



All-age Disability Strategy

Access all areas



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“It’s about different attitudes and approaches”

About this document

Who this document is for

This document is relevant to everyone living, working, studying in or visiting Manchester. This is because it is everyone's responsibility to ensure that Manchester's disabled children, young people, adults and older people can play a full part in society. They do this by exercising their rights and equal opportunities to access services and facilities and get the support they are entitled to.

Throughout the document there are a number of quotes highlighted in blue, from disabled people who contributed to the co-production sessions held to support the development of this strategy. They reflect the disabled Mancunian's experience and ideas.

What is the purpose of the strategy?

Disabled People face significant barriers, and experience disadvantage and discrimination accessing services, opportunities and facilities in Manchester. The All-Age Disability Strategy (AADS) is Manchester's plan to support and enable disabled Mancunians to fully integrate into all the city's opportunities, facilities, activities and communities. It will do this by challenging and changing existing attitudes, with the aim of reducing the inequalities disabled people face in Manchester today. The strategy will acknowledge the many improvement projects in progress across the city, and will build on all the good practice that already exists.

It is anticipated that Manchester City Council will initially lead development of the strategy, but it will be driven by disabled Mancunians and their organisations working with other partners on the Partnership Board and associated workstreams.

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

PART 1, SECTION 2 – Context of the strategy

There are many pieces of legislation and policy relating to disability, equality and improving the quality of life for disabled Mancunians. Some of the most recent developments and changes that will underpin the AADS and enable faster and wide-reaching change have been selected.

Manchester has always had a reputation as a welcoming and tolerant city, and everyone who lives, works, studies or visits should feel part of that – no one should feel excluded. The strategy 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 All-Age Disability Strategy 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 that it is not people's conditions or impairments that disable people, but environmental and societal conventions and the way society is organised that create barriers and do not accommodate difference, and therefore disable people. The intention for this strategy is that when these barriers are removed we will have a 'disabled people-friendly city'.

That is a city 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 for viewing persons with disabilities as full and equal members of society with human rights, rather than as objects of charity, medical treatment and social protection. 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.[1]

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

Other really important contexts that are relevant to development of the AADS 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.

I've been able to maintain my independence at home via equipment and adaptations.

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 and 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 we are complying with the general equality duty in all areas of our work. We must include information 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 2014 here.

Staff doing assessments for equipment and adaptations made helpful suggestions for alternative equipment because of their understanding.

We are really 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 here.

Disabled adults are invisible in the workplace.

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 AADS 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.

Design homes that are accessible so that people don't have to move – and if they do, keep them in an area they know.

The EFLG recommendations include:

- Increasing the proportion of disabled 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.

ii) Devolution

The announcement of devolution for Greater Manchester (sometimes called 'DevoManc') provides significant opportunities for extending the reach of the AADS. Control of budgets and the power of decision-making in key areas such as health, housing, employment, education, skills, transport and planning has 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 strategy will enable Manchester to seize opportunities created by devolution to ensure that new and existing infrastructure and services are accessible and promote equality, wellbeing and independence.

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 (see agenda item 5) detailing how devolution will be used to transform services.

Extra Care Housing creates independence and gives me a social life, but care is available if necessary.

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 and are made up of the NHS, public health, social care, education and children's services representatives, elected representatives, and representatives from the police.

iii) Co-production and consultation

This is vital to this strategy 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 the best way to achieve transformation in disabled children's and adults' life chances.

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 details later in this document.

Comments and – more importantly – suggestions received from disabled children and adults during initial consultation on development of the strategy have been the catalyst for the plan to establish an AADS Engagement Group. Members of this group will be experts by experience, and by using their knowledge will be the ‘critical friends’ of this work. For more about this, see Section 9.

To develop this strategy, the Working Together Change approach was initially used for change methodology (we talk about this in more detail in Part 1, Section 5: Personally speaking).

In addition to the above, a first draft of the strategy went out for public consultation in January 2016, as well as direct consultation and engagement with Greater Manchester Coalition of Disabled Children and Adults, Breakthrough UK, Manchester Disabled People’s Access Group, Manchester Deaf Centre, and Manchester City Council Disabled Staff Group.

