



Foundations for Change

Co-producing a Greater Manchester Workforce Disability Equality Scheme

Greater Manchester
Integrated Care
Partnership



Greater Manchester
Coalition
of Disabled
People



Delivered in Partnership

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Glossary

Disabled People

People who have an impairment and experience barriers in society as a result of society being structured and organised in an inaccessible way. The term disabled people within this report is inclusive of those with physical and sensory impairments, mental health conditions, neurodivergence and long-term health conditions.

Disabled People's Organisations (DPOs)

A DPO, or disabled people's organisation, is an organisation which is run and controlled by disabled people. Traditionally many disability organisations have not been run by disabled people themselves but by non-disabled people on disabled people's behalf. Disabled people's organisations seek to protect and uphold disabled people's rights. For example some campaign for equality and inclusion, provide a range of peer-led accessible services that support disabled people to access services and entitlements, challenge discrimination and exclusion, and advocate for disabled people to have choice, control, and independence. Organisations such as Breakthrough UK, the Greater Manchester Coalition of Disabled People, the Greater Manchester Autism Consortium, and the Manchester Deaf Centre are disabled people's organisations which have collaborated with this project.

Equality Act

The Equality Act protects those who are disadvantaged by the structures of society, including disabled people. It secures rights in the workplace, including the right to 'reasonable adjustments', and freedom from bullying and harassment. It is the duty of the employer to uphold these rights.

For more information, please follow the link below to the Equality and Human Rights Commission:

<https://www.equalityhumanrights.com/en/equality-act/equality-act-2010>

Impairment and Disability

Under the social model of disability impairment and disability are not the same:

Impairment

This is when part of a person's body, mind and/or emotions works differently from what is considered 'normal' by society.

Disability

This refers to the barriers, discrimination, and prejudice disabled people face. It is not our bodies or minds which 'disable' us, it is society.

Long-Term Health Conditions

The use of the phrase long-term health conditions was brought to our attention early in the project. In early conversations with staff and leaders across the sector, it became clear that while The Equality Act may consider someone with a long-term condition to be under its protection as a disabled person, the identifier of 'disabled' is not one everyone subscribes to. This is something we felt was important in ensuring that everyone facing disabling barriers can benefit from this framework and be included in the process. To ensure they were included we continued to use the phrase 'people with a long-term health condition' throughout. This is still not an identifier used by some disabled communities and as such requires further consultation.

People Experiencing Racial Inequality (PERI)

PERI (people experiencing racial inequality) is the current acronym used to describe people of any ethnic minority who experience racism, prejudice, or barriers due to their heritage and ethnicity.

For further information please see inclusive language guidance from Greater Manchester's Centre for Voluntary Organisation at this link:

<https://www.gmcvo.org.uk/publications/gmeqal-inclusive-language-guidance>

People/Person First Language

Person first language is a way of speaking and writing that addresses people who experience inequality as people instead of only as their disability, heritage, sexuality etc. This is important for ensuring that people are not reduced to an identity of inequality.

The word 'people' may not always come first in the phrase, but it is often present. This is a complex issue with many nuances – talking to disabled people about their preferred identifiers is part of keeping language person-first.

Reasonable/Workplace Adjustments

These are the changes made within a workplace to overcome the barriers faced by disabled people. This can be as simple as a piece of equipment or a more flexible working pattern. The word reasonable comes from The Equality Act, but this does not mean that an employer gets to determine what is reasonable to change. If it is possible it should be done. To facilitate this understanding Foundations for Change refers to these changes as workplace adjustments. Workplace adjustments will not result in a disabled person working in the same way as someone

without impairments, instead reducing barriers and supporting that person to work to the best of their ability.

Social Model of Disability

Breakthrough UK describes the social model on their website as follows:

“Disability is still too often viewed by some politicians, employers, organisations, and members of the public as an individual tragedy, or only as a health issue.”

This suggests that it is people’s impairments which make it harder for us to be involved in society equally with others. In this thinking, the solution is to ‘fix’ individuals, so we fit into a society run by and for non-disabled people, or to offer us pity and charity.

This doesn’t explain disabled people’s experiences of the world. That’s why disabled people developed the social model of disability. We know that the real reason we cannot take part in everyday life on the same basis as others is because society is organised unfairly.

Society puts up barriers to disabled people’s inclusion. These can be bad attitudes, poor physical access, or the way organisations do things. For example, strict 9-5 working hours exclude many disabled people who would work much better with some control over their routine.

Barriers like these stop us from being fully included in everything – from work, education, and housing to entertainment and travel. Once barriers are removed, everyone can participate equally.

