Foundations for Change
Phase 2
End of Year Report
2023-2024

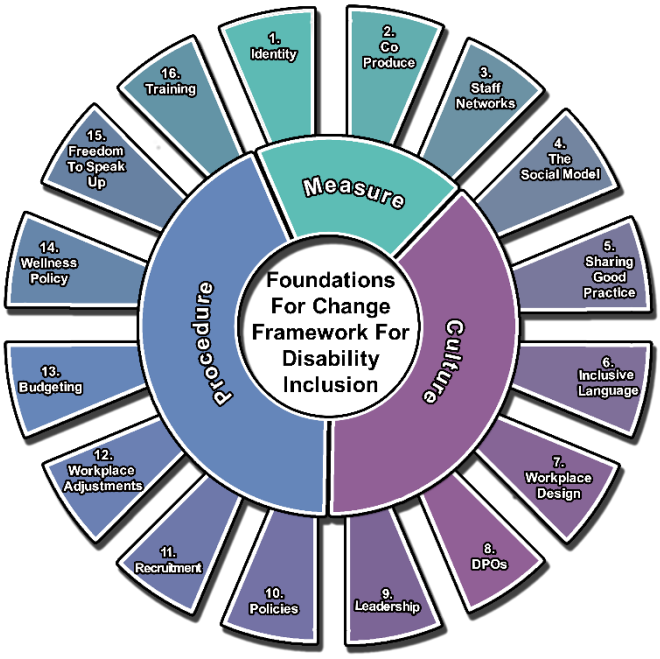
Table of Contents

Introduction

1.1 What is Foundations for Change?

The purpose of the Foundations for Change (F4C) Phase 1 2022 was to develop a co-designed framework to support the development of a disability inclusive workplace.

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, 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. Phase 1 was a co-produced project 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 mangers of disabled staff or staff with long-term health conditions.



The methodology of our 2022 research was:

A desk top review of organisational policies and data across the GM Health and Social Care system, a confidential online questionnaire aimed at disabled staff and their managers; confidential focus groups to explore experiences in more depth and seek solutions.

The research resulted in the Foundations for Change Framework. The Framework is a co-produced set of 16 actions organised into three core themes to help an organisation lay the foundations for an inclusive workplace for disabled staff by barrier identification and removal. The three core themes are:

• **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.

The full report can be found here under Addressing Inequalities: https://gmintegratedcare.org.uk/workforce/

1.2 Foundations for Change Phase 2 May 2023 March 2024

Following the successful co-production of Foundations for Change Framework[1] in 2022, the key aims of Phase 2 in 2023/24 were to:

- Socialise the F4C Framework to develop understanding and encourage implementation in the GM Integrated Care Partnership.
- Deliver formal briefing and training events on the Framework.
- Introduce the Social Model of Disability as the essential under pinning model to Foundations for Change.
- Test and learn by introducing a central fund for Workplace Adjustments.
- Test and learn by offering one to one and group coaching to disabled staff and disabled staff networks.

[1] Foundations for Change Framework – here-in referred to as the Framework.

These five elements were identified as critical issues to drive forward implementation of the Framework and to test approaches to barrier removal in the workplace.

The work was overseen by a Steering Group with a membership of:

Michelle Clarkson – Staff Disability Advisor, GMMH

Sarah Cross – Senior Equality and Inclusion Practitioner, Northern Care Alliance

Susan Howard – Head of Workforce Development, GMICP

John Herring - Director of Integrated Care, GMICP

Nicola Littler – Executive Director of Workforce, Pennine Care

Katy Ollerenshaw – F4C Project Worker

Peter Marshall – GMCDP Exec Member and GMDPP

Michele Scattergood – F4C Project Co-ordinator

Keily Thwaite – Assistant Branch Secretary RCO, UNISON

This report will describe under each element of the project; the methodologies used, our learning, key outcomes, initial impact and the next steps for F4C or recommendations to others.

2. Socialising F4C Framework

2.1 The Objective

The objective under of this element was to socialise the Framework to develop understanding and encourage implementation in the GM Integrated Care Partnership.

2.2 Methods

The project team designed and delivered a presentation which explained:

The development of Foundations for Change Phase 1, outlined the Social Model of disability, described the three key themes of the Framework: Measurement, Culture & Procedure, and the 16 recommendations developed from the findings from the co-production.

From May - December 2023 we socialised the Framework with:

- Workforce Collaborative Steering Group
- Primary Care Workforce Steering Group
- NHS GM Inclusion Staff Network Meeting
- People and Culture Committee Meeting
- Lancashire and GM Commissioning Hub
- Primary Care administration and education.
- GM People Board
- Christie Diversity and Inclusion Team
- NCA Diversity and Inclusion Team
- GMICB
- Various VCSE groups.

2.3 Feedback

Socialising of the Framework was well received, and attendance at one forum often led to being asked to another. Common feedback included: the need for more people to be able to access F4C Framework, support for implementation and further resources. This feedback has informed Phase 3 of our work and the beta test of a self-assessment tool during Phase.

2.4 Outcomes of socialising

Socialising the Framework has resulted in a sharing of the findings and recommendations to inform practice with:

- NHS England Disability Summit
- Greater Manchester Police Disability Summit
- Greater Manchester City Council Disability Summit
- GM Moving Disability and Volunteering Working Group

Delivery of an introduction to Social Model Training at an Inclusive Recruitment Workshop with Tameside & Glossop Integrated Care - October 2023

Social Model Training with GM Council's Workplace Adjustments Hub.

The Framework has also informed other pieces of work including:

- Bury Council's Race and Disability Inclusive Recruitment Toolkit
- Southway Housings Disability Discovery Project – a Foundations for Change for the Housing Sector.

2.5 Learning

The process for sharing the Framework was strong however it was mostly exposed to upper management, success requires a cross-organisation & multilevel approach.

2.6 Recommendations/ Next steps

- Socialising the F4C Framework should remain an on-going process.
- Ensure the Framework is included on organisations intranets and e-learning – this is important for maintaining its presence.

3. F4C Framework Training & Formal Briefing Sessions

3.1 Objective

The objective of the training offered was to provide a formal briefing on the Framework, explain each element, describe the purpose and reasons of inclusion in the Framework and consider opportunities for implementation of the Framework-Action Planning. The training also introduced the Social Model as the crucial underpinning approach and value base of the Framework. Understanding the Social Model of disability is essential to supporting implementation and understanding of the Framework as it enables the effective identification of barriers and enables a positive action-based response.

3.2 Methods

The project team developed a training package which included the social model of disability and disabled identity, barrier identification and action planning, reasonable adjustments, and the Equality Act, and how to use the Framework to support future actions.

The training was delivered online using Microsoft Teams. To encourage participation and engagement it utilised breakout rooms and Menti Metre voting and comments. There were 10 online sessions of 3 hours in length between July and September with 72 participants. Training packs including content and further support were sent out both before and after the training. The presentation used in training can be found in Appendix 1.

3.3 Feedback

From our formal evaluation; methods, content, usefulness, and length of training were, on average, all rated **4.6/5** and respondents would all recommend the training to others. In anecdotal feedback; certifications of completion were suggested by some attendees and is something to be explored.

Quotes from participants:

“Adapting the way, I approach disabilities as a manger to include both medical and social model options when dealing with sickness.”

"Being more mindful of all environments and making sure accessible to all, our office for example has a lot of equipment in that doesn't necessarily need to be in office and reduces amount of space available making it more challenging for anyone with any mobility issues.”

“Applying an individualised care plan for anyone who might need extra support or factors to be taken into consideration of their needs”.

“…. I was told by higher up manager that wellbeing meeting should be face to face although few occasions (a colleague) wanted on Teams, but I had to make them come to the office, now we can have it on Teams.”

“My approach to disabled people's needs in the workplace have altered and thinking of them like other minorities who face discrimination has helped. Understanding that the adjustments to help disabled people don't have to be big or expensive”.

“Review the clinical area for potential risks”.

“I enjoyed this, it became a safe space to discuss our own disabilities and issues we have faced and learning from each other how to manage ourselves, and others with disabilities.”

“Thank you for such an informative and interactive session.”

“It was very interactive training. Trainer was very friendly and helpful.”

“Thank you for delivering the training even though there was a low turnout. It had helped me to think differently and to be able to challenge my managers. I am also more confident in how I would discuss someone's needs in relation to their disability.”

“It was an eye opener- thank you very much!”

3.4 Outcomes

As a result of participating in the training there have been:

- Requests for further training for wider teams.
- Requests for input into developing solutions in specific workplaces.
- Implementation of quick fix responses to immediate barriers.