All the feedback has been reviewed and used to develop draft standards of best practice, called Access All Areas. These should not be confused with Access Standards; they can be used by anyone, anywhere to help understand how 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. These standards will be reviewed by the Engagement group and the Partnership Board as part of the overall development of the strategy’s work programme.

Disabled children and adults drive and will continue to drive this work, with their views – positive and negative – informing the priorities and the actions. They are the catalyst for the change that will happen.

The strategy doesn’t detail the work, because that will be the responsibility of the Partnership Board and the Engagement Group. The work will always be responding and adapting to the views of disabled children and adults, as well as utilising new research or data. The strategy won’t be fixed in time, so the detail can be found in the work of the groups that form part of the AADS governance structure.

Foreword

I'm delighted to co-launch and lead this All-Age Disability Strategy. Manchester is proud of its strong history working with disabled children and adults and disabled people's organisations to promote equality of opportunity. By promoting people's independence the aim of the strategy is that disabled children and adults of all ages can enjoy a full and vibrant life we all aspire to.

Cllr Paul Andrews

Executive Member for Health and Care

As the Lead Member for Disability, I've led the production of this new strategy. 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 strategy is just the beginning. As has been demonstrated so well through the Age-Friendly Manchester work, the vision for this strategy is for a city that enables all disabled Mancunians to reach their potential.

Many of the actions and changes highlighted in this strategy 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 strategy 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 time out to read this strategy; we hope everyone can play their part in the future and together make a real difference.

Cllr Tracey Rawlins

Lead Member for Disability

Chair of Communities Scrutiny Committee

PART 1, SECTION 3 – Introduction

Recently, Manchester has become the first age-friendly city in the UK. Huge strides have been made in making Manchester a place where older people want to continue to live in retirement. It 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 strategy.

The All-Age Disability Strategy sets out the commitment to disabled children and adults and their supporters with the aim of enabling everyone to have a much richer and more fulfilled life. 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 aim of the strategy is to reach all communities in Manchester, from the wide 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 strategy will take a new approach to achieving equality, accessibility and inclusion for all disabled children and adults who live in, work in, study in or visit the city. It will describe how everyone, collectively and individually, can contribute to that transformation where 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 all Mancunians in all communities must contribute to. Equality, accessibility and inclusion should touch every person and every organisation in every part of life, society and local community. There is commitment at a very senior level across all partners to ensure that this work is prioritised and embedded into all aspects of city life and that it becomes usual working practice.

It is equally important this strategy 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 their own opportunities to fulfil their own potential and that they feel 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 and that this is a really significant gap; however, it is being addressed in a variety of ways.

Identified outputs of this strategy 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
- An awareness-raising education programme for all employers, Manchester citizens and organisations, which can be delivered in any environment.

PART 1, SECTION 4 – 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 black 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: although Manchester has a slightly lower proportion of residents whose day-to-day activities are not limited (82.2%) compared to the England average (82.4%), it has a higher proportion of residents whose day-to-day activities are limited a lot: 9.4% compared with 8.3% for England.

Update from the 2011 Censuses

A question on whether people had a long-term illness, health problem or disability (whether or not they identified as disabled) was included in both the 2001 and 2011 Censuses, although the question asked in 2001 differed from the one asked in 2011, making direct comparisons

difficult. In common with other large urban conurbations in England, Manchester has experienced a reduction in the proportion of people reporting having an activity-limiting health problem or disability between 2001 and 2011.

Figure 1

Long-term health problem or disability	Manchester	Manchester %	England %
Day-to-day activities limited a lot	47,353	9.4%	8.3%
Day-to-day activities limited a little	42,011	8.3%	9.3%
Day-to-day activities not limited	413,763	82.2%	82.4%

Source: Census 2011, ONS, Crown Copyright

Figure 1 highlights that although Manchester is only just below the national average for people identifying that their day-to-day activities are not limited, it is considerably lower than the national average for day-to-day activities being limited a little. This suggests that interventions to assist with short-term or lower-level conditions or impairments are effective.

However, 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.

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: Manchester experiences a significantly higher proportion of economic inactivity of working-age people identifying as long-term sick or disabled (6.6%), compared with the national average (4%). However, data also shows that there are approximately 19,415 economically active people (those who are over 16 years of age and whose disability does not prohibit them from some form of employment) in Manchester who identify as disabled or who have a long-term health condition that limits their day-to-day activities (approximately 5% of the working-age population).

