

Manchester City Council Report for Information

Report to: Communities and Equalities Scrutiny Committee – 7 December 2021

Subject: Deep Dive: Disability in Manchester

Report of: City Solicitor

Summary

This report provides an overview of the data and activity in Manchester in relation to disability, linked to inequalities in life chances and the impacts of COVID-19. This is one of a series of ‘deep dive’ reports that the Committee requested into different aspects of equalities.

Recommendations

The Committee is invited to note and comment on the findings from this overview of data and activity and the next steps.

Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
Improving conditions for Manchester residents creates a more equal platform and helps us to tackle our climate change ambitions, with more energy efficient housing, healthier households who are more active, safe and accessible active travel and public transport and whose lives contribute to our climate change priorities. Reducing carbon emissions and improve air quality across the city, which in turn will help reduce health inequalities. Increasing and improving the quality, quantity and accessibility of green spaces and nature within the city, will enable all people to benefit from spending time in nature, resulting in improved physical and mental health and wellbeing of residents.
The Equality, Diversity and Inclusion Team Manager is a member of the Greater Manchester Climate Change Action Plan (CAP) Local Authority EqIA working group, which was set up to ensure equality mitigations are embedded into the Climate Action Plan and to ensure Manchester links are created going forward.

Our Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	As the City’s economy recovers post-Covid, it is critical that our disabled residents will benefit from the opportunities created from the Powering Recovery, Our Manchester industrial strategy, and forthcoming review of the Work and Skills Strategy

A highly skilled city: world class and homegrown talent sustaining the city's economic success	Achieving good educational attainment for disabled people is needed, alongside fostering talent diversity, and enabling equality of opportunity amongst the city's workforce. All are needed to ensure we sustain the city's economic success.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Enhancing our understanding about our diverse communities and their inequalities will provide an overview of where further work needed to tackle inequality.
A liveable and low carbon city: a destination of choice to live, visit, work	Events and cultural activity that reflect and celebrate the diversity of the City are essential to making Manchester cohesive and a vibrant place to live and visit. And that we have a built environment that is accessible to all disabled people
A connected city: world class infrastructure and connectivity to drive growth	Digital inclusion is a key driver of a connected city and essential to enable disabled residents, so they can fully participate in the digital opportunities in jobs and skills, as set out in the recent Digital Strategy, which will contribute directly to the delivery of five of the ten Our Manchester Strategy priorities.

Contact Officers:

Name: Fiona Ledden
Position: City Solicitor
Telephone: 0161 234 3087
E-mail: fiona.ledden@manchester.gov.uk

Name: James Binks
Position: Director – Policy, Performance and Reform
Telephone: 0161 234 1146
E-mail: james.binks@manchester.gov.uk

Name: Jo Johnston
Position: Strategic Lead, Business Change, Reform and Innovation
Telephone: 0161 234 4267
E-mail: jo.johnston@manchester.gov.uk

Name: Lorna Young
Position: Equality, Diversity and Inclusion Manager
Telephone: 07904 679204
E-mail: lorna.young@Manchester.gov.uk

Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

- *Building Back Fairer in Manchester, Health Scrutiny Committee – 13th October 2021*
- *Start Well Strategy, Children and Young People Scrutiny Committee – 13th October 2021*
- *Our Manchester Disability Plan 2017*
- *Our Manchester Strategy Refresh – Engagement Activity -Resources and Governance Scrutiny Committee 3rd November 2020.*
- *State of the City 2020*
- *ONS – 2020 - Outcomes for disabled people across areas of life: education, employment, social participation, housing, well-being, loneliness and crime*
- *Family Resources Survey 2019-2020, (published March 2021)*
- *Labour Force Survey – Oct-December 2020*
- *Housing and disabled people: Britain's hidden crisis, Equality and Human Rights Commission, May 2018*
- *Manchester, Working Well and Working Well: Work and Health Programme Evaluation 2020*
- *Better Outcomes, Better Lives, Manchester, Health Scrutiny Committee – 9 March 2021*
- *Manchester Metropolitan University (MMU) Annual Equality and Diversity Report 2019-20*
- *Children and Young People JSNA - Disabled children and young people with special educational needs, Manchester September 2020*
- *Children and Young People Scrutiny Committee - 23 June 2021*
- *Update on impact of COVID 19 on children and families with a focus on family poverty*

1.0 Introduction

- 1.1 A key theme from the 2021 reset of the Our Manchester Strategy (OMS): Forward to 2025 was for the city to increase its ambition around equalities, inclusion and diversity, including for disabled people. Significant targeted engagement was undertaken to ensure that disabled people's voices were heard in the reset, which resulted in 19% of respondents (619 people) being people with disabilities, compared to 17.8% in the city's population in the last Census.
- 1.2 The Council in turn strengthened its corporate commitment to equality and diversity by making Equality, Diversity and Inclusion an explicit top-level theme in the 2021 refresh of its Corporate Plan. This included a series of commitment to support our residents, our workforce and our partners; to 'work together with Manchester's residents and our partners to understand our diverse communities, improve life chances, and celebrate diversity'.
- 1.3 Amidst the continued impact of COVID-19 on the city and its effect on disabled people, this report aims to capture key issues regarding disability in Manchester, but it is not a definitive account of all relevant issues or activity. The disabled people's community in Manchester is very diverse, and this report only provides a summary of this complexity.
- 1.4 Disability related information is reported through several Scrutiny Committees, including Children and Young People's Committee for SEN (Special Educational Needs), Health Scrutiny for Population Health and Resources and Governance Scrutiny Committee for workforce equalities. This report summaries some key information reported through these and other Committees.

2.0 Background

- 2.1 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 disabled people. The UK is a signatory and its articles should underpin all of our work. Parties to the Convention are required to promote, protect, and ensure the full enjoyment of human rights by disabled people and ensure that they enjoy full equality under the law.
- 2.2 The Equality Act 2010 requires service providers to make reasonable adjustments, to remove or modify barriers and to anticipate the needs of disabled people to ensure that they are not discriminated against in comparison with non-disabled people. The Equality Act also has specific elements relating to employment, education, transport, housing and additional duties for local authorities and public bodies. Equality Act 2010 also promotes the Social Model of Disability and most disabled people's organisations in the UK use this as a fundamental approach in their activities.
- 2.3 The Social Model of Disability is a way of viewing the world, developed by disabled people, that says people are disabled by barriers in society, not by their impairment or difference. Barriers can be physical, like buildings not having

accessible toilets or they can be caused by people's attitudes to difference, like assuming disabled people can't do certain things. Removing these barriers creates equality, offering disabled people independence, choice and control. This model closely aligns with the Our Manchester strengths-based approach.

- 2.4 In contrast, the medical model of disability says people are disabled by their impairments or differences. It looks at what is 'wrong' with the person, not what the person needs, and in doing so creates low expectations and leads to people losing independence, choice and control and not recognising their strengths.
- 2.5 There is a growing awareness of disabled people's barriers in the UK and some positive developments in cultural representation and understanding. However, after several attempts since 2000 to make inroads into structural barriers faced by disabled people, through various national strategies, many of these barriers remain deeply entrenched and austerity cuts over the last decade have put back the cause of independent living.
- 2.6 Disabled people's organisations have identified 12 Pillars of Independent Living, which they believe everyone needs to live independently. This report intends to touch on each of these pillars and Manchester's role in supporting these. These are:
- Appropriate and accessible Information
 - An adequate income
 - Appropriate and accessible health and social care provisions
 - A fully-accessible transport system
 - Full access to the 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 counselling
- 2.7 The Greater Manchester Independent Inequalities Commission released its report in 2021: *The Next Level: Good Lives for All in Greater Manchester*. The Commission examined inequalities across Greater Manchester and made recommendations for how they should be tackled. The report called for wellbeing and equality to be put at the heart of strategies throughout the region, addressing imbalances by building a strong economy and working with residents to deliver excellent services. Recommendations include strengthening the mandate of equalities panels, bridging the skills divide, investing in communities and actively fighting against discrimination. This is now being taken forward through the development of the next Greater Manchester Strategy.
- 2.8 Prior to COVID-19, disabled people (including young people) in Manchester were already experiencing significant and systemic barriers in relation to work, education, life chances, education, housing, transport, care, built environment,

digital and community participation. These barriers have been exacerbated by COVID-19 and the impact on disabled people's lives in terms of deaths, isolation, continued risk, loneliness and mental health has been significant.