3.5 Learning

a. **Valuing training:**
All sessions were fully subscribed although not fully attended. Reasons for absence were ‘more pressing work, illness, and clashes’. Most non-attendees asked for opportunities to attend future training. From the co-production in Phase 1, and feedback from Phase 2 training there is a need and a desire for training however it needs to be supported and encouraged by managers and leadership, to enable staff to prioritise within pressured work schedules. Steering Group members suggested charging for the training in the future to encourage prioritisation.

b. Disabled Staff Education:
Equality monitoring was not used during the training, and no-one was asked to disclose their status. However, every session included at least one disabled staff member who offered to share their status and experience. Often these staff members were learning as much as their non-disabled colleagues regarding the Social Model, action planning, reasonable adjustments, and the Equality Act.

This highlighted the lack of opportunity and safe spaces for disabled staff to explore the Social Model of disability and the legislation in place to support and protect them at work. It is important that disabled staff members are not solely responsible for their own inclusion or educating colleagues.

c. Action Planning
Feedback highlighted that beyond individual learning and development it is important that staff are enabled to implement change from their participation in the training, no matter how small. Staff need support to do this action planning and follow up support need to be a core part of the offer going forward.

3.6 Next Steps

- Support employers to understand the need for safe spaces for disabled staff to explore the Social Model via a social media campaign and other communication campaigns.

- Social media / communication campaigns to describe the value of Social Model Training for all employees at all levels, not just for disabled employees.

- Develop and offer Social Model training packages to participating organisations for a reasonable fee. These would be bespoke for managers, staff, disabled staff networks or equality leads, and should be available in mixed formats for access e.g. clinical staff in shift work patterns.

- Provide follow on support, communities of practice and develop accountability for action planning to remove disabling barriers.

- Work with providers to integrate the Social Model into current staff development and training programmes.

4. QuickStart: Reasonable Adjustments test site.

4.1 The objective

The Objective of QuickStart was to test and learn from the introduction of a central fund for Workplace Adjustments - as recommended in Framework action point 13 (Which recommends a centralised workplace adjustments budget). Our aim was to examine the impact a centralised fund would have on the implementation of workplace adjustments and streamline barrier removal in this area.

4.2 Methods

The project team invited sectors of GMICP to apply to be the host site for a Reasonable Adjustments Test Site. They were asked to describe how they would manage the process and relationship with the project team. The Northern Care Alliance (NCA) were chosen as the test site. The project was entitled WRAP – Workplace Reasonable Adjustment Project.

Summary of the methodology of WRAP was:

Central to the approach was the development of a task and finish group to manage and implement the project, providing challenge and taking responsibility for solutions and actions throughout. The Task and Finish Group had representation from key teams who could affect change such as Human Resources, Equality, Finance and Organisational Development. Who:

- Evaluated and challenged their overall process for workplace adjustments. Identifying existing barriers, gaps, and positives.

- Identified solutions to barriers and defined the test space within a sample of services, as the NCA as a whole was too large to test in the timeframe. Learning would be shared with the wider organisation once complete.
  Oldham Community Services and Salford Integrated Care partnership were selected as there was mixed staff both clinical and administrative, with high and low levels of disclosure.

- Took immediate action to create a dedicated email inbox for WA applications.

- Performed evaluations of the process, at the beginning middle and end of the with each colleague requesting adjustments.
- Capture the cost of the reasonable adjustment.
- Captured case studies.
- Created a frequently asked question document.
- Developed a wider action plan for the organisation from the learning.

The project team extends great thanks to the NCA, Sarah Cross Senior Equality and Inclusion Practitioner, and Donna Mclaughlin Director of Social Value Creation for their incredible work.

4.5 Outcomes.

A total of 20 colleagues requested 1-1 support from the WRAP project (see table below). Requests have continued beyond the project period, from colleagues that have heard of the project through word of mouth time of writing this report, a scoping document has been drafted which proposes that this support from a single point of access continues due to the ongoing demand.

Care organisation	Division/ service	Number
Oldham	Adult community	3
Oldham	0-19 community	1
Salford	0-19 community	4
Salford	Adult community	3
Bury	Estates	5
Other		4
	Total	20

Figure on spend of adjustments:

The common adjustments requested with average costs were:

- High back chair - £132.52
- Adjustable desk - £405
- Electric desk riser - £193.20

An agile process of ordering equipment was developed utilising an existing project – Space. Space was time limited, with the aim of supporting a smarter, more agile approach to work and improve colleague wellbeing while working.

This involved a self-service system of ordering equipment online – (sit/stand desks, specialist chairs and IT equipment). An order could be placed online with the Space team, who then ensured equipment was delivered on time, if not this was chased up with the suppliers. There was also a dedicated IT team to implement IT requests.

The spend on equipment exceeded £10k and highlighted that it was more about having the right processes in place in terms of ordering equipment, tracking through to delivery, rather than the focus being on cost. As part of the Space programme 230 pieces of equipment including – high back chairs, desk risers and adjustable desks led to a total countable spend of £73,320.

18 of the 20 colleagues that received 1-1 support through the WRAP project had requested changes to working conditions or patterns rather than physical equipment and so a cost hasn't been attributed to these requests.

Quotes from colleagues that benefited.

'Thanks to the WRAP project an adjustment that I've been waiting for 6 months to be put in place, was put in place within a day of their involvement, having a dedicated route to raise issues that are then resolved has helped me to carry on working in a job I love.'

'I didn't know that I could ask for adjustments at work because I have a long-term health condition, I don't think of myself as disabled. My manager saw a presentation about WRAP that said people with long term health conditions could apply, we filled in the PWAP and now I have a sit/stand desk that means I can move about during the day which reduces pain.'

'I needed a piece of equipment to help me in clinics, my manager didn't know how to order it, or where the budget would come from, I contacted WRAP, they told me about reasonable adjustments at work, I gave the information to my manger and we ordered the equipment through the space programme, such a simple process.'

4.5 Learning

The key learning from this part of the project is **that cost of workplace adjustments is not the key barrier** to adjustments being implemented effectively. The key issues were:

- A lack of single points of knowledge or process, which are independent and supportive creates a single point of failure to the WA process.
- Managers play a critical role in the process and must be supported to understand WA processes and have access to advice.
- Lack of understanding of process across most staff including disabled staff and staff with long term health conditions
- Lack of empowerment given to managers to make local decisions.
- Lack of consistency of approach.

The WRAP team have summarised their learning points as:

- There is no single point of contact within the NCA for colleagues and managers to guide with the workplace adjustment process and assist with removing barriers in the process.

- A weekly multidisciplinary meeting has acted as the single point of contact throughout the WRAP project, as a test of change concept. This has been effective in removing barriers and offering advice to colleagues and managers. However, this meeting is not sustainable long term due to capacity pressures within teams and requires a longer-term solution.

- A single point of contact is the most requested change that has been suggested by colleagues and managers to improve the workplace adjustment process.

- No central location for storing of Personal Work Action Plans (PWAP). The NCA's PWAP policy states that the number of PWAP will be monitored at the Health and Wellbeing Committee – however this committee no longer exists and so there is no clear monitoring of the number of PWAP's in place across the organisation and no single repository for their storage.

- There are companies that provide a fee-paying service for registering and storing workplace adjustments remotely, it could be more cost effective for

ESR nationally to provide this service which would then be standardised across the NHS.

- There is no clear escalation procedure within the PWAP policy for colleagues to challenge managers who are not adhering to agreed workplace adjustments.

- Information around adjustments for candidates is collected at interview, this information is not passed onto managers once colleagues have been appointed to post. (This information would only be shared with colleagues' permission). Meaning that workplace adjustments are not always in place when a new colleague starts working at the NCA.

- Workplace adjustments being agreed, equipment being ordered and not delivered, then not followed up by managers, leading to long wait times for equipment being in place.

- Individual colleagues having to request Read/Write software be added to their individual account, when it would be simpler for all devises to have Read/Write software already installed, as this software is of benefit to most colleagues.

- Colleagues not knowing they have a right to request workplace adjustments.

- Colleagues not knowing about the personalised workplace adjustment policy (PWAP) and passport.

- Lack of knowledge around Access to Work, limited criteria and the responsibility being on the disabled person to apply.

- Workplace adjustments being refused based on cost due to managers small budgets. In addition, a lack of clarity in terms of the NCA's current financial position and what local spend can be approved.

- Not everyone that would be protected under the Equality Act definition of 'disability', recognises themselves as a disabled person and therefore believes that workplace adjustments are not available to them.