We also know that in Manchester, disabled children and adults are more likely to live in poverty, have fewer educational qualifications, be out of work, be a victim of crime, have difficulty accessing transport and buildings, and experience a poorer quality of life than their non-disabled peers, although this is far from always the case statistically.

Increasing employment and skills

Opportunities for some groups indicate potential for future growth; however, 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 residents who are long-term sick/disabled		Percentage of economically inactive residents who are long-term sick/disabled
All usual residents aged 16-74 economically inactive – long-term		
Manchester	382,932	6.6%
England	38,881,374	4%

Source: Census 2011, ONS, Crown Copyright

Nationally, it is estimated that:

- Children and young people with special educational needs (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 a Statement or an Education, Health and Care Plan (EHCP) the absence rate was 10.5%.
- The gap between results for young people with SEN and their peers has increased, although in recent years in Manchester there has been a slight increase in the number of young people with SEN achieving five GCSE grades A–C.
- 53% of disabled children and adults or people with long-term conditions have either no qualifications or qualifications below GCSE grades A–C.
- The national employment rate for disabled adults is 45%, equating to a 30% gap between employment rate for disabled and non-disabled adults. In June 2015, 12% of 16 to 18-year-olds with SEN 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 those pupils had a special educational need; the majority of these pupils had their needs met at SEN support level. This equates to 15.1% of pupils with a special educational need out of Manchester's total school population.

Most children and young people with a special educational need have a moderate learning difficulty. However, Autistic Spectrum Disorder is the most common need for children and young people with a Statement or EHCP in Manchester (28%); this is higher than the national figure of 24.5% (January 2015 Census figure).

Half the school-age population with a high level 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.

Analysis of Manchester City Council's citizen engagement results identified that national statistics are likely to be replicated to some degree within Manchester.

PART 1, SECTION 5 – Welcome to Manchester: access all areas

As explained in the introduction, any actions developing from the strategy 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 strategy, hearing about their good and bad experiences, their frustrations and their aspirations. We have also heard their opinions on how things are now and how they think things should change in the future.

We used a model called Working Together for Change to work with adult disabled people. Working Together for Change was developed and designed by Helen Sanderson Associates. It is a structured approach to engagement with people who use services, reviewing their experiences and determining what needs to change. It is a systematic process for planning change with people, and provides powerful insights into what is working and not working in their lives, as well as their aspirations for the future.

This model was used at a series of public and targeted workshops. We simply asked 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.

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.

Through consultation on development of this strategy, disabled children and adults have said they can face many barriers and challenges. They described life as a battle or a fight, and many said the constant requirement to repeat themselves was 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 expect.

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

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 from a variety of organisations
- Employment
- Further education
- Staying in work
- Benefit cuts
- Lack of opportunities for young disabled people
- Parental fears stopping them going out on their own
- 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 of where to get help.

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.

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 strategy.

It's fair to say the majority of the comments were about barriers, but other comments show some areas work well and are making a positive difference to the quality of life of disabled children and adults in the city. One example is the work that has been undertaken over the years to improve the accessibility of transport and buildings (eg. leisure centres). Also, support from the voluntary and community sector, public sector services, and organisations for disabled children and adults 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.

Being a member of voluntary groups, 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.

Voluntary work provides positive experience.

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

In addition to the co-production, further consultation of the first draft of the strategy was carried out in January 2016, the draft strategy was published on the Council's website, and a number of public events were held. There was also more detailed feedback from a number of disabled people's organisations. Where possible, the feedback received has been incorporated into the final version of the strategy. The feedback covered a wide range of areas, including: terminology and language, the structure of the document, the strategy's work programme, and ideas/ views and opinions.

Children and young people

The voice of children and young people with SEN and their parents/carers is an integral part of the special educational needs and disabilities (SEND) reforms implemented since September 2014. We work to ensure that their views are at the heart of planning for their own lives and that they are also used to shape services. In addition, we also have a Local Offer Review Board co-chaired by a parent and with strong parent representation, which informs the Manchester local offer for children and young people with SEND.

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 who looks like a mate.

Disabled children and adults and their supporters told us that the majority of 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.

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.

Some Disabled Children and Adults told us that they often do not report hate crime against them because they feel it's not taken seriously or because they feel the police don't understand the impact on them.