Individuals and organisations need to recognise how they exclude disabled people and take practical steps to change.”

[\(https://breakthrough-uk.co.uk/social-model-of-disability/\)](https://breakthrough-uk.co.uk/social-model-of-disability/)

Reading the Foundations for Change Report

To make things easy to spot and understand the icons below help to identify different parts of this report.



Key Findings are the crucial findings of the research portions of the report.



Quotes from participants in our surveys and focus groups.



Recommendations from the report which helped to create the Foundations for Change Framework.

Executive Summary

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 their career progression or seniority, retention of disabled staff, support available, 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.

At the time of this project the Manchester Disabled People's Panel ran the Greater Manchester Big Disability Survey and gathered data which also supports the necessity for this project. Amongst the findings it was highlighted that:

- “50% of respondents were not in employment. TUC research reflects this disability employment gap. For those that were, they were asked

whether they think that they get the same career opportunities and pay as a non-disabled person. 80% said that they did not feel that they did.

- Nearly half of those that are working said that they were not paid enough to cover all their living expenses. A report from the House of Commons highlights that disabled people were paid £2 per hour less than non-disabled people in 2021.
- 27% of disabled respondents said that they had left their job because of disabling barriers since 2020.
- 42% of respondents did not feel safe going to work because of the impact of Covid on themselves or someone that they live with
- Some commented that they find it exhausting within work having to constantly ask for suitable adjustments or adaptations. Many also said that working in the disabled sector meant that their needs were catered for within work.”

(Greater Manchester Disabled People’s Panel, Greater Manchester Big Disability Survey 2022, p.45)

During this project it became clear that there are patterns and trends to the barriers (physical, cultural, or procedural) that disabled people or people with long-term health conditions face in the workplace on an ongoing basis. We found pockets of good practice throughout the system, but there is no standardised approach to how organisations approach workplace (reasonable) adjustments, recruitment, onboarding, policies, etc.

The recommendations and framework are based on data and findings which have been gathered through desktop research, surveys, focus groups (lived experience), and soft intelligence which was gathered during informal drop-in sessions.

1. Purpose

To deliver a co-designed framework creating foundational standards as a core minimum from which to build. These standards will support existing work such as the WDES and Disability Confident Scheme and acknowledge where this work is done well. The Foundations for Change Framework is co-produced with disabled staff and managers, giving us what we believe to be the basic building blocks to ensure that disabled people and people with long-term health conditions are:

- Attracted to the health and local authority workforce in Greater Manchester.
- Do not face disabling barriers during recruitment.
- Are supported and nurtured to grow in work.
- Are employed at all levels of local health and local authority organisations.
- Are well represented at leadership levels.

2. Methodology

Embracing the phrase '**nothing about us without us**' we ensured disabled people were included at all levels and across each stage of this process, such that this is truly a co-produced framework.

This was a collaborative project supported by a steering group which met on average once a month for the duration of the project.

The steering group was comprised of:

- Disabled people's organisations (Breakthrough UK, Greater Manchester Coalition of Disabled People (GMCDP), Greater Manchester Autism Consortium (GMAC)).
- Equality and Inclusion leads from the Greater Manchester Integrated Care Partnership (GMICP), local authorities and foundation trusts.
- Skills for Care.
- The University of Manchester.

The group came together to assess current approaches to staff recruitment, development, and support for staff in health, social care, and local authority organisations across Greater Manchester. Gaps and good practice examples were identified through:

- Reviewing **desktop research**, including existing data, organisational policies, procedures, and processes.
- **Surveys and focus groups** which were designed to enable disabled people to give their voices safely and anonymously to the project.
- Creating and sharing accessible **surveys** with the Greater Manchester health, social care and local authority workforce and University of Manchester students on placement in health and social care settings. The surveys could be completed online, as a Word document, were available in easy read format, and could be translated on request. There were 232 responses to the surveys from disabled staff, managers of disabled staff, and students.
- Hosting targeted **focus groups** online using Zoom. The focus groups were divided into groups for neurodivergent staff, Deaf/deaf staff, staff that identify as disabled or have a long-term health condition, students, and managers of disabled people or people with long term

health conditions. A British Sign Language Interpreter was present at each of the Deaf/deaf groups. The focus groups engaged with 20 people across the sectors and university providing qualitative lived experience data to inform the framework.

By using the data collected we have been able to:

- Begin to map current known disabled staff numbers and roles within Greater Manchester health, social care and local authority organisations.
- Identify intersectional concerns for disabled people e.g. people of colour and disabled women.
- Gather insight on current issues for disabled staff and managers, as well as University of Manchester students on placements within the health and social care sectors.
- Identify barriers, good practice, co-produced solutions, and the best approaches to include in the framework.
- Produce a co-designed framework for a Greater Manchester Workforce Disability Equality Scheme.