4.6 Recommendations for all employers:

Critical Review & Analysis

- Employers should participate in regular critical analysis of their workplace adjustments process, including regular monitoring. This should also include co-production with disabled staff and their managers.

Recruitment and Onboarding

- Working with HR / onboarding colleagues to improve the process of asking people once appointed about their workplace adjustments so that they are in place from day one of employment.

- Providing guidance to hiring managers on when to ask about workplace adjustments and how to ensure these are in place on day one of employment.

- Workplace adjustment discussion should be part of local induction checklist.

Supporting Managers

- Support for workplace adjustments should come from a centralised mechanism of contact to assist with guiding colleagues and managers through the workplace adjustment process and assisting with removing barriers.

- Guidance and support for managers on:
  - Defining and accessing reasonable adjustments
  - Provision of adjustments in a timely manner
  - Their permissions for spend.
  - Workplace adjustments as a duty of the Equality Act
  - Importance of maintaining a consistent dialogue with staff through support and supervision to identify new or emerging needs for workplace adjustments and share understanding, progress, and process.

Support should be provided through various avenues including leadership and peer support.

System Accountability

To support continued good practice, and prevent system failures organisations should:

- Include a Grievance and Disputes Resolution Policy as the escalation route to achieve action within policy guidance.
- Implement monitoring and reporting of ongoing, type and costs of workplace adjustments.

- Implement local ongoing monitoring and critical analysis of the workplace adjustments and associated processes.

4.7 Next Steps:

F4C develop webinars and resources to share the learning and recommendations on developing successful Workplace Adjustment processes.

5. Disabled People's Coaching

5.1 Objectives:

The objective of the coaching offer was to explore the impact of coaching on disabled staff's development & identity and explore peer coaching with Disabled Staff Networks (DSNs) aligned with Framework Actions 1(Identity), 3(Staff Networks), 5(Sharing Good Practice), 9(Leadership). The aim was that this would develop the individual's confidence and understanding of their own needs and strengths within the workplace and support members of a DSN to developing more effective practice.

5.2 Methods:

Group Coaching:

Sessions were held on Teams to facilitate the needs of all members.

- Sessions were 90 minutes long.
- There were three sessions.
- All members were asked to complete pre and post evaluation using accessible methods.

Members were informed to expect:

- Group coaching as a way to access the wisdom of the group.
- A focus on listening and asking questions.
- Sessions would be deliberately spacious, offering space to both share and hear other's perspectives.
- An approach intended to create mutual support, understanding of own and others' unique strengths and experiences, recognition of the resilience of the group and a solid basis from which to move the network forwards.

Approach: time was initially spent contracting for working together. This ensured that they did not progress until all members felt clear and comfortable about how they were going to proceed.

Coaches then led the group in surfacing the questions that most need to be addressed and supported the group in ways to answer those questions, in a way that meant all voices were heard.

1-1 Coaching:

Six spaces were offered – of three 1 hour, 121 confidential sessions. Availability of participants was difficult to ensure due to support from participants managers, and the ability to find the time to participate. Due to this there were four participants who achieved their full sessions.

These were a mix of online and in person dependant on the participants needs. Spaced out in monthly intervals from September 2023 till March 2024.

5.2 Findings/ Learning Peer Group Coaching:

- Lack of understanding of history or aims of the Disabled Staff Network (DSN), unsure about their role.
- Some were unclear what the group coaching was for and why they had 'been told' to attend.
- Once in the room there was high engagement in the process.
- The process was highly beneficial for an emerging DSN to establish themselves as a unit and define their future aims and objectives and develop a three-month action plan.

5.3 Findings/ Learning from Individual coaching:

- Disabled staff can benefit greatly from individual coaching to develop methods to challenge barriers in the workplace.
- Managers do not always ascribe this same value to coaching.
- There is a poor level of information & support to disabled staff to identify, describe and remove workplace barriers in a safe and productive way. Coaches were shocked by some of experiences of disabled staff (Coaches should be made aware in advance of the results of the Phase 1 research, so they are prepared to support the variety of experiences).

- Disabled people are being prevented from using their experience and skill in the workplace due to barriers and discriminatory practice.

- Disabled staff feel very isolated with the issues they are facing.

- Reports of not having the tools to do their job as a disability leader – so such a role feels tokenistic.

Participants benefited greatly from the coaching, one participant said:

'The 1:1 coaching really opened up my direction of vision. I didn't know what to expect, and it did more than I expected. Not just professionally, it has given me personal direction as well.'

5.4 Recommendations:

Coaching for individuals

- Organisations should develop and promote personal development opportunities to disabled staff including coaching.

- Ensure and enable space and time to participate in coaching is prioritised.

- Managers need to be encouraged to understand the importance and benefits of coaching opportunities for disabled staff.

- The benefits of and approach to coaching need to be shared and communicated in accessible, positive ways to encourage participation.

Coaching and Development for Disabled Staff Networks (DSNs)

- Investing into the co-development of DSNs to ensure clear objectives & purpose and connection into leadership and decision-making systems.

- DSNs should be utilised as a positive and collaborative forum as a part of the whole organisation.

- Investing in the development of the Chairs of DSNs

- The scaffolding provided by DSNs should be valued and supported and shared amongst staff.

- Recognise the role of peer support within DSNs is important but should not be its primary function. This should be understood both within and without the network.

- Processes and resources for the reduction in isolation of disabled staff should be developed e.g. WhatsApp groups.

6. Additional learning & developments as a result of F4C Phase 2

6.1 Social Model of Disability

Awareness, understanding and access to training/ exploration of the Social Model of Disability is very low. Opportunities and availability of training / learning for employers need to be developed with local disabled people's organisations.

6.2 Long Term Health Conditions

Continual use of the term "those with long term health conditions and disabled people" throughout the project has enabled wider participation throughout.

6.3 F4C Self Assessment Tool

Following feedback whilst socialising the Framework, the project team developed a self-assessment tool. The self-assessment tool was built along the recommendations of the framework informed by the good practice, and feedback discovered in Phase 1 research. It guides a team through the Framework to analyse its areas of strength and areas to develop into. It can be used to support a Workforce Disability Equality Standard (WDES) Action Plan in this way,

The form begins with recommendations on how best to utilise the tool:

"We recommend including staff from different areas of your organisation, and disabled representatives when filling this in to provide a well-rounded assessment. Use this form as a place to begin discussion and exploration. Not all questions can be a yes for every organisation, creativity and alternative approaches may be needed.
This is not a scoring of your organisation's capability but is to help identify areas for growth and areas to celebrate.
Where answers are Yes, this signifies inclusive practice is already begun, where answers are No or Maybe this signifies areas of growth to be encouraged."

The tool can be found here.

https://forms.office.com/e/8GVhynDB3t

This tool is under review and hopes to be improved through Phase 3 of Foundations for Change.

6.4 Disabled Staff Networks.

In various spaces Disabled Staff Networks were under supported and under empowered. To prevent DSNs becoming ‘echo chambers’ it is important that they are empowered as part of governance & accountability processes and given the support and become effective agents of change.

7. Next Steps

7.1 Sharing Findings

Share the findings of Phase 2 with partners, stakeholders, funders, and employers.

7.2 Developing Resources

Develop webinars and resources to share the learning and recommendations on developing successful Workplace Adjustment processes.

7.3 Phase 3

F4C Phase 1 provided a picture of the needs of Disabled Staff in GM ICP and Local Authorities and developed a framework of inclusion in response. Phase 2 allowed the team to test and learn methods for overcoming some of the barriers faced by disabled staff. Phase 3 will aim to put this learning into practice and provide a sustainable resource to continue to support workplaces in becoming more ‘disability inclusive’.

It has been agreed by The F4C Steering Group will be to develop an online F4C platform with access to training, good practice resources, communities of practice, the Framework, and a kite mark of success for those who have achieved the Framework’s recommendations. It will provide ease of access for large numbers whilst maintaining the values of the social model and providing the tools for action planning. It will be a subscription model and subscribers will have access to the resource and continuing support from the F4C project team’s support.

Work has begun to find a lead partner to work with disabled people’s organisations in the production of the final F4C online product/s.

Report ends.

For further information contact admin@breakthrough-uk.co.uk

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Appendices:

Appendix 1: Training Presentation

Objectives

- Understand the social model of disability.
- Understand and apply the barrier removal approach to your work.
- Confidently have enabling conversations with disabled staff.
- Increase your understanding of reasonable adjustments.
- Explore support options.
- Identify the actions you will take next.