2.9 Earlier this year, the Government commissioned the UK Disability Survey research report, June 2021 which provided insights across a wide range of topics and identified that public perceptions of disabled people were a significant barrier to participation in areas including employment and education and that most disabled respondents to the survey felt that public attitudes towards disabled people were unhelpful. Other notable findings echoed by Manchester disabled residents in the engagement for the Our Manchester Disability Plan are:

- Over half of disabled respondents reported worrying about being insulted or harassed in public places, and a similar proportion reported being mistreated because of their disability.
- Many disabled people and carers reported that they live in homes which do not meet their needs to live independently or to provide care, or that they have needed to make significant adjustments to their homes to meet accessibility requirements.
- Accessibility challenges extend beyond the home, to public buildings and spaces. Over a quarter of disabled respondents often had difficulty accessing public buildings, while 1 in 3 disabled respondents often had difficulty accessing public spaces.
- Accessibility barriers faced by disabled people ranged from a lack of disabled or changing places toilets to a lack of ramps. Shops, bars, restaurants, and cafes were venues where accessibility barriers were commonly encountered.
- Many disabled people and carers who had experienced difficulty accessing public buildings also reported difficulty accessing important public services.
- Only 1 in 10 disabled respondents to the UK Disability Survey agreed that disabled people are given the educational opportunities they need to thrive in society.
- Over half of disabled respondents not in employment reported that they would like more help finding and keeping a job. Of those in employment, half of disabled respondents felt their employer was flexible and made sufficient reasonable adjustments.

2.10 National outcomes data and inequality for disabled people in the UK remains stark and shows the extent of structural and attitudinal barriers faced by disabled people across every area of life chances. This is demonstrated by the Office for National Statistics (ONS) series of disability outcomes reports, launched in 2019 which explore the situation of disabled people in the UK, covering employment, education, housing, crime, wellbeing and loneliness and social participation. Their research reports summarise new analysis on disabled people's lives and show both the contribution that disabled people make to society, as well as the inequalities that can be faced across several areas of life. Although most of this data is at a national level, many of the same issues are present in Manchester.

- 2.11 A forthcoming JNSA (Joint Needs Strategic Assessment) on Disability in Manchester, being undertaken in co-production with the Council's Population Health Team and Breakthrough UK, will set out an updated view of the barriers and challenges for disabled people and children in Manchester, along with; updated data, impact on COVID-19 on disabled people and the outcomes of recent engagement with Disabled People's Organisations and residents with lived experience and their priorities for better lives.
- 2.12 This year the government produced a National Disability Strategy and committed to further efforts in some key areas that would affect disabled people in Manchester, and these include:
- The Government's Disability Unit will develop a UK-wide campaign to increase public awareness and understanding of disability, dispel ingrained and unhelpful stereotypes and promote the diverse contributions disabled people have made – and continue to make – to public life
 - The Crown Prosecution Service will bring together a panel consisting of disabled people's organisations, academics, partner agencies from government and the police, to advise on further improvements covering support to prosecutors and the Policy Statement on Disability Hate Crime and Other Crimes against Disabled People
 - MHCLG will confirm plans to improve the framework to deliver accessible new homes by December 2021
 - Dept for Transport (DfT) will conduct a network-wide accessibility audit of station facilities at all 2565 mainline railway stations in Great Britain to inform future investment decisions.
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 - DfT will introduce Regulations by Summer 2022 to require bus companies to provide audible and visual announcements onboard their services in Great Britain.
 - DWP is working with disabled people, disabled people's organisations and charities via the Access to Work Stakeholder Forums to develop an Access to Work Adjustments Passport, which will be piloted during 2021.
- 2.13 The Council recognises that there are growing challenges for the Council and Partners, in responding to the needs of disabled people, children and disabled young people, which COVID-19 has exacerbated. There is more to be done in areas such as Housing, Domestic Abuse, Digital Inclusion, attitudes, accessibility, built environment, skills and employment to enable disabled people to reach their potential and enjoy the same opportunities as non-disabled people. The Our Manchester Disability, Equality, and Inclusion Partnership (OMDEIP) is critical to this by bringing together commissioners, partners, and people with lived experience to improve the city to improve accessibility and remove barriers.

Alignment with the Council's Equality Objectives

2.14 The Council has three equality objectives that were set in line with the Council's requirements as set out in Section 148 of the Equality Act 2010, the Public Sector Equality Duty. This report presents a summary of key issues, challenges, activities and achievements experience by the City's disabled residents, aligned to each of the equality objectives. These are:

- **Knowing Manchester Better** - We will work together with Manchester's residents and our partners in the public and voluntary sectors to improve the quality of the information we have about Manchester's diverse communities. This will strengthen our understanding of our people and will help us to support 'community cohesion', where people from different backgrounds get on well together in the local area and treat each other with respect and consideration.
- **Improving Life Chances** - We want everyone living in Manchester to have a good quality of life and equitable life chances. We aim to remove disadvantage, prejudice from people's lives, and make sure that everyone has access to the services and opportunities that will help them to fulfil their potential. For some groups in Manchester this is not already the case and we will work with our partners to take a positive approach to removing inequalities
- **Celebrating our Diversity** - Manchester's commitment to equality and diversity is part of its fabric; the City has championed equality for generations and has been home to a number of inclusion figureheads. We have a thriving and increasingly diverse population with a wealth of characters, cultures and contributions. The city has much to celebrate, be that its past, present or future. We have achieved a lot by working with our different communities to promote their identities and achievements. We will maintain and build on that, going even further to celebrate Manchester's diversity.

3.0 Equality Objective 1 - Knowing Manchester Better:

Population and Disability

- 3.1 At the time of the 2011 Census, 89,364 Manchester residents reported that they had a long-term health condition or disability which limited their daily activities (either 'a lot' or 'a little'). At 17.8% of Manchester's 2011 population, this was only fractionally higher than the national average of 17.6%, however it should be noted that Manchester has a much lower than average population aged 66 and over where there is the highest propensity for disability and long-term health conditions, suggesting prevalence is higher than average in those aged 65 and below. Updates on this from the 2021 Census will not be available until mid-2022.
- 3.2 The Census question on disability and long-term health conditions considers the respondent's ability to carry-out day-to-day activities, from very limited to not at

all, and a self-assessment of their health, from good to bad. However, it does not detail the type of disability or condition, so it limits the ability to plan services appropriately for the diverse range of conditions experienced in the disabled people's community.