3. Challenges

The challenges we faced during the project were:

- Intersectional engagement.
- Timing clashes with similar areas of work.
- Bias due to engagement with the already engaged.
- Low student engagement numbers.
- Low levels of engagement from local authorities.

Disability is often an intersectional issue and the barriers faced by disabled people will be impacted by other areas of their lives. The

steering group and project team considered these factors throughout and these have been noted in our data capture. Engagement numbers from PERI (people experiencing racial inequality) communities are low.

Managerial engagement from those who prioritise disabled inclusion was high among respondents. The input from this grouping is highly valuable and has given the project information which will help to build inclusion. However, data from those who struggle to engage with their disabled staff members was low, which means some barriers faced by those managers won't be as consistently understood.

Our focus groups were attended predominantly by individuals who are secure and confident in their disabled identity, offering in-depth qualitative, rather than quantitative, lived experience data from disabled staff across Greater Manchester, and some of their managers. Trends did emerge around barriers that are faced as well as the need for cultural, structural, and procedural change.



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% disabled people, with Bury the highest and Tameside the lowest.
- NHS Trusts employ between 2.9% and 6.4% disabled people, with Northwest Boroughs the highest.
- GCIMP has the highest percentage of disabled staff at 9% but it is a larger organisation, being the combined effort of what was 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 to ensure that not using 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. Examining 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.
- Large numbers 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 of 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 those 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 around 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 question 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 these 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 to 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 disabled issues and the specifics of the 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, with 16% having had any education on the model, leaving a significant gap in informed approach amongst managers.
- 40% would say there is good practice present in their 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 those most often identified by staff and students, but these were hard to define.
- Procedural barriers were those most commonly identified by managers.
- 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'.



5. Recommendations

Three core areas have emerged throughout this research where barriers can be found and overcome. The physical environment of a workplace, the cultural environment, and the policies and procedures which govern and guide the workplace. This has led to our recommendations covering three core areas:

- **Measurement** – the recording and measurement of the experiences of disabled staff within the workplace. This is a representation of the physical environment through 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.

Measurement Recommendations

All the organisations involved in this process have their own ways of understanding the experiences of their disabled staff including measuring:

- Numbers.
- Progression rates.
- Implementation of adjustments.
- Proportion feeling pressure to come to work despite feeling unwell.

- Proportion who feel valued.
- Proportion experiencing bullying and harassment.
- Proportion subject to disciplinary processes.
- Numbers in leadership positions.

Some organisations are also part of Disability Confident and other schemes, which require the consistent measurement of these metrics and responsive action plans.

These metrics help an organisation to understand the disparity in experience between disabled and non-disabled staff. If an organisation does not have a record of these metrics on a regular (minimum yearly) basis we recommend they do so. However, it is assumed that most public sector organisations will be recording this data in some format. This does rely on the self-reporting and identification of disabled people to get an accurate representation, which cannot be avoided. Our findings repeatedly raise how a large number of people who can be considered disabled do not relate to this term and many will identify either with their specific diagnosis, or as someone with a long-term condition. To help assist in accurate reporting we come to the first of our recommendations:



- 1. Identity: To assist in accurate reporting and improve response rates to equality monitoring use a wider definition of ‘disabled people and people with long-term health conditions’ and use person first language.**

Following the collection of data within the metrics, organisations are then expected to respond, and this should be done actively with disabled people.

Coordination and engagement with disabled staff members speaks to much of what participants requested in both surveys and focus groups. This would help to break down barriers which impact on disabled people in the workplace, such as a lack of combined voice, and the opportunity to influence policy and culture. These considerations inform the following recommendations:



2. Co-Produce: Any action plan which can 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.

The use and inclusion of disabled staff networks is inconsistent across organisations our third recommendation encourages all organisations to develop a disabled staff network.



3. Staff Networks: Disability 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 from networks to leadership and a reporting process/procedure in place.
- c. Staff who face intersectional barriers should be understood as facing multiple barriers and belonging to several staff networks may not be possible for them – methods to support their inclusion in other ways should be explored.

Action plans created in response to measurement should include reference to:

- Bullying and harassment prevention
- Recruitment and onboarding procedure
- Disciplinary process
- Sickness/wellbeing policy
- Training and education for both management and staff

This is good practice, however it is not standardised across organisations. To promote standardisation our framework will include similar references. These areas correlate to both the cultural and procedural barriers identified by our participants. Our recommendations for tackling these are as follows:

Cultural Recommendations

These recommendations respond to the identification of multiple barriers in the cultures of organisations. Cultures, and thereby the culture shift that is needed varies between organisations; these recommendations are designed to support all organisations in creating an actively inclusive organisational culture.