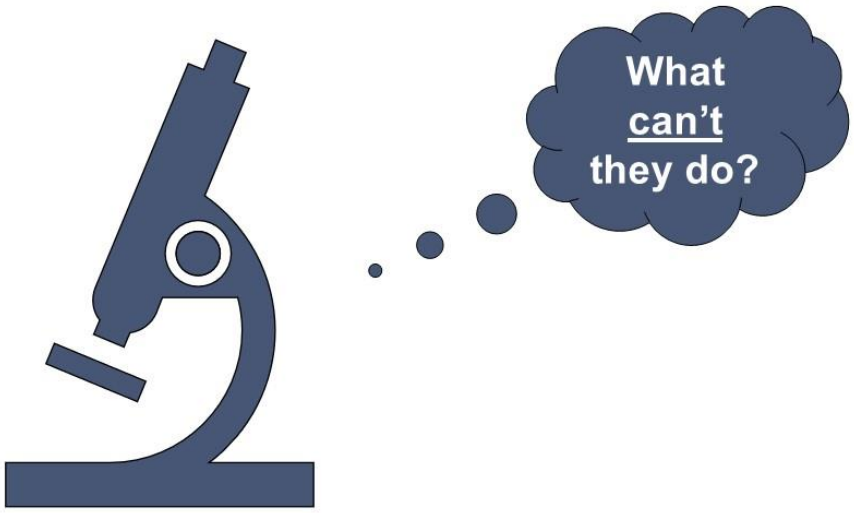
Who are disabled people?

Discuss. Breakout Activities 1 and 2.

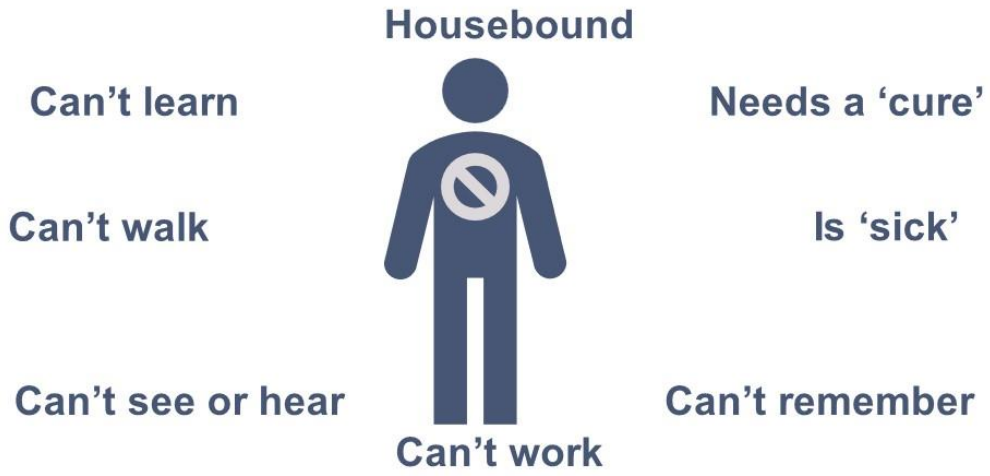
Models of Disability

How do we think about disability?

The Medical Model of Disability



The problem is the defective person:



But it's Social not Medical

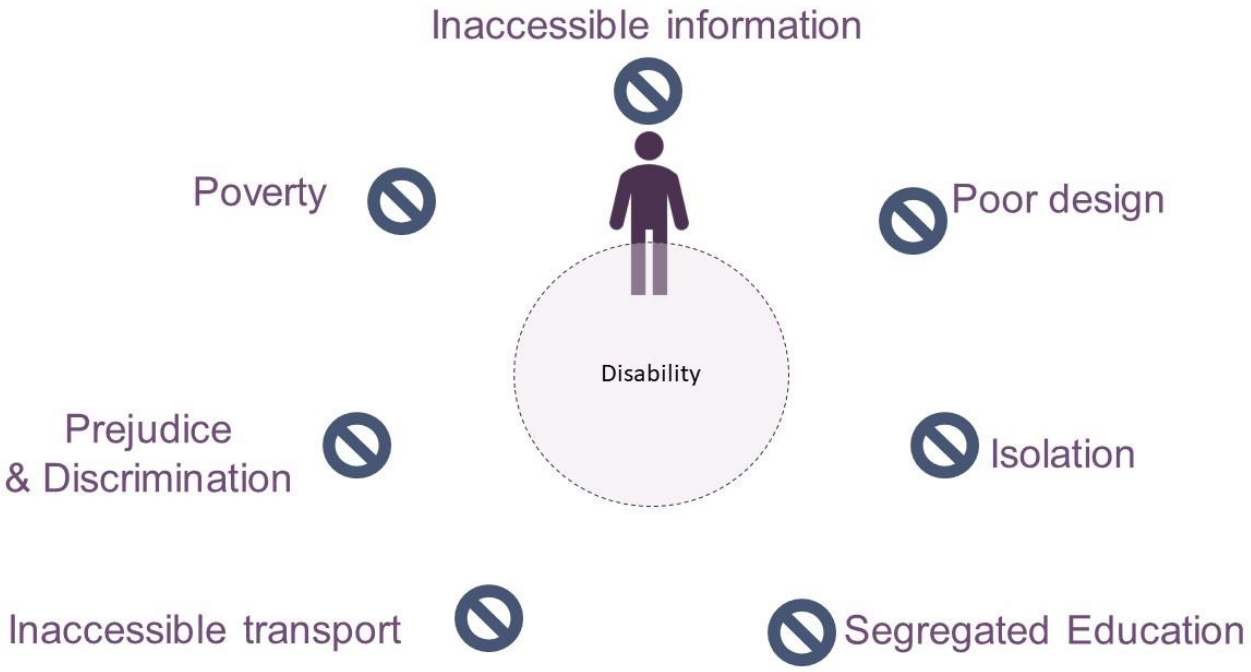
- Attitudinal barriers
- Environmental barriers
- Institutional barriers
- Information and communication barriers
- Intersectional barriers

We can make changes & remove barriers - we should not change the person

Your route-map to inclusion

- Emphasis is on independence – **choice and control**
- The solutions are **access** and **inclusion**
- Our environment and practice must change to meet the needs of individuals. **Ask!**
- Focus is on **taking action to remove disabling barriers**

The problem is the disabling world:



Terms: Social or Medical?

Impairment and Disability

- **Impairment** is an individual's physical, sensory or cognitive difference.
- **Disability** is the name for the social consequences of having an impairment.
- People with impairments are disabled by society. Disability is therefore a social construct that can be **changed and removed**.

In your Breakout Rooms

Breakout Activity 3.

1. Come up with medical / deficit model responses to your scenarios
2. And then a social model, enabling response for each one

Legal context

Overview of the Equality Act and exploration of Reasonable Adjustments

Equality Act
Disability Definition

A person is 'disabled' under the Equality Act if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Types of Discrimination:

Direct discrimination

Indirect discrimination

Discrimination arising from impairment

Failure to make reasonable adjustments

Harassment and Victimisation

Did you know?

40% of unemployed disabled people say that rigid **working hours** can discourage them from entering work

Just 3.1% describe physical inaccessibility as a barrier.

Most workplace adjustments are a change in organisational approach or cost under £200

Taking action

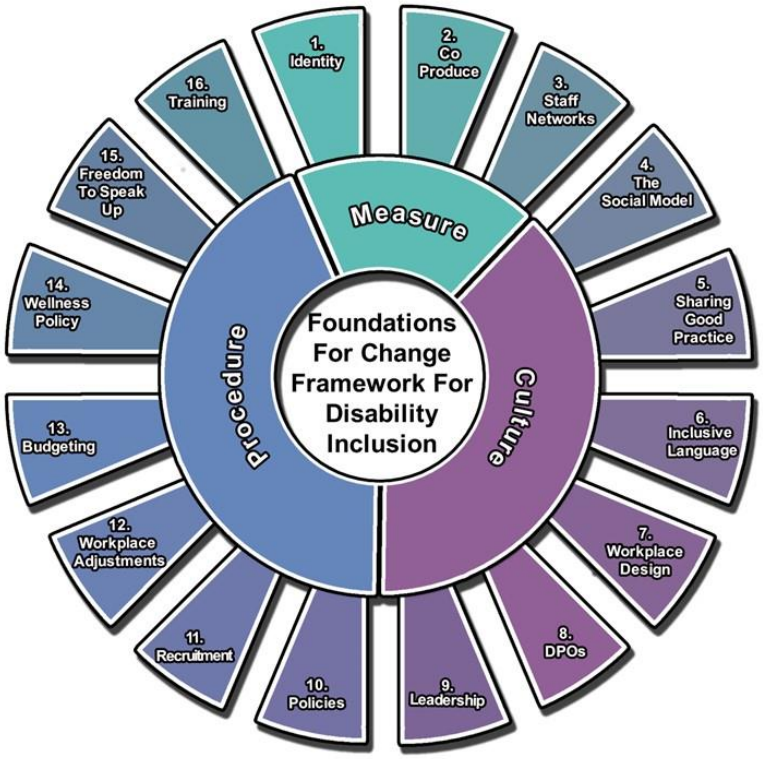
What can we do?
Learning from Foundations for Change

THE FRAMEWORK

The Framework is 16 actions for building disabled inclusion into the everyday practice of an organisation.

