The Our Manchester Disability Plan
Access All Areas
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Part 1

Section 1: About this document

Who this document is for
This document is relevant to everyone who lives, works, studies in or visits Manchester. This is because it is everyone’s responsibility to ensure disabled children, young people, adults and older people in Manchester can play a full part in society by exercising all their rights and the equality of opportunity to access services, facilities and support they are entitled to.

Throughout the document there are a number of quotes from disabled people who contributed to consultation that has supported development of this plan; these are highlighted in speech bubbles.
Section 2: What is the purpose of the plan?

The Our Manchester Disability Plan is Manchester’s pledge to support disabled people in Manchester and remove barriers.

Disabled people face significant barriers, and experience disadvantage and discrimination accessing services, opportunities and facilities in Manchester. The Our Manchester Disability Plan (OMDP) is Manchester’s pledge to support disabled people in Manchester to remove these barriers so they can fully integrate into all the opportunities, facilities, activities and communities in the city.

It will do this by challenging and changing existing attitudes, with the aim of reducing the inequalities disabled people face in Manchester today. In doing this, the Plan will acknowledge the many improvement projects in progress across the city, and the aim of the Plan is to build on all the good practice that already exists.

It is anticipated that Manchester City Council will lead development of the Plan initially, but it will really be driven by disabled people who live, work or study in the city, and those who visit it. They will work with other partners on the Partnership Board and associated workstreams mentioned further in this document to support the aims of the Our Manchester Disability Plan.
Section 3: Context of the Plan

The Our Manchester Plan

Manchester City Council’s Our Manchester Plan focuses on helping people to make the changes in their lives that will see them become more independent.

The approach doesn’t begin by asking ‘What’s wrong?’ as we often do as a council. Instead, it asks ‘What’s right?’ and ‘What matters to you?’

So Our Manchester becomes:

- a way people can develop into happier, healthier and wealthier people making a good life for themselves and their family
- proactive, pre-emptive and creative, focusing on a person’s or community’s strengths and opportunities
- a partnership of local people and organisations developing new answers to how we can deliver public services.

Asset-based

You’ll hear Our Manchester being called an asset-based approach. This assumes that everybody has something to contribute to make this a better city.
Different conversations
The Our Manchester Plan means a different relationship with colleagues, partners, people and places. This means listening to and observing people, then making judgements based on what we see and hear.

Behaviour change
Our Manchester is very much about how we challenge and change behaviour. It will mean a different, perhaps slower, way of delivering services, but if it takes a little more time and you get a better outcome, it’s time well spent.

Our Manchester, Our Children
Our Manchester, Our Children: Manchester’s Children and Young People’s Plan 2016–2025 outlines how children and young people matter in Manchester. It places children at the heart of its vision for Manchester to be in the top flight of world-class cities by 2025. It aims to open up new opportunities for our children and young people in the fields of education, work, leisure and family life. It is also a partnership plan, jointly held by all the city’s agencies and organisations that work with children and young people.

Our Manchester – building a safe, happy, healthy and successful future for children and young people
As well as Our Manchester, there are also many pieces of legislation and policy relating to disability, equality and improving the quality of life for disabled people in Manchester. Some of the most recent developments and changes that will underpin the OMDP and enable faster and wide-reaching change are identified below.

Manchester has always had a reputation for being welcoming and tolerant, and everyone who lives, works, studies in or visits the city should feel part of that. No one should feel excluded. The Plan is about all the people of Manchester; it’s about what’s at the heart of the city and the people who make Manchester what it is today.

The Our Manchester Disability Plan is also written from the perspectives of the Social Model of Disability, the 12 Pillars of Independent Living, and The UN Convention on the Rights of the Person with Disabilities.
The Social Model of Disability
The Social Model of Disability says it is not people’s conditions or impairments that disable them. It is society that does not accommodate difference and creates barriers. The intention of this Plan is to remove these barriers so we can have a disabled people-friendly city.

A disabled people-friendly city is a place where:
- Disabled children’s and adults’ aspirations are recognised and can be realised
- All areas of the city and all parts of city life are accessible
- Disabled people can be independent and equal in society, and have choice and control over their lives
- Mancunians are the city’s best assets
- Everyone has the right to fulfil their own potential.

Manchester City Council is committed to working with disabled people and partners to embed the social model of disability in the city’s services.

The 12 pillars of independent living:
- Appropriate and accessible information
- An adequate income
- Appropriate and accessible health and social care provision
- A fully accessible transport system
- Full access to the built environment
- Adequate provision of technical aids and equipment
- Availability of accessible and adapted housing
- Adequate provision of personal assistance
- Availability of inclusive education and training
- Equal opportunities for employment
- Availability of independent advocacy and self-advocacy
- Availability of peer support.
The United Nations Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities is an international human rights treaty of the United Nations intended to protect the rights and dignity of persons with disabilities. Parties to the Convention are required to promote, protect, and ensure the full enjoyment of human rights by persons with disabilities and ensure that they enjoy full equality under the law. The Convention has served as the major catalyst in the global movement from viewing persons with disabilities as objects of charity, medical treatment and social protection, towards viewing them as full and equal members of society, with human rights. It is also the only UN human rights instrument with an explicit sustainable development dimension. The Convention was the first human rights treaty of the third millennium. [www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html](http://www.un.org/development/desa/disabilities/convention-on-therights-of-persons-with-disabilities.html)

As with the Social Model of Disability, the UN Convention is at the core of the plan and its work.

Other important contexts that are relevant to development of the OMDP include:

i) The Equality Act 2010

The Equality Act 2010 is a major piece of legislation that brings together and strengthens the various existing pieces of anti-discrimination legislation that have been passed since the 1970s.