- 3.3 Overall, the data relating to disability in Manchester are fragmented, most recent insight into disability is from benefit data, but not all who are disabled claim benefits. The transition from traditional benefits relating to disability to Universal Credit adds a further level of uncertainty, and some of the detail provided is no longer available. Legacy benefit types such as Employment Support Allowance (ESA), Disability Living Allowance (DLA) and Attendance Allowance (AA) are still reported quarterly, and ESA data are presented by type of medical condition, however, these numbers are reducing as existing and new claimants are transferred to Universal Credit, data for which is not available by condition. Data from Adult Social Care and SEN (Special Educational Needs) are also available, as are data from Health in relation to long-term physical or mental health conditions that meet the definition of disability in Equality Act e.g. cancer.
- 3.4 There are limited local data and it is not always possible to benchmark against national data. Some data included here are also several years old albeit the most recent available. The 2022 Communities of Identity report will provide a more coherent understanding of disabled people across Manchester and draw upon the forthcoming JNSA on disability in Manchester alongside targeted community engagement.

Manchester Disability data

- 3.5 The 2011 Census showed, at 9.4%, Manchester had a higher proportion of residents in households whose daily activities are limited 'a lot' when compared to the national figure of 7.9%; suggesting that the proportion of people with high level/assessed needs will be above average in the city. Conversely, 82.1% said their daily activities were not limited at all, compared to 82.8% nationally.
- 3.6 Of the 45,263 residents in households whose daily activities were limited a lot, 37% (16,960) were aged 65 and over, followed by 29% (12,967) aged 50-64, so two thirds of this group are over the age of 50. 49% of those aged 50 and over said their daily activity was limited a lot or a little, compared to 36% across England. Harpurhey and Miles Platting & Newton Heath (old ward boundaries) had the highest counts of residents who were limited a lot.
- 3.7 More recently, according to the Health Survey for England 2016, around 9% of the population aged 16-64 in Manchester is estimated to have a "moderate or serious" physical impairment. This compares with 11.2% for the North West and 11.1% for England. If this proportion is still true, it would equate to around 35,250 people living in the city. The ONS Annual Population Survey suggests that in the period April 2020 to March 2021, there were 21,700 people who were unable to work due to long term sickness, 22.7% of the working age population.
- 3.8 Data from the Quality and Outcomes Framework (QOF) 2018/19 shows that Manchester has a similar proportion of people (all ages) with learning difficulties

known to GP practices as Greater Manchester and England; for Manchester this is 0.48% (3,080 people), Greater Manchester 0.51% and England 0.49%. 2019/20 Data indicates this has increased to 3,250 people in Manchester.

- 3.9 In 2019/20, there were a total of 2,726 blind or partially sighted people registered with Manchester City Council - a rate of 511.7 per 100,000 population. In the same year there were a total of 140 new blind or partially sighted people added to the register. Just under half (46%) of blind or partially sighted people registered with Manchester City Council in 2019/20 were recorded as having an additional disability. Three-fifths (62%) of blind or partially sighted people also had a physical disability and around 29% were also hearing impaired.

Figure 1: Number of blind/severely sight impaired persons and partially sight impaired persons on the register in Manchester by age group, 2019/20

Age Group	Blind/Severely sight impaired		Partially Sight Impaired	
	Number	Rate per 100,000	Number	Rate per 100,000
0-4	8	1.4	7	1.3
5-17	37	6.7	37	6.7
18-49	372	67.3	360	65.1
50-64	274	49.6	218	39.4
65-74	192	34.7	164	29.7
75+	512	92.6	545	98.6
Total	1395	252.3	1331	240.7

Source: SSDA902 Collection, NHS Digital Copyright © 2020 Health and Social Care Information Centre. Rate per whole population (MYE 2019, #552,858)

Children and Young People

- 3.10 The 2020 Annual Special Educational Needs and Disabilities (SEND) report provides information on numbers of children and young people with SEND, the types of need and educational attainment. This section highlights some key findings from this report but the more detailed analysis is reported through Childrens and Young People Scrutiny Committee. Special educational needs (SEN) support is what schools and similar settings use to identify and meet the needs of children with special educational needs (SEN) and disabilities; Education, Health and Care plans (EHCPs) are developed for Children who need more support than is available through special educational needs support.
- 3.11 Manchester's school population and SEND population continues to grow. The May 2021 school census showed that within the Manchester school population, 18.2% of pupils have SEND (16,498 pupils) compared with 16.7% in 2019. This is higher than the national comparison with 13.8% (12,491 pupils) who have their needs met at SEN Support level in Manchester compared to 12.2% nationally. 4.4% of pupils in Manchester schools have an Education, Health and

Care plan compared to 3.7% nationally. (National comparison data are from January 2021). The number of EHCPs maintained by Manchester is continuing to rise and is attributed to key factors due to the growth in the child population in Manchester; the SEND reforms extending the age range covered by EHCPs to 25; and better early identification of young children with SEND due to the multi-agency early years SEND pathway and early years integrated delivery model.

- 3.12 The most common types of primary need for Manchester children and young people with an EHCP in October 2021 are: Autism at 26.2%; Social, emotional and mental health needs at 21.4%; Severe learning difficulties at 14.7%; and primary speech, language and communication need at 17.7%. Other data is:
- 5569 EHCPs maintained by Manchester (Oct 2021)
 - 13.4% of pupils in Manchester Schools are at SEN Support and 43% have an ECHP. (*Source, Jan 2021 School Census*)
 - *33% of SEND Pupils are Female and 67% are Male (May 2021)*
 - 49% of SEND pupils (approx. 7,300) in Manchester schools Eligible for Free School Meals
 - 34% of pupils with SEND have English as an Additional Language
 - 43% of SEND pupils identify as White British, 18% identify as Asian and 16% identify as Black.
 - 0.5% identify as Chinese, 10% as dual heritage, 6% identify as another ethnic group and 5% identify as other White
 - 84% of SEND Pupils in Manchester attend good or outstanding Schools
 - The combination of size and complexity presents some unique opportunities and challenges for children and young people in Manchester
- 3.13 In summer 2020 and 2021 the Government changed the arrangements for Key Stage 1 and 2 testing and for GCSE, A level and BTEC examinations due to the pandemic. This means that it is not possible to provide performance tables for these years.
- 3.14 There is a high correlation nationally between family poverty with households with a disabled family member and the Department for Education reports that in 2019, 28% of pupils with SEND in England were eligible for Free School Meals (FSM) compared to 13% with no SEND. The 2020 annual report shows that Manchester pupils with SEND are more likely to be eligible for free school meals than those with no SEN: pupils with SEN Support at 40.7%; pupils with EHCPs at 49% are eligible for free school meals, compared to 25.4% of pupils with no SEND.
- 3.15 In Manchester there were a total of 759 care leavers at March 2021 of which 105 (13,8%) had a disability. It also wasn't possible to compare 2021 figures with previous years to determine if any notable increases or decreases in the number of disabled care leavers due to reporting data from a legacy system which recorded data in a different way.

March 2021

- 13.8% of all Care Leavers were disabled - 105 out of a total of 759
- 13.3% of Male Care Leavers were disabled – 65 out of a total of 488
- 14.8% of Female Care Leavers were disabled - 40 out of total of 271

Higher and Further Education

- 3.16 For 16 to 18-year-olds, 12.4% with special educational needs and disability were not engaged in education, employment or training, compared to 4.0% of all 16 to 18-year-olds. (June 2021)
- 3.17 Manchester Metropolitan University (MMU) Annual Equality and Diversity Report 2019-20 states that over the last three years, the percentage of students disclosing a disability has remained at just over 14% and is broadly in line with the sector average of 13.9%. The largest group of disabled students (33.8%) are those students with a specific learning difficulty and most of these students are likely to have a diagnosis of dyslexia.
- 3.18 However, there is a decreasing proportion of students reporting specific learning difficulties that reflects sector trends, which declined from 38.3% in 2017/18 to 35.7% in 2018/19. The University offers a comprehensive range of support to disabled students through the Inclusion and Disability Service and promoted through the Disability Support, Wellbeing and Career Guides for Disabled Students webpages.
- 3.19 The proportion of disabled students reporting a mental health condition remains higher than the sector average (27%) at 33.3%. Although this is similar to the previous year it follows several years of increases. The University has, this year, developed a comprehensive suite of online learning for staff to up-skill them in providing more effective support to student mental wellbeing. Recently, a new joint student and staff Mental Health and Wellbeing Strategy has also been agreed. The university has also subscribed to the “Together all” service which provides a 24-hour online student community monitored by clinicians.

