progression or seniority, retention of disabled staff, availability of support, consistency in approach to reasonable adjustments, and understanding of any barriers, as well as the impact these barriers and gaps are having on the workforce.

This project has been a co-production between [Breakthrough-UK](#), [The Greater Manchester Coalition of Disabled People](#), the [Greater Manchester Disabled People's Panel](#), [The Greater Manchester Integrated Care Partnership](#), Foundation Trusts and Localities across Greater Manchester, and The University of Manchester, alongside disabled staff and managers of disabled staff or staff with long-term health conditions.

Following feedback a self-assessment tool to use alongside the Framework has been created to guide its use for organisations. It can be found here: <https://forms.office.com/e/8GVhynDB3t> we recommend its use with a task group consisting of staff from differing levels and areas including Disabled Staff.



The Foundations for Change Framework is a co-produced set of actions to help an organisation lay the foundations for an inclusive workplace for disabled staff. It is split into three core areas which emerged through research into where barriers can be found and overcome:

- **Measure** – the recording and measurement of the experiences of disabled staff within the workplace. This is a representation of the physical environment within the data.
- **Cultural** – methods for cultivating an inclusive cultural environment for disabled staff.

- **Procedural** – approaches to procedure to ensure that they are accessible, usable and support a barrier-free workplace.

### **Area 1: Measure: Understanding Experience**

1. **Identity:** To assist in accurate reporting and improve response rates to equality monitoring through using a wider definition of ‘disabled people and people with long-term health conditions’ and incorporating person first language.
2. **Co-Produce:** Any action plan which may affect disabled people should be co-produced with at least one disabled staff member in a guiding role or with representation and cooperation from a disabled staff network.
3. **Staff Networks:** Disabled and long-term health conditions staff networks should be available in all organisations and:
  - a. Staff should be allowed time to participate in these networks if they wish.
  - b. There should be a clear organisational link to leadership and a reporting process/procedure in place.
  - c. Staff who face intersectional barriers should be understood as facing multiple barriers, such that belonging to several staff networks may not be possible for them – methods to support their inclusion in other ways should be explored.

### **Area 2: Culture: Attitudes towards Disability**

4. **The Social Model:** Understanding and implementation of the social model through training, education and understanding.
5. **Sharing Good Practice:** Sharing and acknowledgement of good practice through open networks and conversation.

6. **Inclusive Language:** Standardising good communication practices, especially in terms of the inclusion of BSL and Accessible Language standards.
7. **Workplace Design:** When designing workplaces and workplace adjustments:
  - a. Put disabled staff experiences at the centre.
  - b. Understand disabled staff are not always knowledgeable or experts in barrier removal.
  - c. Disabled staff need support and time to identify barrier removal options.
  - d. Methods of barrier removal should be shared and recorded centrally.
8. **Disabled People's Organisations (DPOs):** Relationships with local and national disabled people's organisations should be cultivated and events which provide training and shared experience should be encouraged, to ensure lived experience is present in decision-making and training.
9. **Leadership:** Encouraging and supporting disabled people to take on positions of leadership and be integral in decision-making.

### **Area 3: Procedure: Governance and Management**

10. **Policies:** Policies and procedures for disabled staff and staff with long-term health conditions should be written using person first language and available in a single centralised document which is easy to find and available in easy read and BSL alongside other languages and interpretations. All staff should be made aware of this.
11. **Recruitment:** Consistent review of onboarding, recruitment and interview processes including:

- a. Clear standards any agencies used must adhere to, including guaranteed interviews for disabled applicants.
  - b. Co-production with disabled and health conditions staff networks.
12. **Workplace Adjustments:** Implementation of workplace adjustments should be a standardised system across organisations, with clear and accessible guides. This should include an acknowledgement that workplace adjustments are a statutory requirement for disabled staff, and that it is an organisation's legal obligation to ensure that staff are properly equipped and supported.
13. **Budgeting:** There should be a centralised workplace adjustment fund to fast track smaller solutions and reduce the complex and often stressful process of applying for Access to Work, which is likely to be unsuccessful.
14. **Wellbeing Policy:** Transition from sickness policies to wellbeing policies for all staff.
15. **Freedom to Speak Up:** Procedures for reporting disability bullying and harassment should be independent, clear, and accessible.
16. **Training:** Regular training for management and staff on areas related to:
  - a. Workplace adjustments.
  - b. Talking about disability and the issues disabled people face.
  - c. Identifying barriers.
  - d. Inclusive practice – this does not have to be confined to issues around impairments.

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Greater Manchester Health and Care Workforce Collaborative was created in 2017. It brings the Greater Manchester system together, including health and care organisations, localities, as well as education providers and arms-length bodies to work on areas where they agree a Greater Manchester wide approach is beneficial.