The Act covers three areas: employment, provision of goods and services, and property. It describes ‘prohibited conduct’, which includes direct and indirect discrimination, harassment, victimisation, and disability discrimination, and sets out the ‘protected characteristics’ covered by the legislation – including disability. It also describes a general equality duty for public bodies to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and other conduct prohibited by the Act
- Have equality of opportunity between people who share a characteristic and those who do not
- Foster good relations between people who share a characteristic and those who do not.
Manchester City Council is also required, under the Public Sector Equality Duty 2011, to publish information annually to demonstrate that it is complying with the general equality duty in all areas of its work. Information must be included on how the Council’s policies and practices affect people who share a relevant protected characteristic. You can read more about this, and the statistics relating to disability in the city, in the State of the City Communities of Interest Report 2016. [www.manchester.gov.uk/manchesterpartnership/downloads/file/507/communities_of_interest_report_2016](http://www.manchester.gov.uk/manchesterpartnership/downloads/file/507/communities_of_interest_report_2016)

We are pleased that in 2015 Manchester City Council achieved the ‘Excellent’ standard in the Equality Framework for Local Government (EFLG), a national equalities benchmarking tool run by the Local Government Association (LGA). You can read the full report at [www.manchester.gov.uk/equality](http://www.manchester.gov.uk/equality)

However, this doesn’t mean that work in this area has slowed down, as the Council has an ethos of and commitment to continuous improvement. The EFLG final report recommends a number of areas where we can make further progress towards disability equality, and these will be incorporated into the OMDP and the Council’s equality objectives. These two documents will provide an opportunity for the Council to embed these organisational recommendations and use its experience to influence positive change in partners.

The EFLG recommendations include:

- Increasing the proportion of disabled children and adults represented at senior management level and in the apprenticeship scheme
- Increasing organisational capacity to manage disability in the workplace more effectively
- Increasing awareness and understanding of hidden disabilities and mental ill health.

Disabled people are invisible in the workplace.

Design homes that are accessible, so that people don’t have to move – and if they do, keep them in an area they know.
ii) The Care Act 2014

The Care Act 2014 made a number of significant changes to how local authorities assess for, commission and deliver a more holistic and personalised range of adult social care services.

The Act introduces:

- A set of national eligibility criteria, which will provide a consistent way of identifying whether a person is in need of care and support from their local authority
- A wellbeing assessment, which considers how a person's current and future needs are and may be affected by their wellbeing
- A different type of assessment, based on a more in-depth conversation with people who need care and support, to find out more about their strengths, goals and aspirations so a support network can be constructed, which ultimately should lead to a more fulfilling life
- Opportunities to move, where desired, between different local authorities through a new arrangement to transfer care and support to a new authority
- The right of carers to have an assessment of their needs for the first time.

There is a much greater emphasis on wellbeing, and local authorities now have a specific duty to promote wellbeing in the specific areas below:

- Personal dignity, including treating people with respect
- Physical and mental health, and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over day-to-day life, including choice and control over how their care and support is provided
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual’s contribution to society.

I’ve been able to maintain my independence at home via equipment and adaptations.
We are already using the principle of wellbeing in the Care Act 2014 to raise awareness among partner agencies and organisations of the barriers to holistic wellbeing faced by disabled adults. We have begun to work with partners to enable our social care teams to move beyond the traditional social care offer of home (domiciliary), residential or nursing care, and meet individual need in a more personalised, multi-agency, joined-up way.

The Act also specifically states that health and social care must put measures and services in place to reduce, prevent or delay the need for care and support. With the right to a Personal Budget (a cash amount equivalent to the level of need the person has) also explicit in the Act, the ability to have greater control and choice that would give Access All Areas should now be a realistic possibility for many disabled adults.

### iii) Devolution

The announcement of devolution for Greater Manchester (sometimes called DevoManc) provides significant opportunities for extending the reach of the OMDP. Control of budgets and the power of decision-making in key areas such as health, housing, employment, education, skills, transport and planning have shifted from the Government to Greater Manchester. This means key decisions on how and where money is spent will be made locally, not in London. This plan will enable Manchester to seize opportunities created by devolution to ensure that new and existing infrastructure and services are accessible, promoting equality, wellbeing and independence. More information about devolution can be found at [greatermanchester-ca.gov.uk/homepage/59/devolution](http://greatermanchester-ca.gov.uk/homepage/59/devolution).

The vehicle by which devolution in health and social care is implemented in Manchester and Greater Manchester is the Living Longer Living Better programme, and every area has produced a Locality Plan detailing how devolution will be used to transform services. [www.manchester.gov.uk/meetings](http://www.manchester.gov.uk/meetings)

Staff doing assessments for equipment and adaptations made helpful suggestions for alternative equipment because of their understanding.
All health and social care planning and activity in the city is overseen by a combination of the Health and Wellbeing Board (HWB), the Children’s Board, and either the Young People and Children Scrutiny Committee or the Health Scrutiny Committee, which also covers adult social care as well as health. The HWB and the Children’s Board are part of The Manchester Partnership; this is made up of NHS, public health, social care, education and children’s services representatives, elected representatives, and representatives from the police. More information about the boards can be found at [www.manchesterpartnership.org.uk](http://www.manchesterpartnership.org.uk) and scrutiny committees at [www.manchester.gov.uk/scrutiny](http://www.manchester.gov.uk/scrutiny).

The OMDP is accountable to all these groups and has clear links to other strategies, particularly The Disabled Children’s Charter, the Community Plan, and major programmes of work including Living Longer Living Better and Public Service Reform.

**iv) Co-production and consultation**

This is vital to this Plan and means developing and delivering public services and facilities in equal partnership between the people using services and their supporters, community and professionals. It is considered to be the best way to achieve transformation in the life chances of disabled children and adults.

This document has been co-produced by groups of disabled children and adults, their supporters and Manchester City Council. Other contributing partners are health, transport, leisure, the police, education and employers. There will be more detail on this later in this document.

Comments and, more importantly, suggestions received from disabled children and adults during initial consultation on development of the Plan have been the catalyst for the Plan to establish an OMDP.
Engagement Group. Members of this group will be experts by experience, and in using their knowledge, the ‘critical friends’ of this work. For more about this, see Part 2, Section 5.

To develop this plan, the Working Together for Change approach (see helensandersonassociates.co.uk for more detail) was initially used at a series of public and targeted workshops. We simply asked people what they think works well and what doesn’t work well across a range of key themes:

- Health and wellbeing
- Staying safe
- Getting off to a good start
- Choice and control
- Independence in your home
- Community opportunities
- Involvement
- Advocacy.