Employment and working age adults

- 3.20 Access to employment is a critical factor impacting on people with disabilities. It is estimated that after housing costs, the proportion of working age disabled people living in poverty is 27%, this is higher than the proportion of working age non-disabled people which is at 19%. We also know that across the UK 2 million (43%) of the 4.5 million children in poverty are living in a family where someone is disabled (Scope, Disability Facts and Figures). The tables below demonstrate the proportion of Manchester working age residents with limited activity due to disability, breakdown by Age and by condition.

Figure 3 - Residents aged 16-64 by limitation to day-to-day activity (2011 Census table DC3201 ONS)

Day-to-day activity	Manchester count	Manchester percentage	England count	England percentage	
Limited a lot	27,026		7.5%	1,924,080	5.6%
Limited a little	26,741		7.5%	2,452,742	7.1%
Not Limited	304,398		85.0%	29,952,269	87.3%

Figure 4 - Estimated Manchester residents aged 16-64 with a work limiting health condition or disability by age, 2017-19

Age group	Manchester count	Manchester % of all persons with work limiting condition or disability
16 to 24	8,000	11.8%
25 to 34	10,000	16.0%
35 to 44	9,000	14.6%
45 to 54	18,000	28.6%
55 to 64	18,000	29.0%
All persons	64,000	100.0%

Figure 5 - Main health conditions of working age Manchester residents with a work limiting health condition or disability, 2017-2019

Main health condition	Manchester count	Manchester % of all conditions
Skin, respiratory, heart or digestion conditions	14,000	22%
Mental health and learning difficulties	19,000	30%
Muscles bones or joints	16,000	26%
Other	14,000	22%
All conditions	63,000	100%

Figures 4 and 5: Annual Population Survey 3-year pooled dataset for 2017-19
 NB Figure 5 shows the primary condition reported, some respondents will have additional conditions

- 3.21 Nationally, the disability employment gap has narrowed significantly in recent years, from 33.8 percentage points in 2014 to 28.6 percentage points in 2021. Source Labour market status of disabled people, ONS, January to March 2021 data, published May 2021. Note this data doesn't currently reflect the impact of the coronavirus (COVID-19) pandemic.
- 3.22 Only half of working-age disabled adults in Manchester are employed, which is lower than the national average. (source: Office for National Statistics, 2020. Annual Population Survey data for the year to September 2020). In 2019/20, there was a 13.5 percentage point gap between the employment rate in people with a long-term health condition in Manchester and the overall employment rate

in the city. This is higher than the gap found in England as a whole (10.6 percentage points).

- 3.23 The gap for people with learning difficulties is much higher. In 2019/20, there was a 65.3 percentage point gap between the employment rate in working age people with learning difficulties in Manchester and the overall employment rate in the city. However, this is lower than the gap found in England as a whole (70.6 percentage points).
- 3.24 At 6.6% (382,932) 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% (38,881,374).(source Census 2011)
- 3.25 According to the Department of Work and Pensions, the total number of people in Manchester claiming Employment Support Allowance (ESA) as at May 2021 was 22,088. Nearly 83% of that number (18,388) were in the ESA Support Group and have been assessed by the Department for Work and Pensions as not being fit to work. At the same period (May 2021), there were just under than 13,000 people in Manchester claiming Disability Living Allowance (DLA).
- 3.26 Around 44% of people claiming DLA were children under the age of 16, 20% were of working age (16-64 years) and 36% were aged 65 and over. Personal Independence Payments (PIP) provide financial support for people who have extra care or mobility needs as a result of long-term disability or ill-health. PIP is replacing Disability Living Allowance (DLA) for eligible working age people aged 16 to 64. In July 2021, 29,925 people in Manchester were receiving PIP. This compares with a figure of 24,411 in July 2019.

Access to long term Adult Social Care Services

- 3.27 Data collected by Manchester City Council as part of the Short and Long Term Service (SALT) report 2020/21 shows that there were just over 7,450 adults aged 18 and over receiving long term social care support between 1 April 2020 and 31 March 2021. The table below shows this data broken down by the primary support reason and demonstrates that the most prevalent reason is physical support (61%) and Learning Disability support (17.4%). 66% of clients receiving support for a physical impairment were receiving support in a community setting. The proportion of clients receiving support for a learning difficulty in a community setting was higher still (77%). In both cases, the delivery mechanism for this support was predominantly through a council-managed personal budget.

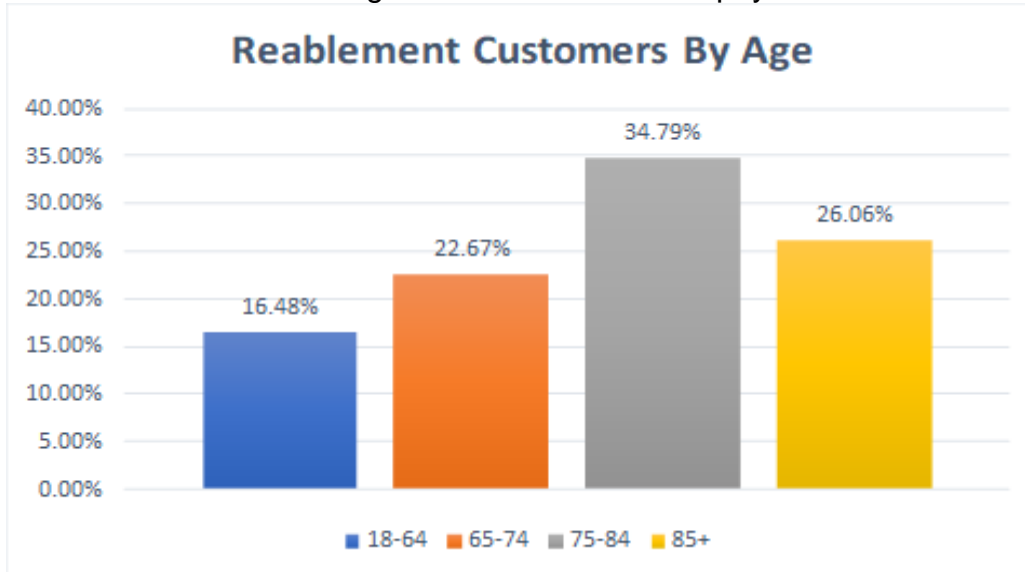
Figure 6: Manchester Adults 18+ receiving ASC Long Term support (2020/21)

Primary support reason	Number	%
Physical Support	4559	61.2%
Sensory Support	73	1.0%
Support with Memory & Cognition	344	4.6%
Learning Disability Support	1297	17.4%

Mental Health Support	1115	15.0%
Social Support	64	0.9%
TOTAL	7452	100.0%

Source: Short And Long Term (SALT) collection, NHS Digital Copyright © 2021 Health and Social Care Information Centre.

3.28 The Reablement service focuses on supporting residents in their own home, so they achieve their optimum health and wellbeing and can last up to 6 weeks, to help people re-learn valuable life skills that may have been lost due to a period of illness or becoming disabled. The graph indicates over 60% of residents who access Reablement are aged over 75 who have a physical/mental disability.