I don't feel able to talk to the police, because they don't listen.

Doctors (and other professionals) don't talk to the patient and talk to the carer.

One person said:

The Carer's Forum is a great service. It supports us and keeps us informed about what I am entitled to.

Yet another said:

There isn't enough support for older carers.

The variety of experiences described above is nicely summed up by a participant in the consultation:

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

PART 2, SECTION 6 – 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 special educational needs and disabilities who must 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, care and other relevant people.

Through the EHCPs we are introducing a programme of person-centred reviews to Council staff, staff in health services, schools, and 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 Special Education Needs and Disabilities, including those who do not have EHCPs – this is called the Local Offer. The Council published its Local Offer 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 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.

Therapy now takes place within the classroom, so no one misses out on education.

Personal budgets

The right to request a personal budget to deliver the provision in an EHCP 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 that currently access a budget for their short break, home-to-school travel, or health; we have a smaller number that access a budget for education.

Short breaks

Maximising the leisure activities available in the city, and 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 all or part of their short break. A further challenge 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 them outside the city and through the independent sector.

Case study

Serena is 18 and has participated in many sports and has been a regular participant at the CADS school holiday camps. She has progressed from just being a participant to become 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. The sessions are held at Abraham Moss Leisure Centre. 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. I hope to gain a swimming qualification so I can help deliver activities in the pool.

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 whenever 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 that have been awarded 'good' or 'outstanding' by Ofsted. They all have an outreach offer that can be accessed by mainstream schools and settings to ensure that every school can identify and meet the needs of children with SEND who choose to attend a local school or setting and close the gap in outcomes when compared to young people without SEND.

Young people post-16

Where the cost of providing education/training exceeds £10,000 per year, Manchester provides high- needs funding for students in school sixth form, six form colleges, further education colleges, training, and adult education. This number includes 30 students on Supported Internships with employer partners, including 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 who then move on to employment.

Travel

We have recently reviewed our home-to-school transport policy for children and young people with SEN; 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 that members of their peer group would do. 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 to 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 and their studies independently.

Young carers

The Children and Families Act 2014 also formally recognises the contribution young carers make to their families (and extended families), and the impact that being a carer may have on a young person. The Act requires the needs of the whole family to be considered in the future when a child is identified as a young carer; young carers have the same legal entitlement to assessment and support from local authorities as adult carers using the Early Help Assessment (EHA).

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 Strategy), and by the Council and partners through the Carers Strategy and the Carer's Forum. Since 2010 the Council has included carers as a 'protected' group when considering the outcomes of changes to commissioning and funding, and 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 Strategy 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
- Personalised support for carers and those they support, enabling them to have a family and community life.

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; this will 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
- Carers having the right to 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.

We are already using the principle of wellbeing in the Care Act 2014 to make partner agencies and organisations aware 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 so Access All Areas should now be a realistic possibility for many disabled adults.

PART 2, SECTION 7 – **Equality, accessibility and inclusion:** Access All Areas

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

The aim of the strategy 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 strategy 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 that will be further refined by the Engagement Group, the work streams and the Partnership Board.

Appendix 2 is a draft version of Access All Areas.

PART 2, SECTION 8 – Everyone’s responsibility

A structure will be put in place to drive forward this strategy. It will ensure the strategy continues to have the views of disabled children and adults at its heart. It will ensure it remains relevant and continues to develop over time. The structure will be led by a Partnership Board, which will be the ‘engine room’ to deliver the strategy.

There will be two key groups informing the Partnership Board:

The AADS Engagement Group (see section 9) and The AADS Research, Data and Policy Group.

Figure 4 (below) gives an outline of the proposed structure:



The AADS Research, Data and Policy (RD&P) Group will design the tool that will be used to monitor and evaluate the outcomes of the strategy. The group will also collate and provide data, analysis and research on disability issues for the Partnership Board and thematic subgroups. The group will 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.

To reflect the importance of this work, it was originally suggested that the board will be chaired by the Lead Member for Disability, Councillor Tracey Rawlins. However, throughout the consultation feedback it has been put forward that the board should consider having an independent chairperson, once established.