We explain more about the conversations we had during that process in Part 1 Section 7 below, Personally Speaking, but three comments in particular stood out from consultation sessions:

There should be nothing about us without us.

Get disabled children and adults involved, as they have the best understanding of the situation.

People need to think outside the box.
A first draft of the Plan then went out for public consultation in January 2016. At the same time, direct consultation and engagement also took place with Greater Manchester Coalition of Disabled People, Breakthrough UK, Manchester Disabled People’s Access Group, Manchester Deaf Centre, and the Manchester City Council Disabled Staff Group.

All the feedback mentioned above has been reviewed and used to develop the current version of the Plan and draft standards of best practice called Access All Areas. These should not be confused with Access Standards but can be used to help understand how it’s intended that the Plan is used to remove barriers affecting disabled children and adults and their supporters. It is acknowledged that the proposed governance structure will need to develop this further, so standards will be reviewed by the Engagement Group and the Partnership Board as part of the overall development of the Plan’s work programme.

Disabled children and adults are continuing to drive this work, with their views – positive and negative – informing the priorities and actions. They are the catalyst for the change that will happen.
As the Lead Member for Disability, I’ve led the production of this new Plan. I feel strongly connected to this work as I’m a disabled person myself, so I understand and have experienced some of the barriers people face. I want to do something about that. This Plan is just the beginning. As has been demonstrated so well through the Age-Friendly Manchester work, the vision for this Plan is for a city that enables all disabled Mancunians to reach their potential.

Many of the actions and changes highlighted in this Plan are not within the Council’s control, so this calls for a partnership approach. In particular, we are asking the private sector, specifically in terms of employment, to be guided by some of the key messages included in this Plan, and open up recruitment and job opportunities to disabled children and adults. More recently, we’ve heard about very positive outcomes for disabled children and adults through a range of Supported Internship programmes, and we would strongly urge you to find out more and get involved.

Thank you for taking the time to read this Plan; we hope everyone can play their part in the future and together make a real difference.

**Councillor Tracey Rawlins**
Lead Member for Disability
Chair of Communities and Equalities Scrutiny Committee
I’m delighted to co-launch and lead the new Our Manchester Disability Plan. Manchester is proud of its strong history of working with disabled people and disabled people’s organisations to promote equality and break down barriers for disabled people. Too often, barriers prevent our city’s disabled people in our city from living their lives to their full potential.

As the Lead Member for Adult Health and Wellbeing, I will make sure that the city’s health and care services fulfil people’s individual needs at their centre, helping and empowering people to achieve their potential. This Plan is ambitious and needs us all to work together to break down barriers, tackle challenges and, importantly, listen to and be led by disabled people’s voices.

I look forward to working with you to turn this Plan into action.

**Councillor Bev Craig**
Executive Member for Adult Health and Wellbeing
Section 5: Introduction

The Our Manchester Disability Plan sets out a commitment to disabled children and adults and their supporters, with the aim of enabling everyone to have a much richer and more fulfilled life.

Manchester has recently become the first Age-Friendly city in the UK, and much progress has been made in making the city a place where older people want to continue to live in retirement.

Manchester is a ‘destination’ city for older people to visit because it’s easy to get around, there’s plenty to do and see, and they feel valued and welcomed. Yet disabled Mancunians and visitors of all ages have told us they don’t have the same experience of life in the city. They have said that Manchester does not include them or give them the same opportunities. In fact, it has a large range of barriers and inequalities.

Clearly, this needs to change. The need to reduce these inequalities is at the centre of this plan.

It is for all, not just those in receipt of social care, because the vast majority of disabled people don’t use social care services. The Plan’s aim is to reach all communities in Manchester, from the variety of people who have settled in Manchester from other parts of the world and made it their home, to disabled people from the lesbian, gay, bisexual and transgender community.
The Plan will take a new approach to achieving Equality, Accessibility and Inclusion for all disabled children and adults who live, work, study in or visit the city. It will describe how everyone, collectively and individually, can contribute to that transformation so that disabled children and adults genuinely can feel part of everything that goes on in their local community and the city as a whole.

This won’t happen overnight, but achieving the outcomes is something that everyone in Manchester must contribute to. Equality, Accessibility and Inclusion should touch every person and every organisation in every part of life, society and local communities. There is commitment at a very senior level across all partners to ensure that this work is prioritised, as well as embedded into all aspects of city life so that it becomes usual working practice.

**Carers**

It is equally important this Plan acknowledges and recognises the vital role of carers and supporters. This is a key priority for Manchester City Council and its partners, so it is essential that carers have the opportunities to fulfil their potential and that they are valued as individuals and carers. Carers of all ages, including disabled people who are carers themselves or parents, don’t consider themselves as carers. Not only does this mean they may not be getting support, it also means their voices aren’t being heard. Manchester City Council knows it isn’t getting the full picture about carers in the city; however, this is being addressed in a variety of ways. Find out more about carers on the Council’s website.

**Identified outputs of this Plan so far include:**

- Co-ordination of the individual projects into a single thematic action plan overseen by a Partnership Board and the Engagement Group, where learning and excellent practice from one area applies to others, where applicable.
- A shared vision of Equality, Accessibility and Inclusion for the whole city.
- A short guide on what ‘good’ looks like for a disabled person: Access All Areas. This will feature the standards for a disabled child and adult-friendly city and develop into a resource tool.
Section 6: This is Manchester

The Manchester that most of us know is all about friendliness, saying hello to strangers, chatting at bus stops, and living life to the full. It’s about ambition, achievement, being first, and aiming high. It’s about ensuring people have opportunities.

Manchester is an amazing city, with world-class visions, facilities, venues and technologies. We’ve had many firsts over the years in industry, technology, sports and the arts, such as the first computer. Manchester has also been a world leader in improving the quality and equality of life for its residents, including the first free public library in the 17th century, suffragettes and votes for women, fresh drinking water in the 1850s, becoming a nuclear-free city, and smokeless zones.