These 16 actions are split into three areas where Foundations for Change identified barriers.

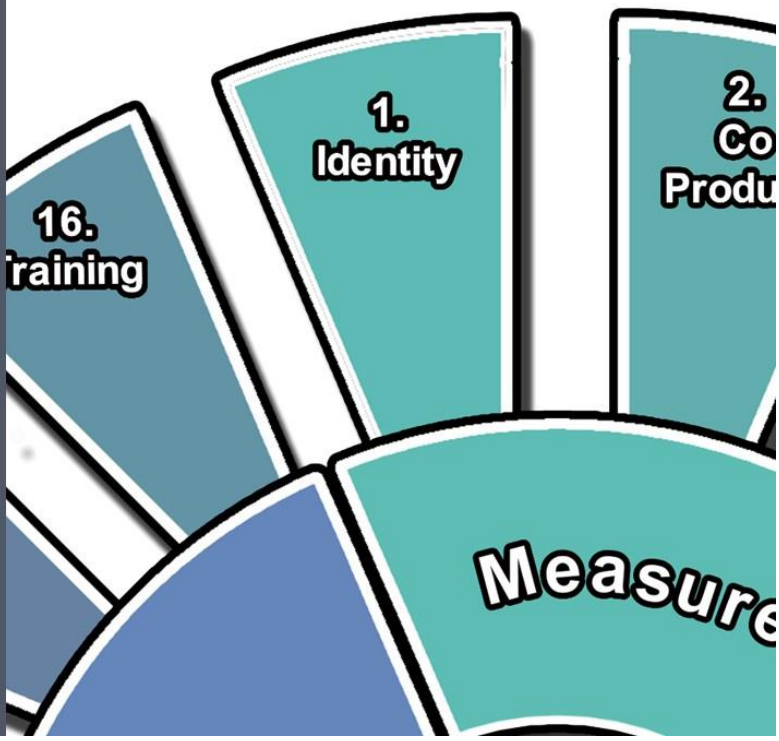
- Measuring – Recording and listening to disabled staff within an organisation.
- Culture – the environment and practices within an organisation which show its approach to disabled staff.
- Procedure – the governance and structure of an organisation and how it impacts its disabled staff.



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.

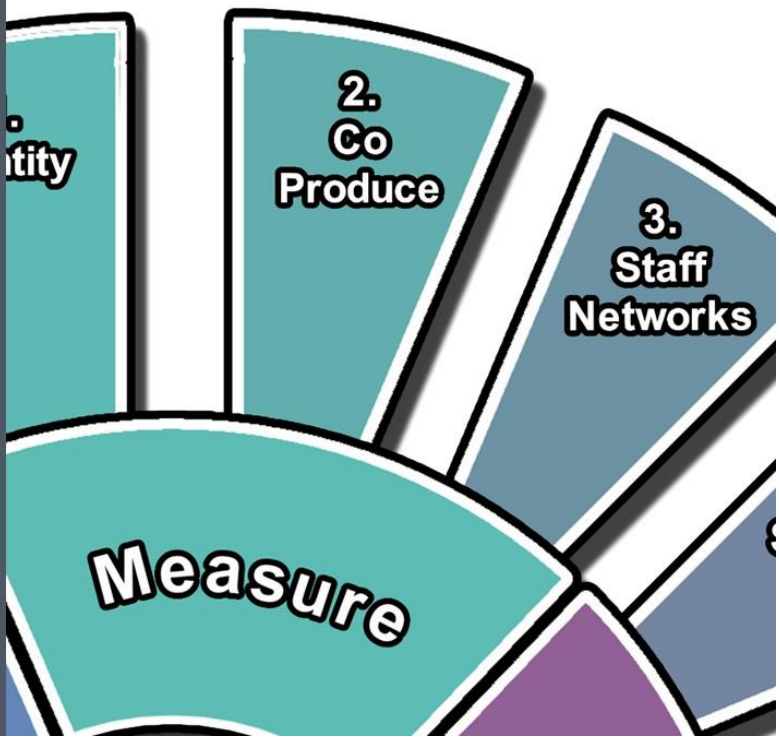
Our research found that only 53% of survey respondents would describe themselves as disabled people. In focus groups participants defined themselves as part of different communities' dependant on their impairment and experiences. Currently asking people to self-define as "disabled people" will NOT gain an accurate representation of numbers and will prevent inclusion in reporting and access to workplace adjustments.



2.CO-PRODUCE

Any action plan which can affect disabled people, should be co-produced with disabled staff members in a guiding role or with representation and cooperation from a disabled staff network.

Metrics and reporting are often used to create action plans to support greater inclusion. Organisations can enhance this good practice by embracing the phrase "nothing about us without us" and including their disabled staff in the creation and implementation of this work.



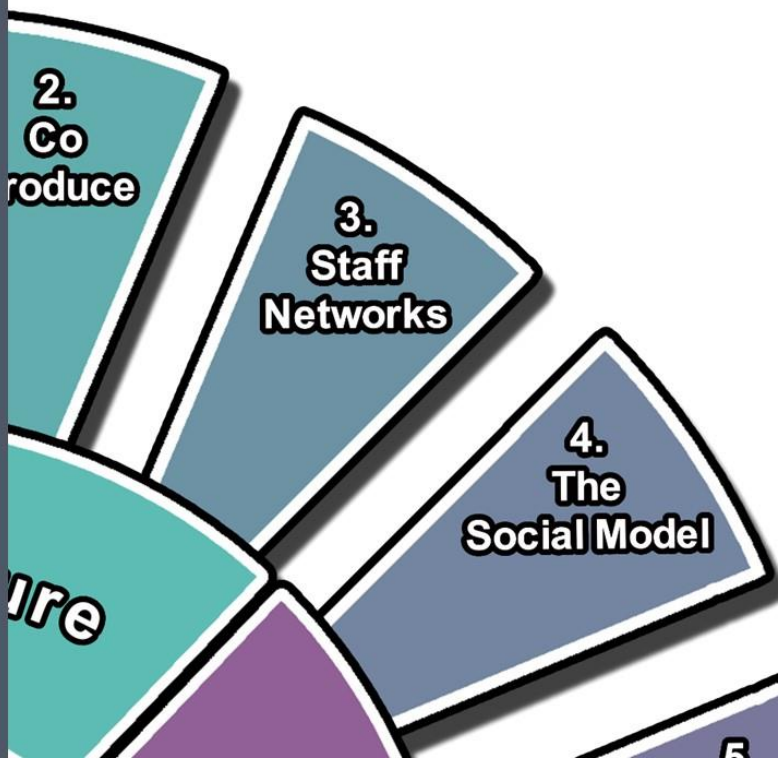
3.STAFF NETWORKS

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 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.**



4. THE SOCIAL MODEL

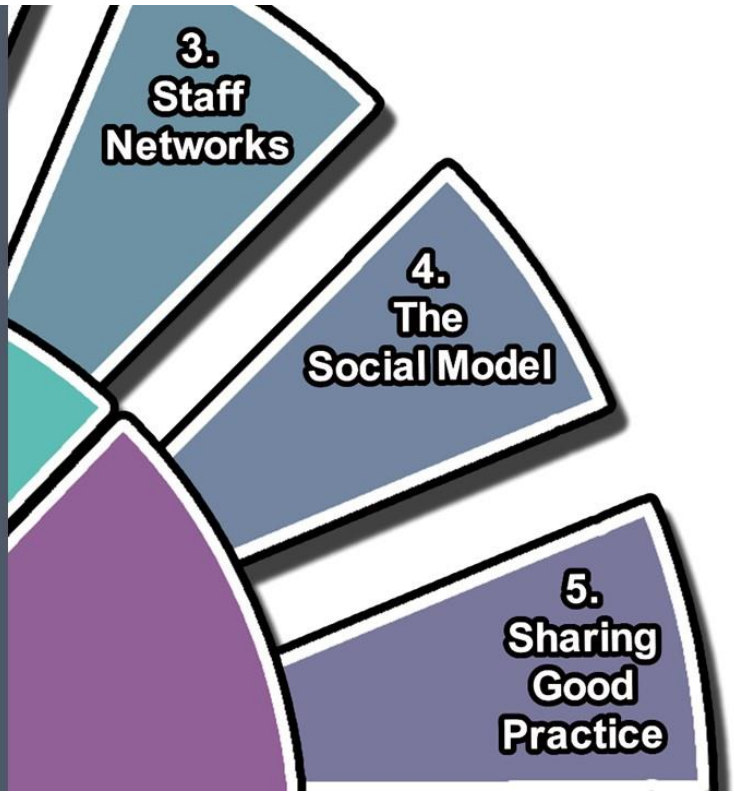
Understanding & implementation of the Social Model through training, education and understanding

The Social Model is a Disabled People's understanding of disability. It recognises that disabled people and their impairments do not create barriers, they instead face barriers within the structures and processes in society.