Its membership will include relevant elected members; senior directors and managers from the Council, the NHS, GMP, the Housing Sector, Chamber of Commerce, and Transport, Leisure and Culture; a representative from a Manchester-based disabled persons' organisation (DPO); a carer's representative; and Disability Champions as leads from thematic subgroups. This board will eventually report into a relevant devolution governance structure, once it has been established.

It's vital that the board is made up of a wide variety of organisations that can drive through the change that's required.

The board will have overall strategic oversight for the AADS, and will drive the strategy forward. It will also ensure that other Council directorates and functions – such as Neighbourhoods and Planning – are fully engaged with the strategy, and that the emerging learning and best practice become embedded in their respective strategic approaches, their work and how they engage with citizens.

Co-production with the Voluntary and Community Sector and established links with Disabled Children and Adults' organisations (DPOs) {query what does the P stand for?

Through the AADS, the Council and partners will continue and develop the positive and productive working relationships with the DPOs in the city, to ensure that their expertise and experience is fully utilised in the design, development and delivery of the AADS.

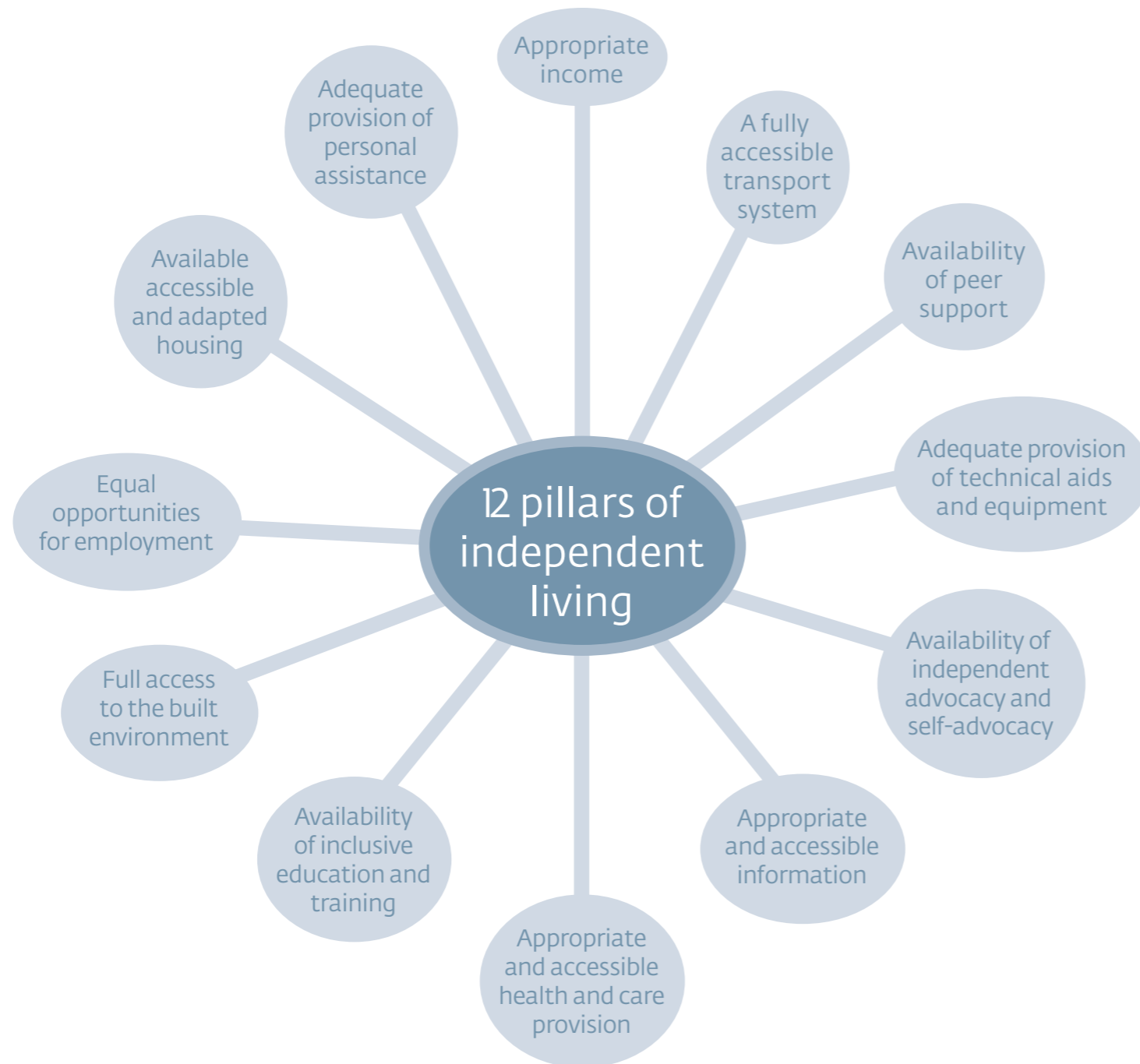
The Council contributes funding to a range of disability organisations in the city via the Equalities Fund, Public Health commissioning and the Cultural Partnership. This mix of funding enables work with disabled adults and young people across a range of needs, including daily living, training, rehabilitation, independence, employment and skills support.