3.29 The Reablement approach is highly effective; data for 2020/21 shows that 54% of users are discharged from Reablement with no further care needs with a further 14% of users having a reduction in their care package. This gave a combined return of 68% of people leaving the service with no further care or a reduced service being commissioned. The Reablement service also use a citizen satisfaction survey and have scored above 95% on indicators such as individuals being treated with dignity and respect, obtaining clear information and advice, and overall satisfaction with the service.

3.30 Manchester Equipment and Adaptations Partnership (MEAP) is a preventative service which aims to reduce reliance on care services, slow down admissions to nursing/residential care and hospital, support hospital discharge and reduce falls requiring hospital admissions. In 2020/21, the service:

- received 6,059 referrals;
- undertook 1,678 complex assessments;
- delivered 19,737 pieces of equipment with 97% of deliveries within 3 days of the order;
- approved 472 Disabled Facilities Grants (DFG) for the provision of major adaptations (£3.921m);
- installed 355 major adaptations across the private sector/registered providers; approved 2,761 Blue Badges under the 'subject to further

assessment' criteria, of which 2,585 were for walking difficulty and 176 for hidden disability;

- supported an average of 3,700 customers at any time through the Community Alarm & Technology Enabled Care Team.

Housing

- 3.31 During the past 4 years the Council and its partners have delivered a programme of new build extra care schemes across the city. Two more are under construction and a further 3 schemes are in the pipeline.

Figure 7: Housing service data on extra care schemes November 2021

	Completed	Pipeline	Under Construction
Number of schemes	10	3	2
Number of apartments	670	TBC	92
Notes on specialist schemes	Includes Shore Green: specialist dementia 10 apartments (south)	Jurby Specialist dementia – Irwell Valley Homes, 12 apartments (north) Russell Road LGBT+ Majority scheme – Anchor Hanover Millwright. All details TBC	Includes Oaklands dementia specific 36 apartments (central)

Hate Crime

- 3.32 Greater Manchester Police (GMP) hate crime and hate incident data for the 6-month period to the end of June 2019 shows that there were 248 reported disability hate crimes and 309 disability hate crimes and incidents across all police subdivisions in Greater Manchester. This represents 5.5% of all hate crimes and 6.0% of all hate crimes and incidents. The number of disability hate crimes during the first 6 months of 2019 is 2% higher than the number seen over the same period in the previous year.
- 3.33 In Manchester, there were 30 disability hate crimes and 41 disability hate crimes and incidents reported over the same period, representing 2.1% of all hate crimes and 2.5% of all hate crimes and incidents in the city. The number of disability hate crimes during the first 6 months of 2019 is 9% lower than the number seen over the same period in the previous year.

Intersectionality

- 3.34 The disability data and information in terms of intersectionality with race, sex, LGBT and faith is variable and limited in areas, and is strongest in relation to age both for older people and children and young people. Further developing our knowledge and insight into how disability and other protected characteristics

intersect should be a key focus of work relating to addressing and tackling multiple barriers. The following information is taken from the Manchester's Joint Strategic Needs Assessment JSNA topic reports from 2019.

- 3.35 Men from the White Gypsy or Irish Traveller, Mixed White-Black Caribbean, White Irish and Black Caribbean groups had higher rates of reported limiting long term illness than White British men. In contrast, Bangladeshi, Arab and Pakistani men reported lower rates of limiting long-term illness than White British men. White British women had similar rates of illness as White British men. White Gypsy or Irish Traveller women had the highest rates of limiting long term illness, almost twice that of White British women. Pakistani and Bangladeshi women also had worse health than the White British group. In contrast, Chinese, Other White and Black African women had lower rates of limiting long-term illness than White British women.
- 3.36 The JSNA topic report on Faith and Health shows that Manchester residents from one of the main religions covered in the census question (Christian, Buddhist, Hindu, Jewish, Muslim, Sikh and 'Other') were more likely to report that they had a long-term health problem or impairment that limited their day-to-day activities than those who stated that they had no religion (with the Hindu population being the main exception to this rule).
- 3.37 People from Christian and Jewish faiths were the most likely to report having a limiting long-term health problem or impairment. In both cases, age is likely to be the main explanatory factor. Levels of poor general health and limiting long-term health problems both increase with age and people identifying themselves as having a religion were, generally speaking, older than those who did not, with the Christian and Jewish faiths having the oldest population of all.
- 3.38 National research carried out by the Social Care Institute for Excellence (SCIE) in partnership with Regard (a LGBTQI+ disabled people's organisation) based on a survey of more than 50 LGBTQI+ disabled people in England who control their own support packages, as well as 20 in-depth interviews, showed that more than a third of LGBTQI+ disabled people had experienced discrimination or received poor treatment from their personal assistants (PAs) because of their sexual orientation or gender identity. Researchers also found that many LGBTQI+ disabled people had not come out to their personal assistants because they feared discrimination.

Mental Health

- 3.39 Long-term mental health problems in adults aged 18+ (GP Patient Survey) The Adult Psychiatric Morbidity Survey 2014 identified that a significant proportion of people who have mental health problems are not diagnosed. Knowledge of how many people state they have a long-term mental health problem contributes to building up the local picture of prevalence. It may also highlight gaps between diagnosed and undiagnosed prevalence in a local area.
- 3.40 The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over two million people across the

UK. The survey asks patients about their experiences of their local GP practice and other local NHS services, and includes questions about their general health, including mental health. In 2021, 13.3% of respondents in Manchester said they had a long-term mental health problem compared with 11% of respondents across England as a whole. Survey respondents in Manchester were more likely than those in most other boroughs of Greater Manchester, apart from Salford and Tameside, to report that they had a long-term mental health problem.

- 3.41 The percentage of respondents saying they had a long-term mental health problem has increased in both Manchester and England as a whole, with a notable increase between the surveys conducted in 2017 and 2018. The reasons for this are unclear and it is hard to tell at this point whether the increase reflects a genuine increase in the prevalence of long-term mental health problems in the population or a greater willingness of respondents to report that they have a long-term mental health problem. It could also reflect a cultural shift in what people are willing to count as a long-term mental health problem.
- 3.42 There is clear evidence emerging of the impact of COVID-19 on people's mental health. A recent report by ONS on Coronavirus and depression in adults looked at how symptoms of depression have changed before and during the pandemic. The report showed that the proportion of adults experiencing some form of depression has almost doubled compared with a period before the pandemic, and that one in eight adults has developed moderate to severe depressive symptoms during the pandemic itself. Adults who were aged 16–39, female, unable to afford an unexpected expense, or disabled were the most likely to experience some form of depression during the pandemic.

4.0 Equality Objective 2 - Improving Life Chances

- 4.1 This section provides an overview of some of the council and partner services which are supporting improving life outcomes for disabled residents. As has been previously reported to this Committee, it is essential that development of these services is underpinned by good equality analysis, using an Equality Impact Assessment (EqIA) Framework to enable inclusive service design and delivery. Further work is currently in development by the EDI Team to help services undertake effective and meaningful EqIA's, which will include rolling out a Disability EqIA Guidance, modelled on a pilot version for Age Friendly Manchester which is working well.