Our research found only 23% of disabled staff, and 28% of Managers were aware of the Social Model.

Additionally, 4% of Staff and 16% of managers had received training on the Social Model.

Including training on the Social Model will help all staff to understand how to identify and begin to approach barriers.



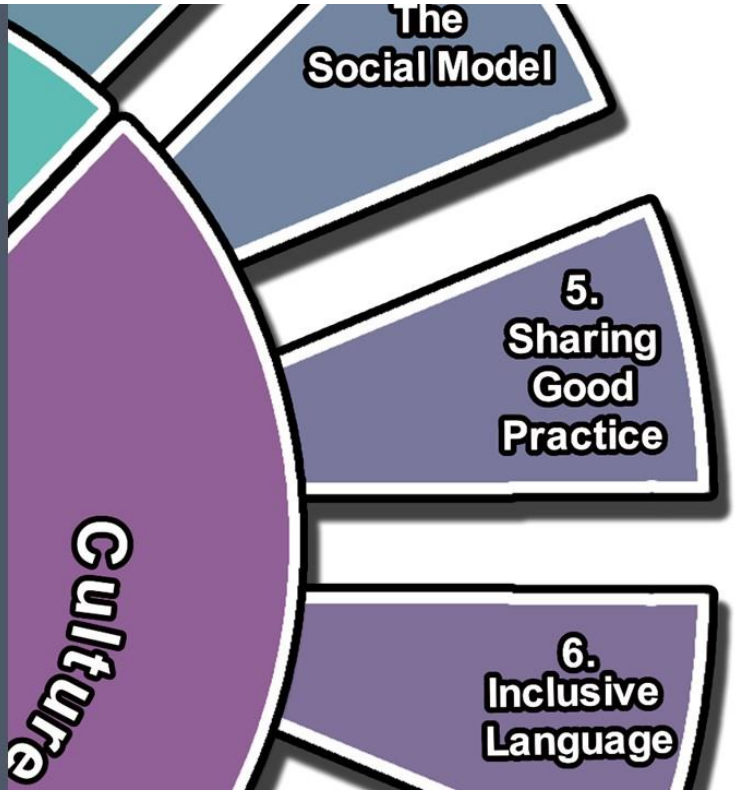
5. SHARING GOOD PRACTICE

Sharing and acknowledgement of good practice through open networks and conversation.

Several organisations and departments are working hard on creating and implementing methods of inclusion.

Others are seeking help and examples unsure of where to look.

Finding ways and networks of sharing these achievements can help everyone to develop.



6. INCLUSIVE LANGUAGE

Standardising good communication practices, especially in terms of inclusion of BSL and Accessible Language standards.

In focus groups communication with disabled staff members was a common issue. Staff reported being communicated with in ways they found inaccessible from unclear instruction and being spoken to without visual access, to a complete lack of important information in BSL etc.

Accessible Information Standards are available already in some format but review and updates of those and how they are implemented will help to keep inclusion up to date.

7. WORKPLACE DESIGN

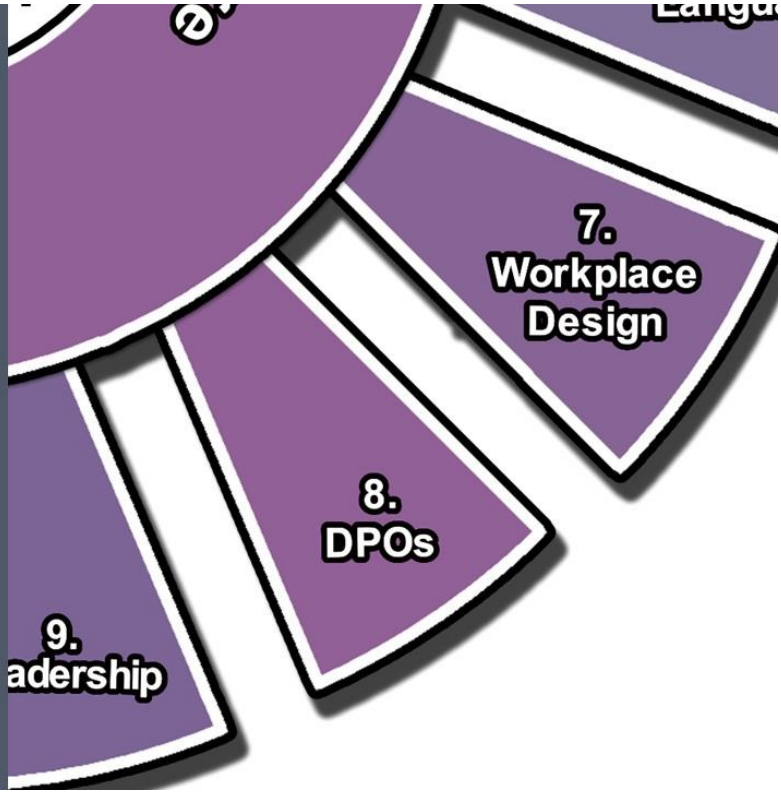
When designing workplaces and workplace adjustments:

a) Put the experience of Disabled Staff at the centre.
b) Understand that 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.

8. DISABLED PEOPLE'S ORGANISATIONS (DPOS)

Relationships with local and national Disabled Peoples Organisations should be cultivated and events which provide training and shared experience should be encouraged.

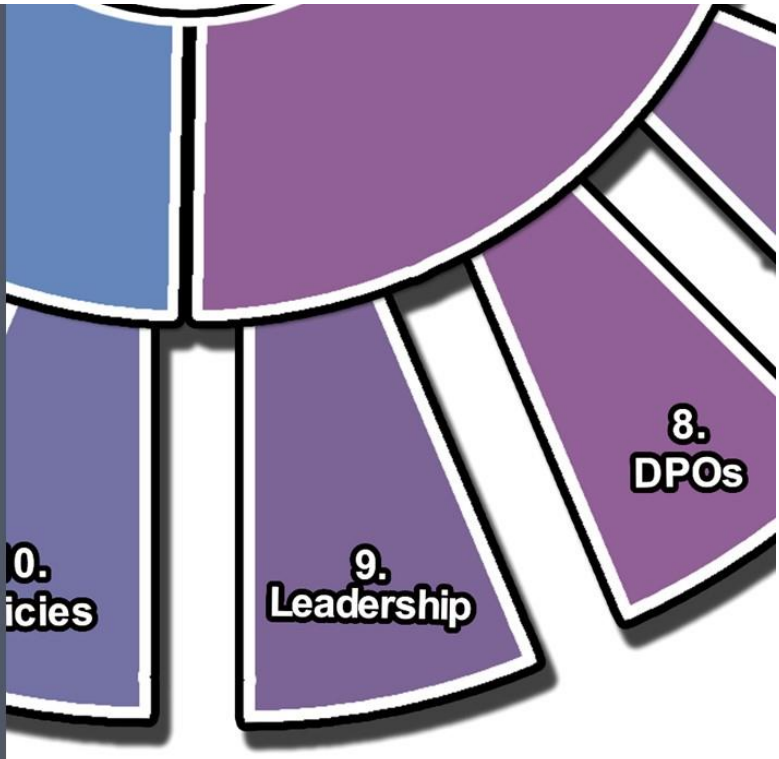
To ensure the lived experience is present in decision-making and training.



9. LEADERSHIP

Encouraging and supporting Disabled People to take on positions of leadership and be integral in decision-making.