AADS Thematic subgroups

The Thematic subgroups are the vehicles by which partners will work the actions into plans and then work with partners to deliver or implement the plans.

It is intended that the AADS Thematic subgroups will 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



Membership will be fluid as the work progresses and develops but will be drawn from:

- Other Council directorates and departments
- Disabled Children and Adults' organisations
- AADS Engagement Group
- Voluntary, third sector and charitable groups
- Health, including GP, community health, hospital and public health services
- Greater Manchester Police
- The Council's Strategic Housing and Housing Providers (social and private rented) and housing developers
- Transport for Greater Manchester
- Leisure providers in the city, including sports and fitness providers and locations, events planners and venues, and cultural attractions
- Employers and businesses of all types and sizes
- Educators – schools, colleges, training organisations.

A Disability Champion will be identified from each thematic subgroup as the lead for that group and be their representative at the AADS Partnership Board.

PART 2, SECTION 9 – **Being heard**

The AADS Engagement Group will actively work with the board to seek the views of disabled Mancunians; it will also ensure that they are involved with and linked into the work arising from the strategy through each thematic subgroup. The existence and work of this group is absolutely fundamental to this strategy and embodies the principle of 'nothing about us without us'.

Using a variety of co-production methods, this group will involve disabled children and adults at local and citywide levels. The Engagement Group will also actively seek the views of harder-to-reach groups, or those people who wouldn't usually want or choose to engage with professionals. 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.

The Engagement Group will be the key driver behind the Awareness Raising Education Programme, and will take the lead role in developing this. The programme will aim to

offer awareness around the Social Model of Disability and other related themes. The Engagement Group will develop the content of the sessions and be part of the delivery group, going into schools, colleges, workplaces, leisure facilities, neighbourhoods – the list is almost endless!

They will talk about the strategy being based on:

- The social model of disability
- The 12 Pillars of Independent Living
- Their own experiences
- What 'good' looks like
- Equality, accessibility and inclusion
- Access All Areas
- What the attendees can do to make a positive change.

PART 2, SECTION 10 – Priorities

The writing and publishing of this strategy is the first step in delivering the change that's needed. Priorities for the first year of the strategy are focused on building the foundations from which the whole programme of work will grow.

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

- Set up the AADS Partnership Board with the right cross-sector membership, and establish the schedule of meetings
- Further develop the Governance model of the strategy and define the terms of reference
- Define the Engagement Model and recruit members
- Launch the charter following consultation and encourage organisations of all kinds across the city to sign up, showing their support and commitment for what the AADS is trying to achieve.
- Set up a work programme for the AADS Partnership Board for the first 12 months
- Identify resourcing to support the work of the All-Age Disability Strategy, as this is key to the success of the programme

- Undertake all necessary work to implement the Accessible Information Standard for adult social care by the end of July 2016
- Ensure that the All-Age Disability Strategy work is featured in the Advice and Information Strategy for adult social care.

One of the major areas of the AADS will be to continue and 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, which – in turn – improves quality of life.

Setting standards

A second area of work will be to look at the standards, set out in the 12 Pillars of Independent Living, agreeing which will be formally adopted across the city, and creating a reference library to support development of the strategy. 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 disabled children and adults' organisations in the city to ensure that we draw on the invaluable experience and expertise existing within Manchester.