4. The Social Model: Understanding and implementation of the social model via training, education and understanding.

The [social model of disability](#) is used and promoted by [disabled people's organisations](#). This is because it helps everyone to understand the difference between disabled people and the barriers they face, rather than seeing the person and their impairments as the barrier. Separating disabled people from the barriers imposed upon them is key to identifying and overcoming barriers in the workplace. Educating the entire workforce on the social model and the

cultural approach to disability within a workforce can focus on the strengths a disabled person brings and make barrier removal a workforce rather than individual responsibility.



5. Sharing Good Practice: Sharing and acknowledgement of good practice through open networks and conversation.

Good practice can be found in many areas of the organisations we engaged with, but methods to share that good practice are not clear. Cultivating this sharing will support the work being done and help it to become common practice.




6. Inclusive Language: Standardising good communication practices, especially in terms of inclusion of BSL and accessible language standards.

Work has been undertaken in several areas of the public sector and DPOs to create accessible language practice. This has gone some way towards achieving the above recommendation. However, its use is not standardised, and some areas are still not included. This will go some way to solving issues raised within focus groups in particular.

7. Workplace Design:

When designing workplaces and workplace adjustments:

- 
- a. Put the Social Model of Disability and the lived experience of disabled staff 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. Share and record methods of barrier removal centrally.

The first of our recommendations on workplace adjustments seeks to change the cultural approach to workplace practice in response to barriers identified by disabled staff with respect to their experiences of getting adjustments put in place. With frequent reports of being dismissed or misunderstood when it comes to the importance and types of adjustments needed – it must be recognised that a staff members knowledge of what can and will work will vary, that they should be listened to, and that this is a continuing process.



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.

Several participants asked for links with outside organisations which can support disabled staff with further expertise and lived experience. Developing these relationships will help support a culture which normalises prioritising the voices of those with lived experience, as well as ensuring that training and development is done in consultation with disabled staff and communities.




9. Leadership: Encouraging and supporting disabled people to take on positions of leadership and be integral in decision-making.

Increasing disabled people's representation amongst leadership was one of the original aims of this project and is a key element to ensuring co-production throughout an organisation. It is also one of the things requested by respondents in surveys and focus groups. Those who came to focus groups already in leadership positions felt the representation they provided was one of the values they bring to the workplace, however it still came with its share of difficulties. Removing the barriers, they and others face should be part of the fulfilment of this recommendation.

Procedural Recommendations

The procedures which govern and guide an organisation are key to creating a foundation for the inclusion of disabled people. When these procedures are created and managed with disabled people and in ways which consider barriers and their removal it can create workplaces which benefit not just disabled staff but everyone.



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.

This helps create an inclusive culture through modelling language and behaviour within the governance of an organisation, as well as helping staff to know that they are included within documentation and identify specifics which relate to them. This is also key to ensuring that all staff can understand and access vital information.

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 of processes and approaches with disabled and health conditions staff networks.

This aligns with the same standards expected by any organisation with Disability Confident status and should extend to interview processes for internal interviews regarding progression. Consistent review of processes allows for the updating and inclusion of emerging good practice.

- 12. Workplace Adjustments: Workplace adjustments should be a standardised system across organisations, with clear accessible guides. This should include an acknowledgement that workplace adjustments are a statutory duty as defined in The Equality Act - it is an organisation's legal obligation to ensure that staff are properly equipped and supported.**



The second recommendation regarding workplace adjustments relates to the procedural elements of this process. It reaffirms the organisations commitment to its duties under The Equality Act. It also encourages a system which will

mean staff across the organisation should know what to expect and to be able provide easy support and training regarding the process.



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 not guaranteed to be successful.

This recommendation comes out of comments from within focus groups. It was suggested that a centralised pot would mean that staff would know exactly where to turn rather than trying to ‘search out funds’. It would also help to overcome the lack of support whilst experiencing delays in Access to Work.



14. Wellbeing Policy: Transition from sickness policies to wellbeing policies for all staff.

Wellbeing policies are a piece of good practice already being used in some organisations. The policy allows all staff to prioritise their health and wellbeing and not to see sickness as something to fear punishment for. It also enables disabled people/ people with long term health conditions to be open and manage their needs with the support of their managers. Some respondents reported being told to use holidays for doctor’s appointments and not feeling able to take any time off sick due to fear of repercussions. When policies focus on maintaining wellbeing over managing sick days, they can support a healthier workforce.