Working in Partnership

- 4.2 The Our Manchester Disability Equality and Inclusion Partnership (OMDEIP) (formerly reported to this committee as the Our Manchester Disability Plan) aims to be the City's leading forum for all matters relating to disability. The Partnership facilitates co-production and engagement between Manchester's organisations and disabled people and works to remove barriers which exclude disabled people from opportunities in the city. The OMDEIP aims to create an equal and inclusive Manchester, where:

- Disabled people can be independent and equal in society, can have their say and be heard, and have choice and control over their lives.
- Disabled children and adults have equal opportunities and support to achieve their ambitions and goals.
- All places and spaces in the city, and all parts of city life, are accessible to disabled people.
- Information is available and accessible to everyone.
- Disabled people have the option to live independently in accessible private, rented, and social housing and accommodation.
- Services and support networks understand the needs of disabled people, and provide the assistance people need, including health and social care.
- Everyone has the freedom and support to flourish, and barriers and discrimination do not limit life chances.

4.3 The Partnership has been supported with Council funding in the last year and has recently successfully bid to the Council's Our Manchester Investment Fund, securing £50,000 to support 12 months of activity to build stronger networks, increase membership, attract sustainability funding and progress its priorities. Looking forward, the OMDEIP seeks to be a sustainable, integral and well-recognised mechanism in enabling the Our Manchester Strategy vision for a progressive and equitable city for disabled residents, visitors and workers.

4.4 Manchester has an active Disabled People Organisations (DPOs) sector, including several organisations that continue to receive funding and support from the Council. As well as delivering essential services, DPOs provide an opportunity for the voice of disabled residents to influence strategy and policy in the City. Appendix 1 includes a number of position statements from Manchester DPOs which convey some of the ongoing challenge affecting disabled people and where barriers remain in the City, as well as where progress is being made.

4.5 Supporting disabled people and disability organisations is a key priority for the Our Manchester Voluntary and Community Sector (OMVCS) Grants Programme. Of the 63 organisations it funds, 14 grant applications (22%) are directly related to disability, which equates to £570,076 a year, representing 24% of the programmes overall annual spend. The grants awarded cover a range of disability focused areas including deaf, learning disability, mental health and long-term health conditions. Activities delivered include (but are not limited to); advocacy, social activities, advice and guidance, peer support and employability support. In addition to disability specific funded work, many other groups funded through OMVCS Programme, serve, engage and work with users that have a physical or mental health conditions. Overall, 40 out of 63 organisations undertake disability related activities, 63% of the annual fund spend.

4.6 Funding to support disabled groups includes:

- The **COVID-19 Impact Fund (£745k)** combines £300k of the Council's COVID-19 Tier 3 allocation, £100k from the Ministry for Housing, Communities and Local Government (MHCLG) and £345k of MHCC

funding. It funds mental health and wellbeing projects for priority resident groups where existing inequalities have been exacerbated by the pandemic. This includes a specific focus on supporting disabled people and of the 59 projects funded, 17 focus on supporting this priority group.

- **COVID-19 Health Equity Manchester (CHEM) Targeted Fund (Autumn) (£393k).** Made up of £223k MHCLG and £170k MHCC investment, explicitly prioritises disabled people, including those with learning disabilities. The aim is to enable priority groups to make informed decisions about living safely and well with COVID-19, as well as indirect consequences such as mental health, income loss and domestic abuse.
- **Population Health Targeted Funds** is an MHCC investment of over £2m, and while not explicitly prioritising disabled people, funding does support organisations that are known to engage and support them. Funding is split into an Older People's Neighbourhood Support fund (£1.06m) aimed at reducing social isolation and loneliness among older people; and the First 1000 Days of a Child's Life Fund (£1.1m) for new families with children aged 0-2. The fund promotes independent living and access to activities and peer networks.
- **COVID-19 Recovery Fund (£1.02m)** includes £200k from the Council, £790k from MHCC and £50k from One Manchester, with Young Manchester administering the fund. The programme purpose is to improve the health and wellbeing of Manchester's residents by increasing sector resilience and addressing health inequalities within the city.
- **Covid Impact Fund Mental Health Funding Programme:** £100k funding from Population Health and the CHEM programme - the council commissioned 32 community organisations to deliver digital inclusion activity to priority groups which included disabled people. Activity included donating chromebooks/tablets to over 800 residents, over 650 of these devices (78%) to people with disabilities. Everyone receiving a device received telephone support from a digital champion to assist them with the use of the device. People who require bespoke support are referred onto disability specialist organisations such as Manchester Deaf Centre and Guide Dogs for the Blind, who are both part of the Digital Inclusion Working Group.

Manchester City Council Targeted Services

- 4.7 The Council provides a range of targeted services designed specifically to support disabled people. Many of these services are delivered through the Children and Education Directorate and Adults Directorate and are summarised below.

Children and Young People

- 4.8 The Manchester Start Well strategy vision is 'working together to enable every child in Manchester to have the best possible start in life'. Priorities within the strategy include improving health outcomes, reducing infant mortality and reducing inequality. The first 1001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional, and physical development. During this period babies are also at their most vulnerable: some

will have disabilities diagnosed; some may have a developmental need that is likely to develop into a special educational need. Early diagnosis of a disability or a developmental need can improve long term outcomes by ensuring parents and carers have access to the information and provision they need.

- 4.9 The Special Educational Needs and Disability (SEND) Board, chaired by the Director of Education, provides governance of SEND in Manchester and is also the children and young people's workstream of the OMDEIP Board. In March 2021 Manchester hosted a visit from Ofsted/Care Quality Commission. Inspectors were looking at the impact of Covid on children and young people who are disabled and/or have special educational needs and on their families. Following the visit, the service has reviewed the vision and priorities and agreed the following Mission Statement:

“Working with partners to support all Manchester’s children to be safe, happy, healthy and successful. Ensuring all children’s aspirations are recognised; can be realised and disabled children can be independent and have choices.”

- 4.10 The aim is for all children and young people in Manchester's Local Area to fully participate in all the city's opportunities and experience an improved transition from children to adult services. More details can be found in the Disabled Children and Young People JNSA September 2020
- 4.11 Manchester has a continuum of educational provision for children and young people with SEND aged 0-25, which starts with the expectation that there should be excellent universal provision and quality first teaching. The continuum works well for most children and young people with SEND; however, parents report that support is variable across Manchester. The Council has therefore employed a Senior Schools SEND Quality Assurance Officer to work with schools and to offer challenge and support through school-to-school working.
- 4.12 The continuum of provision ensures that most children and young people have their needs met in their local community. Special schools and resourced provisions in mainstream schools had been reaching capacity in their existing accommodation, requiring a programme of expansions over several years. In 2020-21, the Council provided £5.124m from the High Needs Block to increase the number of special school places by 134, resourced provision places by eight and fund an additional 362 EHCPs in the city. The expansion mirrors that of mainstream growth and does not increase the proportion of children attending a special School or resource provision in Manchester.
- 4.13 This builds on the significant investment from the Local Authority and Department for Education from previous years, including a new sixth form for North Ridge High School, on the Abraham Moss campus. This will allow North Ridge to further develop its employment, community, and independence opportunities for sixth form pupils, ensuring students achieve excellent preparation for adulthood. In total, these expansions have created an additional 265 places in special schools including 80+ places for pupils with Social, Emotional and Mental Health as well as an additional 14 places in resourced

provision. A further increase of 112 special school places and 16 resourced provision places is also planned for 2022/23.