The Building Regulations 2010 Approved Document M Access To and Use of Buildings: Volume 1 – Dwellings and Volume 2 – Buildings Other Than Dwellings

These documents prescribe mandatory minimum levels of compliance for access to and the use of 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, setting-down points, entrances, ramps and interiors, corridors, lifts and signage.

Accessible Information Standards – A new 'accessible information standard' from NHS England will come into effect mid-2016. This means that all organisations that provide NHS or adult social care must, by law, follow the accessible information standard. The aim of the standard is to make sure that people who have 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 them.

Signs on the wall at the hospital explaining how to better communicate with people with autism need replicating for other disabilities.

PART 2, SECTION 11 – **Tell us**

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

As we've said above, this strategy has been developed with the support of disabled children, 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:

Manchester Disabled Peoples Access Group
Manchester Deaf Centre
Greater Manchester Coalition of Disabled People
Breakthrough UK
Manchester Carers Forum
Manchester Peoples First

The strategy will be launched in July 2016 and start the work to make its intentions a reality

Thank you.

APPENDIX 1 – What ‘good’ looks like

We asked disabled children and adults “What does ‘good’ look like?” The table below gives a flavour of what they told us.

There was so much feedback we can’t include every comment here, but the full list will steer the work of the AADS.

‘Good’ looks like this:
Planning and delivering services
Disabled Children, Adults and their Supporters 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 talk to one another; information will be shared and they will be more co-ordinated and become better at working across the lifespan and 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 take a person-centered approach and be designed in partnership with the disabled person and their supporters.
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, a move to independent living)
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 individual conditions, confidence-building and raising expectations
Professionals will be less judgemental 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
Fulfilling potential
I have the chance to be a parent and friend, and have a family
I have the opportunity to get a job, build a career or do some volunteering
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

'Good' looks like this:

Fulfilling potential

Education will be more personalised and inclusive wherever possible, with better transition and post-16 choices

People will be empowered to help themselves and improve their health

Carers will have a higher profile and be given more respect and recognition

Carers should be paid a living wage, and be able to have annual reviews, and pensions

I will feel safe

Choice

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.

I'll be able to go out and about – to go shopping, or go to the pub – to have a social life

I want to take part in community and public life

Young people will be educated and supported to learn about living in their own home

There will be stronger emphasis on preventative services for people at risk of becoming homeless

There should be a 'recommended' list – a list of tradespeople – so I feel safe and know who I'm dealing with

Extra Care-type housing will be available for young people

Planners and providers will work with disabled people to test buildings, refurbishments etc.

We'll have an 'access guide' in Manchester. Other cities have them

There'll be dropped kerbs. Pavements will be in better condition with fewer obstacles on pavements, such as furniture and signage.

Cabs, trams and buses will put ramps down for us

There'll be more suitable and accessible private and social housing for disabled children and adults

'Good' looks like this:

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, such as leisure, public sector and community, due to better design, knowledge and attitudes, 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 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 – Access All Areas (best-practice standards)

Access All Areas is a key element of the All-Age Disability Strategy (AADS). These potential standards set our vision for Manchester.

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 completed, any individual or organisation in Manchester can easily identify best practice when living and working with, supporting, planning with 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 based on the 12 areas covered by the 12 Pillars of Independent Living. This 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 be sought from the newly formed AADS Engagement Group and the AADS Partnership Board.

Pillars of Independent Living	The standards we would aspire to for a disability-friendly city
Appropriate and accessible information	Information is made available to suit any disabled person's communication preferences – eg. easy to read, Braille, audio, email, large print
An adequate income	Timely provision to appropriate financial and welfare advice to maximise a person's income
Appropriate and accessible health and social care provision	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
A fully accessible transport system	Manchester's transport system is fully accessible to disabled people, and regular feedback is received to rectify any accessibility issues
Full access to the built environment	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
Adequate provision of technical aids and equipment	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 that for adults where necessary
Availability of accessible and adapted housing	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
Adequate provision of personal assistance	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
Availability of inclusive education and training	The city has good provision of education and training opportunities that are fully accessible and person-centred
Equal opportunities for employment	The city's employers promote equality of opportunity so that disabled people can access work and they are actively supported through reasonable workplace adjustments
Availability of independent advocacy and self-advocacy	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
Availability of peer support	Where appropriate, organisations create opportunities for disabled people in similar circumstances to share experiences and receive mutual peer support.