Also:
- Manchester staged the first inclusive Commonwealth Games
- Manchester City Council pioneered accessible hackney cabs
- Manchester made the first Direct Payments, ahead of the legislation
- Manchester City Council was, we believe, the first local authority to advertise jobs for disabled people only.
Manchester’s disabled population:

In the 2011 census a total of 89,364 Manchester residents reported that they had a long-term health problem or disability which limited their daily activities (either ‘a lot’ or ‘a little’). This equated to 17.8% of Manchester’s surveyed population which was slightly higher than the 17.6% reported for England as a whole. While direct comparisons with 2001 are difficult due to a differing question style in the earlier census, Manchester and other large urban conurbations have shown a reduction in the proportion of people reporting that their daily activities were limited by such long-term health problems and disabilities.

At 9.4%, Manchester has a higher proportion of residents whose daily activities are limited ‘a lot’ when compared to the national figure of 8.3%. However, at 8.3% the proportion of Manchester’s residents whose daily activities are limited ‘a little’ is lower than the national average of 9.3%.

This suggests that interventions to assist with short-term or lower-level conditions or impairments are effective.

Yet Manchester’s percentage of people with day-to-day activities that are limited a lot is notably higher than the national average, suggesting that the proportion of people with high level/assessed needs is greater in the city than nationally.

Figure 1:

Percentage of people whose daily activities are ‘limited a lot’, ‘limited a little’ or ‘not limited’ by a long term health problem or disability.

<table>
<thead>
<tr>
<th>Degree of limitation</th>
<th>Manchester</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day-to-day activities</td>
<td>9.4%</td>
<td>8.3%</td>
</tr>
<tr>
<td>limited a lot</td>
<td>47,353 people</td>
<td>4,405,394 people</td>
</tr>
<tr>
<td>Day-to-day activities</td>
<td>8.3%</td>
<td>9.3%</td>
</tr>
<tr>
<td>limited a little</td>
<td>42,011 people</td>
<td>4,947,192 people</td>
</tr>
<tr>
<td>Day-to-day activities</td>
<td>82.2%</td>
<td>82.4%</td>
</tr>
<tr>
<td>not limited</td>
<td>413,763 people</td>
<td>43,659,870 people</td>
</tr>
</tbody>
</table>

Source: Census 2011, ONS, Crown Copyright
Public Service Reform:
Welfare reforms that have already been implemented are impacting on disabled residents through the reassessment of Incapacity Benefit through Work Capability Assessments (WCA) and the under occupancy rules.

Employment and skills:
There are 19,415 economically active people in Manchester who identify as disabled or who have a long-term health condition that limits their daily activities, and this represents approximately 5% of the city’s working age population.

At 6.6% the proportion of economically inactive working-age Manchester residents who identify as long-term sick or disabled is higher than the national average of 4%.

Increasing employment and skills
Opportunities for some groups indicate the potential for future growth, but this is not a consistent trend and there are groups of disabled people in Manchester that experience far fewer chances of gaining skills, experience and employment. The current economic climate has made it more difficult for all people to get work, meaning that the already present difficulties faced by disabled people to secure paid employment are compounded.

Figure 2:
Percentage of economically inactive working-age residents who are long-term sick/disabled

<table>
<thead>
<tr>
<th>All usual residents aged 16–74 who are long-term economically inactive</th>
<th>Economically inactive residents who are long-term sick/disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester</td>
<td>382,932</td>
</tr>
<tr>
<td>England</td>
<td>38,881,374</td>
</tr>
<tr>
<td></td>
<td>6.6%</td>
</tr>
<tr>
<td></td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: Census 2011, ONS, Crown Copyright
Children and young people

Nationally, it is estimated that:

– Children and young people with SEN have higher rates of absence from school and exclusion from school. This is also the case in Manchester, where for example in 2014/15 Manchester pupils missed 4.7% of school sessions; however, for pupils with Statements/EHC plans the absence rate was 10.5%.

– In Manchester, although in recent years there has been a slight increase in the number of young people with SEN achieving five GCSE grades A–C, the gap between results for young people with SEN and their peers has increased. 53% of disabled children and adults and those with long-term conditions have either no qualifications or qualifications below GCSE grades A–C.

– 40% of disabled children and adults aged 16–34 have reported being a victim of crime, compared to 30% for non-disabled children and adults.

– All mortality rates for people with moderate and severe learning disabilities are three times higher than for the general population.

– The national employment rate for disabled adults is 45%, equating to a 30% gap between the employment rate for disabled and non-disabled adults. In June 2015, 12% of 16 to 18-year-olds with special educational needs and disabilities (SEND) were not engaged in education, employment or training, compared to 5.8% of all 16 to 18-year-olds.

In January 2016 the school census showed that Manchester’s total school population was 80,634; 12,196 of these pupils had a special educational need, and the majority had their needs met at SEN support level. This equates to 15.1% of Manchester’s total school pupil population with a special educational need.

Most children and young people with a special educational need have a moderate learning difficulty. However, Autistic Spectrum Disorder is the most common difficulty for children and young people with a Statement or EHC plan in Manchester (28%) and is higher than the national figure of 24.5% (January 2015 census figures).
Half the school-age population with high levels of special educational need reflected by an Education, Health and Care plan attend a mainstream school and half attend a special school. Overall, this means that 1.6% of the school-age population attend special schools. This has been the case for the past five years.

More information about the health needs in the city can be found in the Joint Strategic Needs Assessments produced by Manchester City Council and its partners.
Section 7: Personally speaking

As explained in the introduction, any actions developing from the Plan will arise from the real-life experiences and ideas of disabled Mancunians.

We have worked with disabled children and adults and their supporters to develop this Plan. They told us about their good and bad experiences, their frustrations and aspirations, as well as their opinions on how things are now and how they think things should change in the future.

Serena is 18 and has participated in many sports. She has been a regular participant at the CADS school holiday camps, making the journey from just being a participant to becoming a coach.

I am a volunteer for Inclusive Futures, working as a sports coach with young people and their families to get them involved in inclusive sport.

I like working here, as the lead coach helps me plan some of the activities, so I can look at how to adapt the session for the group. I get to meet new people too and work with other volunteers.
During the consultation on development of this Plan, disabled children and adults said they can face many barriers and challenges. They described life as a ‘battle’ or a ‘fight’, and many found the constant requirement to repeat themselves ‘exhausting’ and ‘frustrating’. Many also found themselves isolated. Some of the comments clearly showed that while service providers think they have good policies, procedures and services in place, the effects aren’t always experienced in the way those service providers expected.