This is something that was requested both in surveys and focus groups. There was a desire to see disabled leaders able to be open about their impairments / conditions and able to represent disabled staff in decision-making positions.

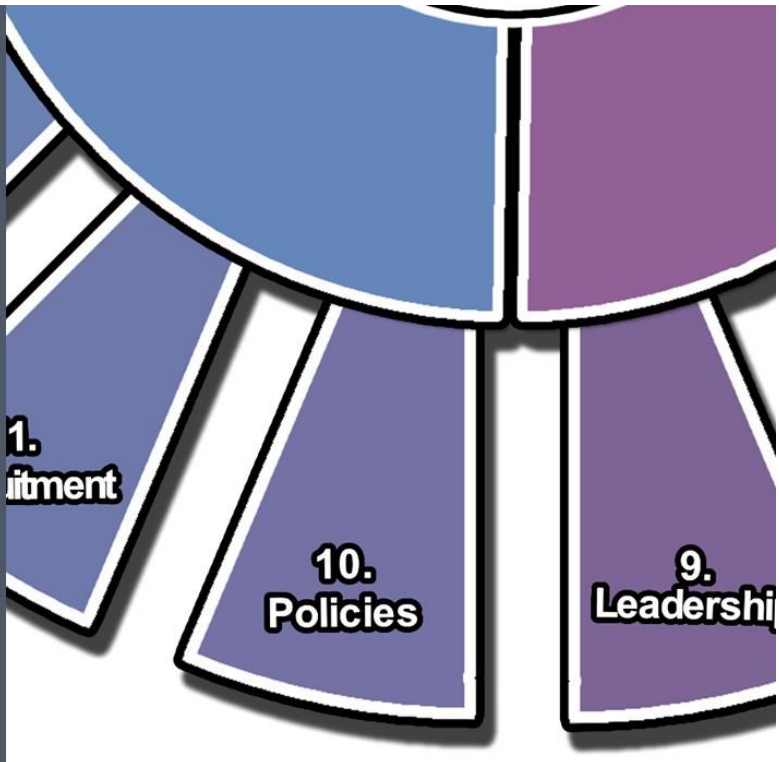


10. POLICIES

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 easy to find and available in easy read and BSL alongside other languages and interpretations. All staff should be made aware of this.

This was requested by both managers and staff. Policies relevant to disabled staff can be found in parts throughout other documents. When found this is not always accessible to the staff it is relevant to.

This will enable staff to know and understand what is relevant to them.



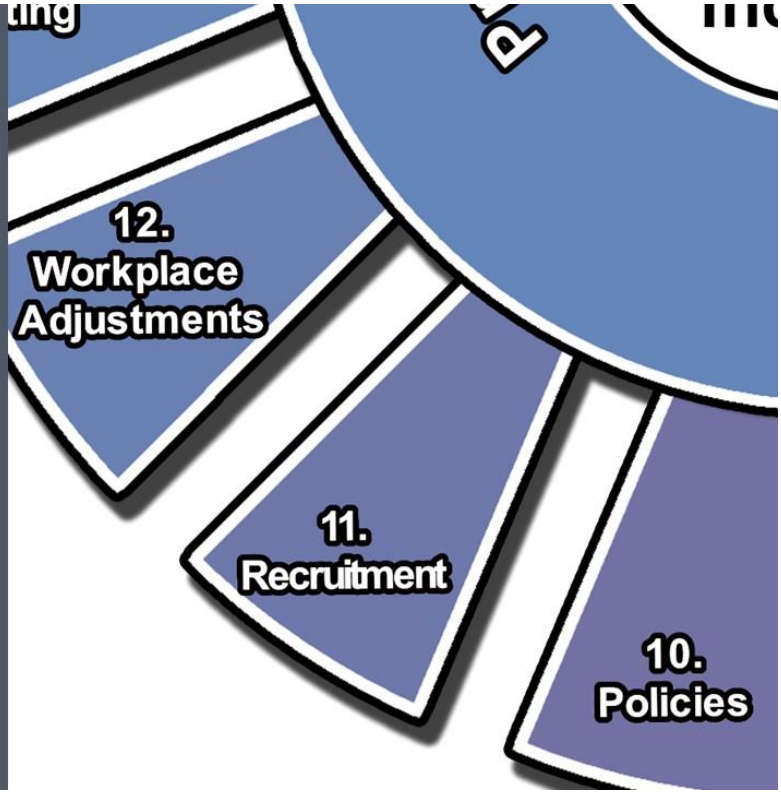
11. RECRUITMENT

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.**

c) **Review processes to identify any unintended barriers – co-review or work with DPOs**



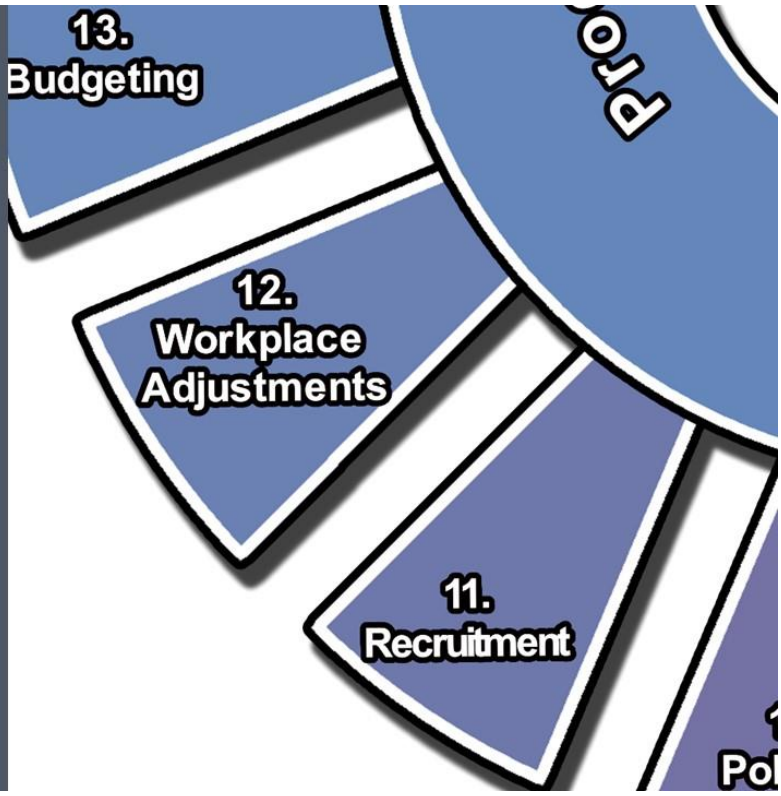
12. WORKPLACE ADJUSTMENTS

Workplace Adjustments should be a standardised system across organisations, with clear accessible guides.

Include an acknowledgement that workplace adjustments are a statutory requirement for disabled staff, and it is an organisation's legal obligation to ensure that staff are properly equipped and supported.

This action is in place to make clear the importance of an accessible and easy way of overcoming the barriers faced by disabled staff and their managers in the workplace.

Workplace adjustments and difficulties in receiving and maintaining them formed a large portion of responses to surveys and focus groups.