- 4.14 Improving outcomes for children with SEN support and children with an EHCP remains a priority for Manchester, particularly at Key Stage 4. Manchester commissions special schools to provide outreach support to mainstream schools and early years settings. This ensures that education professionals are supported in making their provision inclusive for children with a wide range of SEND and medical needs. Outreach leads and the Sensory Service also help schools with the graduated response, identifying pupils' needs and putting in place appropriate interventions. In addition, Manchester has developed a school SEND data base and this has been used to identify schools for support.
- 4.15 The Covid pandemic has further embedded coproduction between local authority and health staff with children and young people with SEND and their parents/carers. This includes development of an expanded Short Breaks community offer which saw over 1700 families of children with SEND enjoying accessible fun activities across Manchester. This film provides a snapshot of some of these activities.
- 4.16 The local authority and health partners have also worked in coproduction with families to develop an Intensive Support Service (ISS) for children with a learning disability (LD) and/or autism and their families. Partners were successful in bidding for NHS funding to repurpose a children's home. The service is already providing outreach to families and will also provide overnight short breaks from spring 2022.
- 4.17 The SEND Board has worked with families, schools and other partners to develop an Outcomes Framework. This will enable us to measure whether we are achieving our ambition that children and young people are: safe, happy, healthy and successful and that disabled young people can be independent and have choices

Skills and employment related support

- 4.18 Supported Internships continue to be a success in Manchester. Internships are a partnership between employers, colleges, supported employment providers and the Local Authority. They are the best route into employment for young disabled people as they allow young people to learn skills in real work environments with the support of tutors and job coaches. Manchester College and Pure Innovations support the largest number of interns –working in Manchester City Council, Manchester Foundation Trust, Manchester Airport and Media City. Loreto and Bridge College also run internship programmes and Manchester now has over 70 interns. Over seven years, 80% of interns have moved into work and 91% of those are still in employment.
- 4.19 Manchester Adult Education Service (MAES) runs two programmes for young adults with EHCPs who need longer in education to achieve their Preparing for Adulthood outcomes: The STEPS course includes the opportunity to gain accreditation in functional skills, but the course focuses on employability and

independence skills and includes work placements and community activities, sourced by Pure Innovations staff. The Personal Education Programme is designed for young people who need a personalised one-to-one approach to achieve their outcomes and is mainly delivered by Pure Innovations. The programmes can include employability training, job coaching, independent travel training, work and community placements and functional skills to ensure young people are able to move into employment or further learning.

- 4.20 In autumn 2019, MAES, work and skills, commissioners and SEND staff ran a workshop with young people, parents, social workers, teachers, and other stakeholders to gather information to inform future employment support commissioning. There is a growing range of programmes that support disabled adults into employment (reported in the 2020 Annual SEND report). All these initiatives are required because disabled people are far more likely to be workless. The Not in Education, Employment and Training (NEET) figure for 16- and 17-year-olds with EHCPs remains high at 8.6%, but strong partnerships are in place, to reduce numbers of young people becoming NEET.
- 4.21 In addition to targeted provision, MAES provides a range of support for other learners with additional learning needs such as dyslexia, dyspraxia, and other neuro-diverse conditions within their mainstream offer (e.g. Math, English and ESOL). This support can either be one to one outside of the classroom or in class support. In academic year 2020/21, 101 learners requested either access arrangements or support with their studies.
- 4.22 COVID-19 has had a significant impact on learners due to the limitations of work experience placements and job opportunities. Learners also report an impact on both mental and physical health, included disrupted sleep and social isolation including limited contact with other learners. However, some positive impacts include increase ICT skills and confidence talking on the phone and on video calls.
- 4.23 The Working Well model offers personalised, holistic and intensive support to unemployed individuals to help them to address any issues that are a barrier to starting and sustaining employment, such as health, skills, housing, or debt. This support is delivered through a key worker model who will navigate the support offer of the provider, wider local services and to provide the client support appropriate and sequenced according to their needs.
- 4.24 Nearly 10,000 people had started on the programme by the end of March 2020, out of over 13,000 people who had been referred. Those starting the programme have a range of barriers: 56% reported a health condition or disability that could affect their ability to get a job; 41% of clients have a physical health condition and 34% have a mental health condition; and 62% identified a need for support around developing their skills.
- 4.25 Since 2017 several disability related employer networks have been established where public and private sector businesses come together via webinars, toolkits, and events to share good practice on employing disabled people and opening up opportunities. These networks broadly align with the national

Disability Confident Scheme run by DWP and include GM Neurodiversity and Learning Disability Forum, the KPMG Ability Network and the Recruitment Industry Disability Initiative.

- 4.26 Whilst it's not possible to quantify the impact on jobs and creation, these networks are evidence of employers in Manchester recognising the need to learn from peers, to reduce barriers, to innovate, and harness the value that employing disabled people brings. The GM Good Employment Charter has made Disability Confident accreditation a criteria for membership and this should help continue to drive up standards in employing disabled people.

Adult Social Care - Enabling disabled Adults to live independent lives

- 4.27 Adult social care provision is focused on improving the lives of disabled people with a focus on preventing care needs increasing, reducing the need for care and support in a strength-based manner and delaying the need for increased care where possible. The Care Act 2014 provides a statutory framework on how adults over 18 years of age should be supported with a focus on promoting independence and individual wellbeing. People in Manchester with adult social care needs follow a typical journey from first contact, through to assessment and support planning, then meeting their identified and assessed care needs through a range of internal and external care provision. There is great emphasis on people's strengths e.g. what they can do for themselves, rather than a deficit based on what they cannot do, which is in line with the social model of disability.
- 4.28 The continued transformation of Adult Social Care in the past three years has focused on a radical new programme of work called Better Outcomes Better Lives and focused on a long-term programme of practice-led change, which aims to enable the people of Manchester to achieve better outcomes with the result of less dependence on formal care. The service provided a comprehensive update on the programme to the November 2021 meeting of Health Scrutiny Committee, which the committee is invited to consider.
- 4.29 Adult Social Care is now part of Manchester Local Care Organisation (MLCO) with frontline staff and care assessors working alongside community health teams across various disciplines and specialisms. The MLCO as a key role in creating accessible local provision for disabled people and promoting holistic ways of working that address all the pillars of independent living in disabled people's lives.
- 4.30 A number of services are provided to disabled residents including the direct payments team that provide supporting to complete personalised support plans where appropriate, completing/checking the budget information and provide advice and guidance.
- 4.31 The Sensory Team provides assessment, advice and rehabilitation functions for people with sensory loss (both hearing and vision), supporting residents to reduce risk, promote well-being to ensuring residents are safe and independent as possible and able to engage in community activities, use public transport,

maintain/gain employment. The Team may provide low level equipment, support residents with managing their finances, benefits, housing, bill paying and general enquiries via the link worker service. The staff are fluent in British Sign Language (BSL) and has one specialist social worker who completes care act assessments and is the safeguarding lead.

- 4.32 The Learning Disability Team work in a multi-disciplinary team to support people with a learning disability through providing support for people who have behaviour that challenges, communications issues, advice on mental and physical health problems, provide assistance with accessible information etc. The team are working on continuing to develop and embed their ability to review positive behavioural support, undertake and implement complex risk management plans and work in a strength-based way.
- 4.33 The Disability Support Accommodation Service (DSAS) is a city-wide service providing support and care to residents over 18 years of age with learning disabilities, physical disabilities and acquired brain injuries within their own tenancies and license agreement properties. The service delivers support currently to 191 residents across 39 sites with capacity to support 211. The service is a Care Quality Commission (CQC) regulated service and all three areas North, South, and Central are rated as Good. DSAS staff support residents to live as independent and fulfilled lives as possible, providing personal care, support with community-based activities, medical appointments, and all aspects of daily living.
- 4.34 Staff work closely with residents to develop goals and aspirations and to identify the steps needed to reach them. The service has recently opened three purpose-built sites-each of them has 20 self-contained apartments that offer independent living with on-site support available. The apartments are accessible and adaptable and have communal spaces which have been used to develop a sense of community. Technology Enabled Care is increasingly being used to support independence and person centred care.
- 4.35 The Short Breaks service delivers essential breaks across the city to adults with learning disabilities across three sites. Two of those sites are in the North of the city and are 4 and 5 bedded houses within the community and the third site is in the South of the city and is a 10 bedded unit within a day centre. Residents have an allocated number of nights and can use those nights to stay by prebooking Short Breaks. During their stay residents engage in activities such as crafting, games, pamper nights and are encouraged to go on activities such as trips out to the cinema, local events, and fairgrounds. Residents and their families and carers are encouraged to have input into the service delivery and the activities offered through coffee mornings and satisfaction surveys.
- 4.36 The Reablement service focuses on supporting residents in their own home, so they achieve their optimum health and wellbeing and can last up to 6 weeks, to help people re-learn valuable life skills that may have been lost due to a period of illness or becoming disabled. Residents are gradually encouraged to do more for themselves, with the goal of becoming as independent as they possibly can, therefore not needing long-term care packages and living the life they want