Some of the main areas of concern from adults were:
– Poor access to buildings
– Lack of involvement at the early stage of design
– Bad attitudes of some staff in a variety of organisations
– Employment
– Further education
– Staying in work
– Benefit cuts
– Lack of opportunities for young disabled people
– A decent place to live
– Lack of accessible cultural and leisure facilities
– Hate crime and other forms of crime
– Transport
– The amount of bureaucracy
– Attitudes in health and social care
– Easily accessible and up-to-date information on where to get help.

However, it should come as no surprise that everyone’s experience was unique, so it is obvious that what works for one person may not work for another. That’s one of the reasons disabled children and adults play such a key role in the development of this plan.

The reduction in day services means that people’s wellbeing is suffering, including that of carers.

Attitudes towards people with speech impairments and those who have had a stroke are really poor. People think they are drunk.
It’s fair to say that most of the comments were about barriers, but other comments we received from disabled people show some areas work well and are making a positive difference to the quality of life of disabled children and adults in the city. For example, the work that has been undertaken over the years to improve the accessibility of transport and buildings (eg. leisure centres) was particularly welcomed.

Support from the voluntary and community sector, disabled children and adults’ organisations, and public sector services also works well for some.

Other positive experiences mentioned in the consultation included:
- Supported employment schemes
- Regular checks from GPs and other medical services
- Accessing mainstream education
- Staying in employment
- Housing and adaptations
- Proactive support from social workers and social housing providers
- Carers’ services
- Positive attitudes from and good experiences with health, the police, education and housing providers
- Integration/Partnerships

Stagecoach buses respond to feedback straight away and change things. They do disability training for drivers. Inspectors check that your journey is okay and whether you have any problems.

Being a member of a voluntary group, eg. Manchester Disabled Access Group, gives support, confidence and motivation. It gives people a role, a task, and a job – it gives people a sense of purpose.

Local police officers are good – we have a good relationship and I can talk to them.

Voluntary work provides positive experience.
Part 2

Section 1: Children and young people

The voice of children and young people with SEN and their parents/carers is an integral part of the SEND reforms implemented since September 2014.

Overwhelmingly, children and young people tell us they want to have a job, live independently, have friends and eventually a partner, and be able to have a good social life just like any other young person. They identified a number of barriers that prevent them from having the kind of life they want.

I just want to go to the match with my mates without someone who looks like my Aunty Sheila trotting behind me. I want a befriender that looks like a mate.
We work with children and young people to ensure that their views are at the heart of planning for their own lives, and for shaping services. We also have a Local Offer Review Board co-chaired by a parent. This has strong parent representation, which informs the Manchester local offer for children and young people with SEND.

Disabled children and adults and their supporters told us that most of the issues they face stem from:

– Lack of access
– Negative attitudes and lack of awareness
– Assumptions about ability
– Poor access to information
– The amount of bureaucracy
– Poor planning (at all levels)
– Poor communication
– Parental fears that stop children and young people going out on their own.

The experiences described here and on the next page are summed up well by these participants:

We have to tell our story over and over again! We should only have to tell it once.

Assessments are clipboard exercises and staff don’t listen to people. Assessments are sometimes done over the phone.

It’s all about having the confidence to speak up.

Doctors and other professionals don’t talk to the patient – they talk to the carer.
I don’t feel able to talk to the police – they don’t listen.

There isn’t enough support for older carers.

The Carers’ Forum is a great service. It supports us and keeps us informed about what I am entitled to.

There are no records for demand for accessible housing in the private sector.

Signs on the wall at the hospital explaining how to better communicate with people with autism need replicating for other disabilities.
Section 2: Education, health and care plans

The Children and Families Act 2014 has put in place significant reforms to how the needs of children and young people with special educational needs and disabilities (SEND) are identified, assessed and supported.

One of the key features of the Children and Families Act 2014 was the extension of the age range of those children and young adults with SEND who must now be assessed and supported by education, health and care up to 25 years of age.

Statements and Learning Difficulty Assessments for those with the highest needs have been replaced by an Education, Health and Care Plan (EHCP). EHCPs have the child’s (or young person’s) voice at the very centre, along with that of their parents (or carers), and include contributions from the family, school/college, health and care professionals, and other relevant people.

Through the introduction of Education, Health and Care Plans we are launching a programme of training on person-centred reviews. This is aimed at Council staff, staff in health services, schools and other settings, and post-16 providers to ensure that the voice of the child and their family is central to this process.
Local Offer
The Children and Families Act has imposed a new duty on local authorities to set out the provision the Council expects to be available across education, health and social care for children and young people in their area who have SEND, including those who do not have EHCPs. This is called the Local Offer. The Council published its Local Offer in 2013 and this is now part of Help and Support Manchester. A Local Offer Review Board, which reports to the SEN Reform Board, has been established to:

- Develop and review the Local Offer
- Provide the mechanism for parents and carers to influence strategic developments.

The Local Offer Review Board membership is made up of representatives from health, education, schools and social care, as well as parent representatives. The Board is working to develop ways to improve how we include the voice of children and young people in service design and delivery.

Joint commissioning
The Children and Families Act also requires local authorities and health professionals to jointly commission services for children and young people with SEND. One of the functions of the Local Offer is to inform commissioners about gaps in provision. In addition, Manchester is developing a children’s Joint Strategic Needs Assessment (JSNA), which will include an overview of the needs of disabled children and young adults in the city and identify gaps in provision.

Personal budgets
The right to request a personal budget to deliver the provision in an EHC plan was introduced through the Children and Families Act 2014. This enables children and their families to have more choice and control over how their support needs are met. In Manchester we have a number of families currently accessing a budget for their short break, home-to-school travel or health – we have a smaller number accessing a budget for education.