15. Freedom to Speak Up: Procedures for reporting disability bullying and harassment should be independent, clear and accessible.

Amongst responses were several staff reporting bullying and harassment due to disability but feeling unable to report their experiences due to the lack of, independent, trustworthy, and supportive processes. Clarity and accessibility have already been mentioned in these recommendations, and this is extremely important with regard to these procedures, as the stress and vulnerability of such circumstances can increase difficulties in communication.



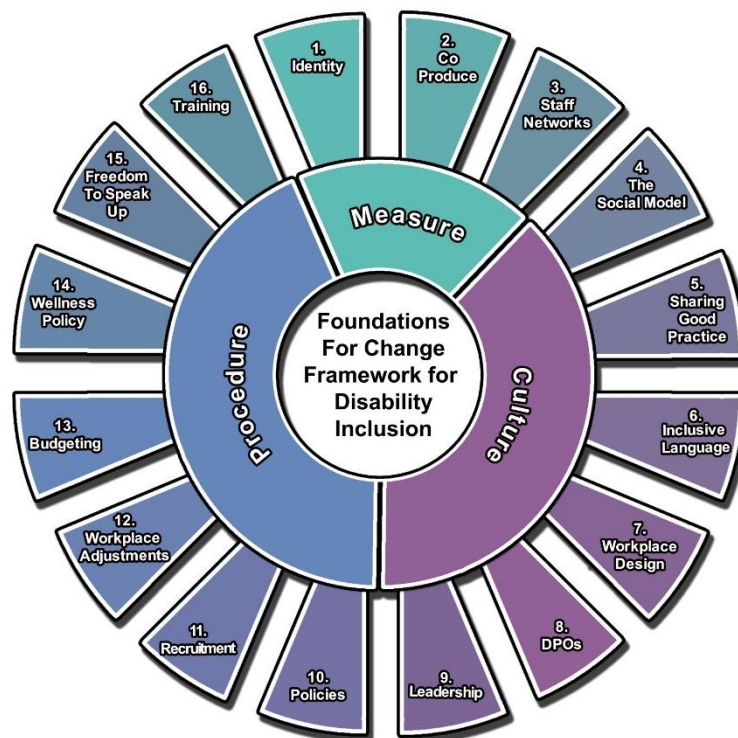
16. Training: Regular training for management and staff on areas related to:

- 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.

Training and education are paramount to increasing understanding of disability as an 'experience'. The areas above should not be the limit of training but should form a foundation for all staff.

The Framework

The recommendations above come together to form the basis of the Foundations for Change Framework, as depicted below. This framework is intended to form a foundation for disability inclusion in Greater Manchester's health and social care sectors as well as in local authorities.



Recommendations already in Practice

Some organisations are now building on foundational work which already fulfils these recommendations. These are some examples of best practices which should be both celebrated and shared:

- Living Libraries in GMMH.
- Developing Disability Passports within Greater Manchester Trusts.
- New approaches to workplace adjustments in local authorities.
- Focused training on the social model and specific impairments experiences in GMICP.

- Wellness policies in GMMH.

These examples of good practice were discovered throughout the project through invaluable conversations with people from organisations across Greater Manchester.

Next Steps

Thank you for taking the time to read and engage with this report. Our hope is that this will help form foundations which enable lasting change and inclusion practices for disabled staff. Moving forward our aim is to enable organisations to put this foundation into place. In the coming months we hope to:

- Sharing our findings, the report and the [Foundations for Change Framework](#)
- Provide training, education, and forums for sharing best practice.
- Pilot a scheme which will support the implementation of workplace adjustments with both advice and financial support.

This framework is not intended to create additional work but rather to provide the building blocks to ensure a solid foundation on which to establish an inclusive system that uses the social model of disability as the basis for workplace decisions across Greater Manchester's health, social care and locality sectors.

Pending confirmation of further funding for 2023/24 we intend to:

- Provide training for organisations in topics requested from a disabled people's organisational standpoint.
- Host forums for the sharing of good practice and information, and asking questions.
- Set up a pilot test site for centralised reasonable adjustments advice and kick start funding.

- Continue to share our findings, and the framework and receive feedback to update them.

The Foundations for Change Framework will continue to be available through Breakthrough UK and the Greater Manchester Coalition for Disabled People.

Any inquiries or interest in further work can be directed to

admin@breakthrough-uk.co.uk

This work was supported by the Greater Manchester Health and Care Workforce Collaborative utilising Workforce Development funding. The views expressed in this work are those of the author(s) and not necessarily those of Greater Manchester Health and Care Workforce Collaborative or NHS England.

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.