



Foundations for Change

Co-producing a Greater Manchester Workforce Disability Equality Scheme

Key Findings

Greater Manchester
Integrated Care
Partnership



Greater Manchester
Coalition of
Disabled
People



Delivered in Partnership

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.



Key Findings

Desktop Research Key Findings

- There is a lack of consistency in how and when disabled staff members and their experiences are recorded across the public sector.
- Disabled people make up 24% of the unemployed of Greater Manchester.
- Local authorities employ between 3.4% and 7.2% of disabled people, with Bury the highest and Tameside the lowest.
- NHS Trusts employ between 2.9% and 6.4% of disabled people, with northwest boroughs the highest.
- GMICP has the highest percentage of disabled staff at 9% however it is a larger organisation as it is the combined effort of what were previously CCGs.
- GMCDP's Big Disability Survey found that 50% of disabled people were unemployed, and 27% had left work due to disabling barriers since 2020.

Key Findings: Demographics of Disabled Staff

- Only 53% of respondents would describe themselves as a disabled person. In the exploration of this topic in focus groups reasons were shown to be layered and complex. It is clear however that this is something to be considered when

discussing disabled inclusion and workplace adjustments, in order to ensure that a lack of the use of the term disabled is not a barrier to getting the support needed.

- Just over half of respondents reported multiple conditions.
- 60% of people reported an undefined long-term condition. Examination of the “other” responses could considerably increase this proportion.
- The second largest group of respondents were People with Physical Impairments at 46%.
- 77% of respondents were women.
- 76% of respondents identified as heterosexual, and 16% as members of the LGBTQIA community.
- A large proportion of respondents will have more than one area of their lives which contributes to their experiences of exclusion, isolation, and discrimination. Any framework should help employers to be intentionally aware of the real impact of this intersectionality.

Key Findings: Workplace Adjustments

- Workplace adjustments are not understood as a duty under the Equality Act in some cases.
- 45% of respondents reported needing workplace adjustments (with a further 27% saying that some adjustment would assist them in the workplace), but only 60% of these had had adjustments implemented.
- The highest response to the reason for an absence of workplace adjustments was “no reason given” at 41% (27 responses).
- The financial impact of workplace adjustments is less of an issue than assumed, at 11% of responses.
- Lack of guidance and clarity with respect to the process of requesting workplace adjustments contributes to inconsistent implementation.

- Flexible and homeworking were frequently mentioned as a requested workplace adjustment. To implement these as workplace adjustments it is necessary to ensure that concise policies are in place, so that there is no confusion for management or the employee.

Key Findings: Personal Progress

- 45% of staff reported experiencing barriers to progress.
- The most common barriers were lack of recognition of skills (39%), access denial, such as being kept away from relevant meetings and required trainings (35%), being reduced to medical condition/symptoms (31%), and denial of workplace adjustments at current level (27%).
- 22% identified damaged confidence as having an impact.
- 19.8% of respondents did not feel they faced barriers, receiving support in the form of personal development plans, appraisals, and other development opportunities.

Key Findings: Approaches to Disability, Bullying and Harassment

- 24% reported knowledge of the social model of disability, but only 4% had experienced training or education on the model.
- 54% had access to a staff disability network, but only 46% could attend. This indicates that around half of staff had no access to a network of advocacy and support with fellow disabled staff.
- 28% reported experiencing bullying, harassment, discrimination, violence or aggression in relation to their impairment in the workplace from staff, managers, or service users.
- 12% reported experiencing bullying, harassment, discrimination, violence or aggression in relation to their impairment in the workplace from more than one source.

Key Findings: Final Comments from Staff

- Many staff felt the need to ask for:
 - Disability networks.
 - Understanding managers.
 - Clear actionable policies.
 - Flexible working without penalty.
 - Culture shifting.
- Staff reported experiencing:
 - Misuse of policies.
 - Discriminatory culture
 - Misinformation about disability.
 - Stigma.

Key Findings: Management of Workplace Adjustments

- 79.85% felt they had been able to make workplace adjustments.
- 35.71 % of respondents found the process of organising workplace adjustments difficult or harder, 42.86% found the process manageable, and 21.43% found the process easy or better.
- When asked for reasons why adjustments were denied reasons varied – some were long-term processes, some were the complexity and clarity of the process, and one cited that it was due to the requirements of the role.

Key Findings: Managers' Experiences

- 47.37% of managers felt confident providing support to their disabled staff members.
- 42.11% felt unsure of their confidence providing support to their disabled staff members.
- Managers have identified very positive solutions for barrier removal.

- In the process of supporting staff members managers have mentioned:
 - The importance of a good relationship with the staff member.
 - The importance of education in disability issues and the specifics of impairments.
 - Barriers in resourcing for workplace adjustments.
 - The need for persistence in dealing with barriers.

Key Findings: Education and Equipping

- 80% of managers have not received training on supporting disabled staff.
- 71.43% said this is due to a lack of offers.
- 60% felt able to ask for further training and support.

Key Findings: Organisational Policies

- 60% of respondents found policies accessible.
- Policies are not always written in an accessible way.

Key Findings: Good Practice

- 28% of managers were aware of the social model, and 16% have had education on the model, leaving a significant gap in informed approach amongst managers.
- 40% would say there is good practice present in the workplace which they would recommend to others.
- This good practice included disability networks, disability passports, flexibility, centralised processes, and inclusion and acceptance within the team.
- Final thoughts from managers included:
 - The positive impact of their disabled employees.
 - Frustrations with the attitudes and cultures in their leadership.
 - Desire for further training.
 - Desire for learning from and with disabled staff members.

Key Findings: Focus Groups

- Cultural barriers were most frequently identified by staff and students but were hard to define.
- Procedural barriers were commonly identified by managers and were the barriers they identified most frequently.
- Where physical barriers did exist this was due to delays in workplace adjustments or faulty accessibility tools or was linked to sensory impairment.
- BSL users were keen to have it understood that BSL was their first language.
- Managers were mostly concerned with a need for training on both basics e.g. “how to have the conversation” and more nuanced issues, such as adaptations for specific impairments.
- With regards to workplace adjustments the cost was something which was often felt to be a barrier that at best caused delays as money had to be “found.”

The Foundations for Change Framework will continue to be available through Breakthrough UK and Greater Manchester Coalition for Disabled People. Any inquiries or interest in further work can be directed to admin@breakthrough-uk.co.uk

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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, education providers, and arms-length bodies to work on areas where they agree a Greater Manchester wide approach is beneficial.