13. BUDGETING

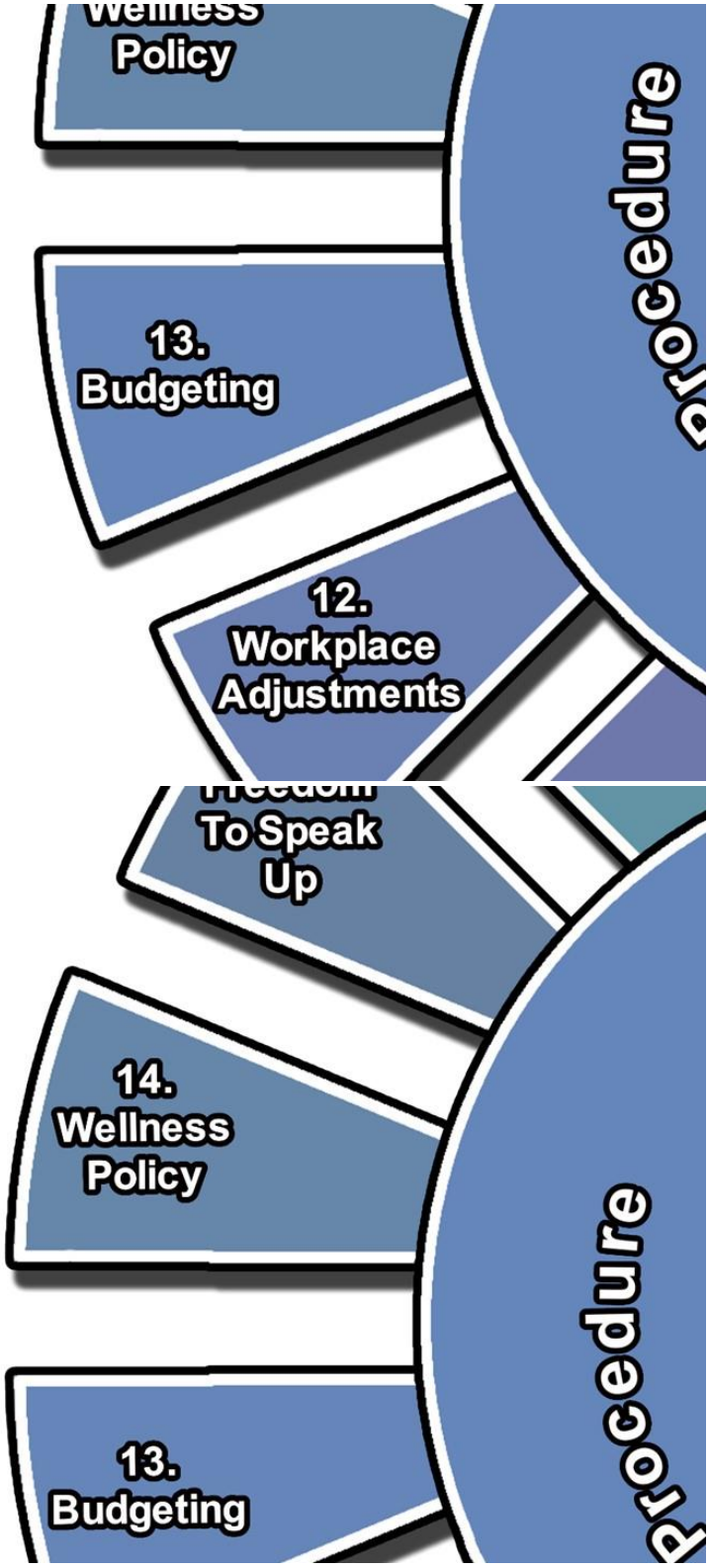
There should be a centralised workplace adjustment fund to fast-track smaller solutions and reduce the complex and often stressful process of applying for Access to Work.

This action seeks to respond to issues of financial restrictions determining what is "reasonable" for workplace adjustments. Financial restriction was the sixth most common reason adjustments were denied in the survey responses – all more common reasons were due to cultural barriers.

14. WELLBEING POLICY

Transition from sickness policies to wellbeing policies for all staff.

This is something both requested in surveys and focus groups and is being trialled in some areas already. The approach is one which is receiving positive responses from both disabled and non-disabled staff.

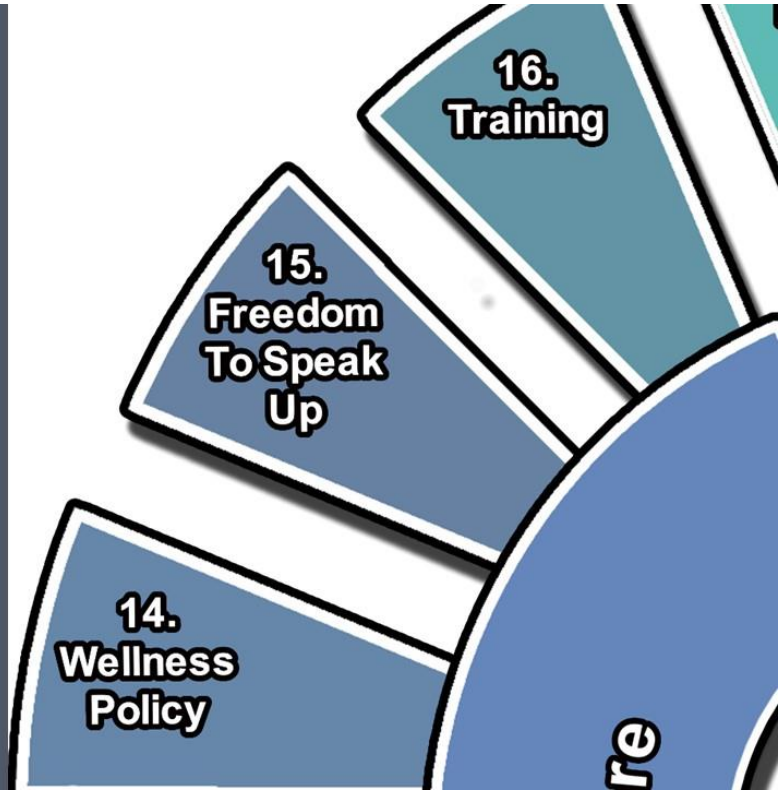


15. FREEDOM TO SPEAK UP

Procedures for reporting disability bullying and harassment should be independent, clear, and accessible.

28% of staff reported bullying or harassment from either staff, managers or service users in the workplace due to their impairment.

Some staff chose to use the final comments to give examples of what they experienced, and how they felt unable to respond in current channels that they were aware of. These examples could not be quoted due to their nature, however, they were serious issues which shows a need for a new approach.

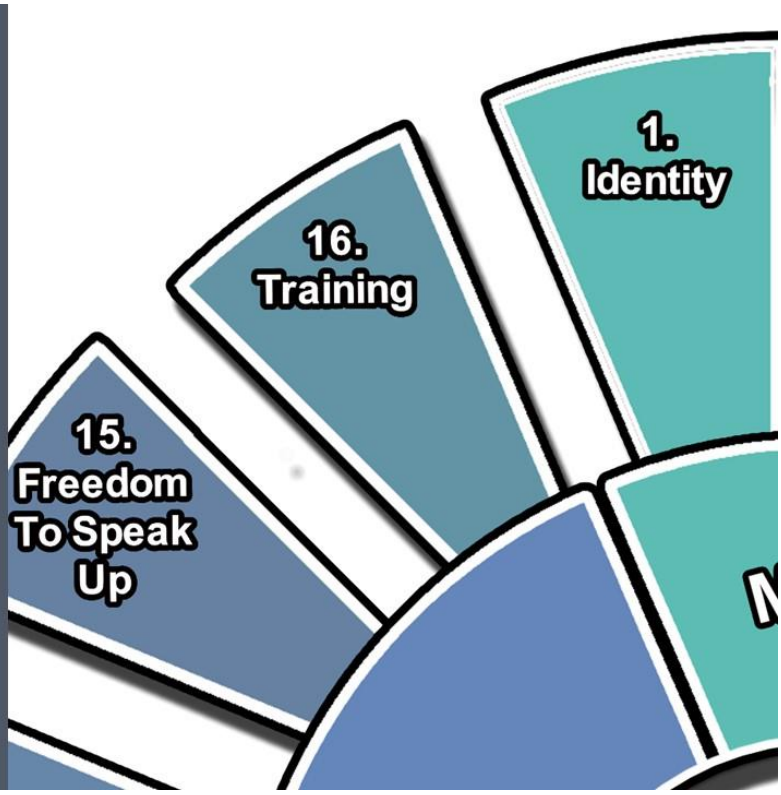


16. TRAINING

Regular training for management and staff on areas related to:

a) **Social Model of disability**
b) **Workplace Adjustments**
c) **Talking about disability and issues disabled people face.**
d) **Identifying barriers**
e) **Inclusive Practice – this does not have to be confined to issues solely around impairments.**

This training was directly requested by managers in surveys, focus groups and in other meetings around the project.



Overcoming Barriers in the Workplace

- Sharing our experiences of barriers.
- This is all confidential.
- Try and anonymise what you share.

Discuss. Breakout Activity 4

Discuss. Breakout Activity 5

Enabling Conversations

From disabled people…

No assumptions!

Invisible impairments

Ask

Flexibility and creativity

Use the support available

Take action on your commitments

We are valuable and dedicated

Action Planning

What is your aim?

Who else needs to be involved and why?

What resources would be needed?

What may stop you from achieving this?

What will you have achieved in 6 weeks?

Support and Signposting

Government – e.g. Access to Work and Disability Confident

Legal/HR e.g. EHRC and ACAS

Disabled people's organisations e.g. Breakthrough UK, Autizma

Membership e.g. Valuable 500, Business Disability Forum, Good Employment Charter

In Summary

Disabled people are the experts
Impairment not illness
Social Model
Adjustments and access
Barriers
Labels
Environment
Disabled people are the experts

50