Short breaks
Maximising the leisure activities available in the city – especially in local neighbourhoods – gives disabled children and young people more opportunities. Manchester’s approach to short breaks for children and young people with SEND starts with exploring universal opportunities and making them as accessible as possible.
We want to ensure that increasing numbers of disabled children and young people are accessing universal play, leisure youth and arts activities as part of their short break. A further challenge for the city is to increase access to specialist short breaks within the city, as many families eligible for overnight respite or highly specialist short breaks are currently only able to access this outside the city and through the independent sector.

**Education**

Manchester aims for children and young people with SEND to attend their local preschool setting and to be educated in their local mainstream school wherever possible. Where specialist provision is required, this should be within schools based in the city. The vast majority of pupils’ SEN are met within the following:

- Fully inclusive mainstream provision
- Mainstream with support
- Resourced mainstream provision
- Special school provision.

Manchester’s special school provision is located in purpose-built schools and has been awarded ‘good’ or ‘outstanding’ by Ofsted. The facilities all have an outreach offer, which can be accessed by mainstream schools and settings to ensure that every school can identify and meet the needs of those children with SEND who choose to attend a local school or setting. This support helps to close the gap in outcomes when compared to young people without SEND.

**Young people post-16**

Manchester is providing high-needs funding (where the cost of providing education/training exceeds £10,000 per year) for 481 students in school sixth forms, sixth-form colleges, further education colleges, training, and adult education. This number includes 30 students on supported internships with employer partners: Manchester City Council, Central Manchester Foundation Trust, and Manchester Airport. A key challenge is to increase the number of young people able to access supported internships or other forms of training and move them on to employment.

**Travel**

We have recently reviewed our home-to-school transport policy for children and young people with SEN, and it is now called Travel Support to Access Education. This new policy focuses on the child and their family, looking at all aspects of an individual and their family situation using a family-based model. The aim is to develop a travel
solution for the child to enable them to access education in the same way as their non-disabled peers. This includes travelling independently for young people, and family-based travel solutions for younger children. Our challenge is to increase the number of families accessing a more personalised travel solution, and increase the number of young people accessing independent travel training.

**Case study**
The young person’s journey on transport started with a taxi and two passenger assistants, moving to a taxi with one passenger assistant, travelling on a bus with no passenger assistant and, finally, completion of the travel-training programme.

This took place over a five-year period through primary school, secondary school and college. The young person now has a skill for life, and is accessing their community studies independently.

The role of young and adult carers has been recognised in the past by the Government (Recognised, Valued and Supported: Next Steps for the Carers Plan), and by the Council and its partners through the Carers Plan and the Carers’ Forum. From 2010 the Council included carers as a ‘protected’ group when considering the outcomes of changes to commissioning and funding. The wellbeing of carers is a golden thread running through the work of the Council and the Manchester Partnership. The Care Act 2014 enables the Council to build on existing foundations and establish more personalised services for carers. The Act also gives us the opportunity to commission services that not only support carers but actively seek out ‘hidden’ carers.

Through consultation with carers, the Carers Plan Team identified three key priorities for future development and commissioning:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising their value and involving them from the outset in designing local care provision and planning care packages
- Enabling those with caring responsibilities to fulfil their educational and employment potential
- Giving personalised support to carers and those they support, enabling them to have a family and community life.
Section 3:
Equality, Accessibility and Inclusion: Access All Areas

Development of this Plan has been and will continue to be based on the positive and negative comments and feedback from the co-production and consultation.

The aim of our Manchester Disability plan is that everyone who lives or works in Manchester should know what 'good' looks like for a disabled person, because a disabled people-friendly Manchester is a city that benefits everyone in a multitude of ways. It is the intention of this Plan that this will develop into a summary document called Access All Areas, which can be printed and used by individuals or by any organisation.

Access All Areas will be in two parts that can be used by all. It will support how the city will work to achieve equality and equal access for disabled children and adults in all areas of life and the physical environment. The first part will be a yardstick to measure how disabled person-friendly the workplace and the neighbourhood are. The second part will put forward actions and guidance on how to make improvements. It is important to stress that this is a work in progress and will be further refined by the Engagement Group, the workstreams and the Partnership Board.

Appendix 2 is a draft version of Access All Areas.
Section 4: Everyone’s responsibility

We have developed a new approach to drive forward this Plan. This will ensure that disabled people are at the heart of this work. We need to also ensure that the Plan is relevant and continues to show new developments and improvements. A new Partnership Board is in place, which will be the ‘engine room’ of the Plan.
Figure 3
Our Manchester Disability Plan governance structure

- Our Manchester Disability Plan Partnership Board
- Research, Data and Policy Group (to be developed)
- Children SEND Board and Local Offer Review Board
- Local Events & Co-production
- Engagement Group
- Strategy Work Programme
- Transport
- Health and Social Care
- Access
- Work and Skills
- Young People
The OMDP Partnership Board
This board has overall strategic oversight for the OMDP, and is driving the Plan forward. It ensures that the Council and partner organisations are fully engaged with the Plan, and that the emerging learning and best practice becomes embedded in their respective strategic approaches, their work and how they engage with citizens.

It is vital that the board comprises a wide variety of organisations that can drive through the change that’s required. Its membership includes relevant elected members: senior managers from the Council, the NHS, GMP, the housing sector, the Chamber of Commerce, and transport, as well as representatives from Manchester-based disabled persons’ organisations (DPOs).

Through the OMDP, the Council and its partners will continue and develop the positive and productive working relationships with the DPOs in the city. They will also work with other disability organisations and disabled people to ensure that their expertise and experience is fully utilised in the design, development and delivery of the OMDP.

Co-chairing the Partnership Board
To reflect the importance of this work, it was originally suggested that the board should be chaired by the lead member for disability from Manchester City Council. However, from comments and requests made during our consultation and co-production activities, the board have recruited a local disabled person to be an Independent Co-Chair of the board. They hold a senior position in a national organisation that protects and promotes equality in the UK.

OMDP workstreams
The workstreams are the vehicles by which partners are turning plans into actions. They correspond with the 12 Pillars of Independent Living as closely as possible. These are:

1. Appropriate and accessible information
2. An adequate income
3. Appropriate and accessible health and social care provisions
4. A fully accessible transport system
5. Full access to the environment
6. Adequate provision of technical aids and equipment
7. Availability of accessible and adapted housing
8. Adequate provision of personal assistance
9. Availability of inclusive education and training
10. Equal opportunities for employment
11. Availability of independent advocacy and self-advocacy
12. Availability of peer counselling

The OMDP Research Group
This group will design the tools that will be used to monitor and evaluate the outcomes of the Plan. The group will also collate and provide data, analysis and research on disability issues for the Partnership Board and the thematic subgroups. The group will also gather and share local, national and international examples of best practice across all areas of disability. They will develop links and work with local universities, which will challenge and contribute to the outputs and outcomes of the action plan.

Membership will be drawn from existing research data and policy teams within the Council, its external partners, and disabled children and adults’ organisations.

but will be drawn from existing research data and policy teams within the council, its external partners, and disabled children and adults’ organisations.

The OMDP Engagement Group
This group works with the board to seek the views of disabled Mancunians and will make sure they are involved and linked into the work arising from the plan.

It is absolutely fundamental to the delivery of the plan and embodies the principle of ‘nothing about us without us’.

Using a variety of co-production methods, the group will involve disabled children and adults at local and citywide levels. The group will actively seek the views of groups or communities statutory organisations often find ‘hard to reach’. It will also look for contributions from existing groups, such as:

– LD Partnership Board
– Patient Public Advisory Group (PPAG)
– Age-Friendly Manchester
– Parent and Carers’ Forum.
Section 5: Priorities

The writing and publishing of this plan is the first step in delivering the change that’s needed.

The Plan was launched in December 2016 and starts the work to make its intentions a reality.

Priorities for the first year of the Plan have been on building the foundations from which the whole programme of work will grow.

Each workstream will identify and develop its own key priorities and work plans, but the first key actions are to:

- Set up an OMDP Partnership Board with the right cross-sector membership, and establish the schedule of meetings.
- Further develop the Governance model of the Plan and define the terms of reference.
- Define the Engagement Model and recruit members.
- Set up a work programme for the OMDP Partnership Board.
- Identify resourcing to support the work of the Our Manchester Disability Plan, as this is key to the success of the programme.
- Ensure that the Our Manchester Disability Plan work is featured in the Advice and Information Plan for adult social care.

One of the major areas of the OMDP will be to continue to develop the work to maximise independence for disabled children and adults so that once physical and/or financial barriers are removed, they are in a strong position to fulfil their potential. This, of course, improves quality of life.
Setting standards:
A second area of work will be to look at the standards set out in Appendix 2, agreeing those that will be formally adopted across the city, and creating a reference library to support development of the Plan. This will ensure that all future work and projects will adhere to these standards.

Some good examples of where standards relating to disability already exist are those used to assess accessibility:

Design for Access 2 (DfA2) – These Manchester standards for accessible buildings are supplementary to national planning and building regulations. DfA2 standards were developed in partnership with the city’s disabled children and adults’ organisations to ensure that we draw on the invaluable experience and expertise existing within Manchester.

The Building Regulations 2010
Work is guided by Part M of the Access To and Use of Building Regulations. This includes Volume 1 – Dwellings, and Volume 2 – Building, other than dwelling. Volume 1 Dwellings, and Volume 2 Buildings Other Than Dwellings

– These documents prescribe mandatory minimum levels of compliance for the use of and access to buildings. The document includes many useful diagrams on how to show compliance with the regulations.

BS 8300: 2009+A1:2010
This offers best-practice recommendations on how architectural design and the built environment can help disabled people to make the most of their surroundings. It covers facilities such as access routes to and around all buildings, car parks and garaging, as well as setting-down points, entrances, ramps and interiors, corridors, lifts and signage.

Accessible Information Standards – These standards from NHS England came into effect in mid-2016. All organisations that provide NHS or adult social care must now follow these standards. They aim to make sure that people with a disability, impairment or sensory loss can access and understand information relating to themselves and the services they receive or that are available to them, and that they can access these services.
Section 6: Tell us

We hope this Plan prompts you to consider how – as an individual or as a member of a group or organisation – you can contribute towards the ideas already outlined. It’s as much about attitude as it is about actions.

As we’ve said in this document, this Plan has been developed with the support of disabled children and adults and their supporters, and we would like to thank everyone who has made a contribution.

In addition, we would like to thank the following organisations for their contribution to the development of this document:

- Breakthrough UK
- Greater Manchester Coalition of Disabled People
- Manchester Carers Forum
- Manchester Deaf Centre
- Manchester Disabled People’s Access Group
- Manchester People First

Thank you.
Appendix 1: What ‘good’ looks like

During our co-production and consultation activities described on pages 10 and 11, we asked disabled children and adults what they thought ‘good’ looks like. The table overleaf gives an idea of what they told us. There was so much feedback that we can’t include every comment here, but the full list will steer the work of the OMDP.
### Planning and delivering services

Disabled people, their families and carers will be at the heart of decision-making. The impact of the disability on the whole family will be considered, and support offered to other family members if required.

Services will communicate with one another: information will be shared and services will be more co-ordinated when working across organisations.

There won’t be as many assessments and we won’t have to keep repeating ourselves.

There will be a wider choice of services to suit individuals. Services will be designed for the requirements of the disabled person, their family and carers.

Everyone will ‘think outside the box’.

Services will be person-centred and there will be discussion and planning ahead for key life events, eg. transition from being a young person to becoming an adult.

Everyone takes responsibility to understand and develop relationships with their family, friends and/or customers with a disability.

There will be more peer support relating to the individual, confidence-building, and raising and managing expectations.

Professionals will be less judgmental about the role and actions of families and carers.

People will be able to access services closer to home, so they can continue to be part of their local community even when care and support is needed.
‘Good’ looks like this:

<table>
<thead>
<tr>
<th>Fulfilling potential</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have the chance to be a parent and friend, and have a family.</td>
</tr>
<tr>
<td>I have the opportunity to get a job, build a career, or do some volunteering.</td>
</tr>
<tr>
<td>Employers will be flexible and work around people’s needs, offering flexible hours and taking into account good and bad days – for disabled people and carers.</td>
</tr>
<tr>
<td>Education will be more personalised and inclusive wherever possible, with better transition and post-16 choices.</td>
</tr>
<tr>
<td>People will be empowered to help themselves and improve their health.</td>
</tr>
<tr>
<td>Carers will have a higher profile and be given more respect and recognition.</td>
</tr>
<tr>
<td>Carers should be paid a living wage, with annual reviews and pensions.</td>
</tr>
<tr>
<td>I will feel safe.</td>
</tr>
</tbody>
</table>
‘Good’ looks like this:

<table>
<thead>
<tr>
<th><strong>Choice</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ll be able to live in my own home with people I choose to live with, and be able to choose when to go to bed and what to eat.</td>
</tr>
<tr>
<td>I’ll be able to go out – to go shopping, or go to the pub. I’ll have a social life.</td>
</tr>
<tr>
<td>I want to take part in community and public life.</td>
</tr>
<tr>
<td>Young people will be educated and supported to learn about living in their own home.</td>
</tr>
<tr>
<td>There will be stronger emphasis on preventative services for people at risk of becoming homeless.</td>
</tr>
<tr>
<td>There should be a ‘recommended’ list – a list of tradespeople – so I feel safe and know who I’m dealing with.</td>
</tr>
<tr>
<td>Extra Care housing will be available for young people.</td>
</tr>
<tr>
<td>Planners and providers will work with disabled people to test buildings, refurbishments etc.</td>
</tr>
<tr>
<td>We’ll have an ‘access guide’ in Manchester. Other cities have them.</td>
</tr>
<tr>
<td>There’ll be dropped kerbs. Pavements will be in better condition with fewer obstacles on pavements, such as furniture and signage.</td>
</tr>
<tr>
<td>Hackney cabs, trams and buses will put ramps down for us.</td>
</tr>
<tr>
<td>There’ll be more suitable and accessible private and social housing for disabled children and adults.</td>
</tr>
</tbody>
</table>
# Choice

The allocation of suitable properties for disabled children and adults will improve, eg. I might be offered a one-bedroom flat, but I may need a PA or family to stay over.

My home and my wishes will be respected when putting in adaptations.

I’ll have unlimited access to venues and locations. Leisure, public sector and community buildings will be better designed, eg. guide dogs will be allowed in leisure centres, and there will be more disabled lifts in swimming pools.

Building planners and developers will realise that ‘open plan’ doesn’t work for people with hearing problems, and ‘listed’ doesn’t have to mean ‘inaccessible’.

There’ll be consistent, flexible, accessible and well-staffed community and public transport provision, which is cross-boundary.

Trams and electric cars will have to make a noise.
Appendix 2: Draft Access All Areas (best practice standards)

Access All Areas is a key element of the Our Manchester Disability Plan (OMDP). The plan sets out to achieve a disabled child and adult-friendly city.

This draft document is the first step to an Access All Areas quick-reference guide for the whole city to use. The aim of the guide is that once it is completed, any individual or organisation in Manchester can easily identify best practice when living and working with, supporting, planning and building for disabled children and adults, their families and carers. It will enable friends, neighbours, planners, service providers, employers (the list is almost endless) to measure themselves or their organisations against this best practice and identify where and how they need to change.

We envisage a fully developed Access All Areas guide will be based on the 12 areas covered by the Pillars of Independent Living. It will include:

- Statements describing best practice – what ‘good’ looks like for disabled children and adults
- References to real-life examples of best practice, standards and further reading.

The full Access All Areas document will be developed through consultation, and approval for the final version will come from the OMDP Engagement Group and the OMDP Partnership Board.
<table>
<thead>
<tr>
<th>Pillars of Independent Living</th>
<th>The standards we would aspire to for a disability-friendly city</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate and accessible information</td>
<td>Information is made available to suit any disabled person’s communication preferences – eg. easy to read, Braille, audio, email, large print</td>
</tr>
<tr>
<td>An adequate income</td>
<td>Timely provision to appropriate financial and welfare advice to maximise a person’s income</td>
</tr>
<tr>
<td>Appropriate and accessible health and social care provision</td>
<td>Health and social care organisations/services to take a person-centred approach to meeting needs. Services need to be accessible to ensure that all communities can access timely health and care support</td>
</tr>
<tr>
<td>A fully accessible transport system</td>
<td>Manchester’s transport system is fully accessible to disabled people, and regular feedback is received to rectify any accessibility issues</td>
</tr>
<tr>
<td>Full access to the built environment</td>
<td>Planners and developers need to comply with and actively contribute to the standards set in the Equality Act 2010. Disabled people want to access the same community and city facilities that everyone else can</td>
</tr>
<tr>
<td>Adequate provision of technical aids and equipment</td>
<td>Access to timely technical aids and equipment is available to disabled people of all ages as required. Services for children and young people are the same as those for adults where necessary</td>
</tr>
<tr>
<td>Availability of accessible and adapted housing</td>
<td>A range of suitable types of adapted accommodation is available that meets the needs of different disabled people and their families. Co-ordination and allocation of the city’s social-rented adapted housing stock should be improved</td>
</tr>
<tr>
<td>Pillars of Independent Living</td>
<td>The standards we would aspire to for a disability-friendly city</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Adequate provision of personal assistance</strong></td>
<td>Disabled people who are entitled to a Personal Budget (social care) are actively supported to have a personal assistant who is appropriately trained to provide the right support</td>
</tr>
<tr>
<td><strong>Availability of inclusive education and training</strong></td>
<td>The city has good provision of education and training opportunities that are fully accessible and person-centred</td>
</tr>
<tr>
<td><strong>Equal opportunities for employment</strong></td>
<td>The city’s employers promote equality of opportunity so that disabled people can access work and they are actively supported through reasonable workplace adjustments</td>
</tr>
<tr>
<td><strong>Availability of independent advocacy and self-advocacy</strong></td>
<td>All organisations provide access to independent advocacy. For disabled people to be able to self-advocate, they need to be supported with confidence-building skills and encouragement</td>
</tr>
<tr>
<td><strong>Availability of peer support</strong></td>
<td>Where appropriate, organisations create opportunities for disabled people in similar circumstances to share experiences and receive mutual peer support</td>
</tr>
</tbody>
</table>