to lead. The Reablement works in partnership with home-based therapy services, such as District Nurses, Occupational Therapist, Physiotherapist, Pharmacist, Social workers, Equipment and adaptations, Technology Enabled Care, GP's, Extra Care, and Intermediate Care. The Reablement support is coordinated with the medical/therapy-based support to ensure the person improves and maintains the quality of life.

- 4.37 Manchester Equipment and Adaptations Partnership (MEAP) is a city-wide service, providing a coordinated, comprehensive, and streamlined service to disabled and older people to maximise independence, choice, safety, and quality of life. The key functions of the service include carrying out complex assessments with both children and adults from birth to end of life assessing functional ability and providing specialist equipment and/or major adaptations to enable people to remain safe and independent for as long as possible at home. The service also undertakes assessments for Blue Badges for those people who do not meet the automatic criteria, provide minor and major adaptations in the private sector, electrical adaptations across all tenures, provide the community equipment service for both Health and Social Care, and are the provision arm of the community alarm and technology enabled care service.
- 4.38 The Retained Advice Service offer is to represent any Manchester resident with a benefit appeal that we assess to have merit and many of these are in relation to Personal Independence Payments (PIP), which is the benefit that replaced Disability Living Allowance (DLA). The Team consists of Appeals Officers, Mental Health Advice Workers, Macmillan Advice Workers and are located on three different hospital sites in the city. The service supports over 500 separate customers each month.

Population Health Plan

- 4.39 The Manchester Population Health Plan (2018–2027) is at the heart of the long-term approach to tackling the city's entrenched health inequalities. A refresh of the plan is under development and will include a strengthened approach to health equity in response to systemic inequalities experienced by certain communities highlighted by the COVID-19 pandemic. It will also identify and develop plans to address health inequalities that have been significantly exacerbated by the pandemic. This includes the Marmot city work to address the wider determinants of health which disproportionately affect those communities. The new Manchester Disabled People's Engagement group (part of Breakthrough UK) is continuing to inform the approach to culturally competent health promotion and disease prevention by co-designing communications and resources such as information in Easy Read on Long Covid.
- 4.40 In addition to this, services commissioned pre pandemic by Population Health such as the Buzz Health and Wellbeing service have continued to take a person-centred approach which is designed to remove barriers to services for people with long term health conditions. This has recently included co-production of projects with Henshaws Society for the Blind, Manchester People First who support people with learning disabilities and the Royal National Institute for the Deaf. Online guidance is delivered through accessible website,

and alternative formats such 'easy read leaflets' for learning disabled people and books without words in a variety of topics. Resources are provided that support other organisations to be accessible and understand the needs of disabled people.

Impact of COVID-19

- 4.41 Disabled people have also been disproportionately affected by the pandemic. During the first wave of the pandemic, the risk of death involving COVID-19 was 3.1 times higher for more-disabled men and 3.5 times greater for more-disabled women, compared with non-disabled men and women. Men and women with a medically diagnosed learning disability had a 3.7 times higher risk of death involving COVID-19 compared with people who did not have a learning disability. This demonstrates that disabled people are one of the communities which have been hardest hit by the pandemic both directly in terms of mortality but also indirectly in terms of access to health service and the wider determinants of health e.g. employment. In recognition of this, disabled people's organisations have been at the heart of the city's COVID-19 community engagement response.
- 4.42 The Manchester Health and Care Commissioning (MHCC) have established the Covid Health Equity Manchester group (CHEM) which is supported by the Disabled People's Engagement Group and Sounding Boards for Black African and Caribbean people, South Asian Communities, Inclusion Health groups (Refugees, asylum seekers, migrants, gypsies, Roma and Travellers) which all feed into CHEM. These Sounding Boards ensure that as the COVID-19 response has been developed, there has been a robust mechanism for sharing information on the response, informing the design of services, and using the intelligence shared back by them to adapt services.
- 4.43 It has been recognised that an intersectional approach is critical to this as many disabled people experience multiple barriers to health service linked to other protected characteristics such as ethnicity. A significant example of this has been the involvement of the Manchester Disabled People's Engagement Group (part of Breakthrough UK) in the development of the city's COVID-19 vaccination programme which has been delivered jointly between MHCC (including Population Health), primary care and the MCC and Manchester Local Care Organisation's Neighbourhood Teams.
- 4.44 Whilst some of the data on disabled people is limited by what is recorded on their patient record, MHCC has data on patients with a Learning Disability or Severe Mental Illness. This has enabled a targeted thematic and neighbourhood approach to ensuring that vaccination coverage gaps have been addressed.
- 4.45 Disabled People's organisations have been key to supporting the development of enhanced accessibility assurance of the vaccination sites as well as the delivery of Calm Clinics and the development of our Best Interests procedures for people who are anxious about vaccination or may have limited mental capacity. MHCC has also been able to take a 'you said, we did' approach to addressing the concerns of disabled people around the impact of the

vaccination on their long-term health condition by establishing a helpline for anyone with enquiries. A pop-up vaccination clinic was also held in partnership with the Manchester Deaf Centre with British Sign Language interpreters supporting on the day and using a trusted venue which worked well.

Clinically Extremely Vulnerable / Shielding Support

- 4.46 Earlier on in the pandemic, MHCC also worked with Neighbourhood Teams and GP practices across the city to provide targeted support for people who were defined by the government as Clinically Extremely Vulnerable (CEV) and were advised to shield. Following the revision in criteria at the end of 2020, the total number of residents in Manchester defined as CEV was in the region of 20,000. Whilst the data held on patient records was critical to this, the intelligence and insight which the Manchester Disabled People's Engagement group and other patient groups provided were equally important in the development of this support service.
- 4.47 Throughout the period March 2020 to March 2021 the CEV cohort were able to access preferential supermarket slots and for those who were unable to access this option, the council's food response team were able to support these residents by providing appropriate support food support for those that required it. In addition, residents needing additional support were able to use the National Shielding Service to request wider support from the local authority; this included support for isolation or loneliness, support with getting online and connecting those who requested it with local voluntary organisations. The Council, working with colleagues in primary care developed a series of communications to people who were shielding. This included information on how to access support, the covid response hub (including the textphone number), access to medicines and in the early part of 2021 how to access the vaccine.
- 4.48 As shielding came to an end, it was important to understand the experiences of residents who were in this position. Those who contacted the Council for additional support were asked to participate in a small focus group in Summer 2021. This focus group was hosted by the Head of Neighbourhoods and the Deputy Clinical Director at MHCC and clinical lead for shielding. Key points that were raised were concerns about using public transport, going into crowded places but the biggest anxiety came because of the behaviour of other people, particularly post the removal of restrictions in July.
- 4.49 A focus group also took place with Manchester Deaf Centre, to learn and understand about deaf people's experiences during COVID-19. Some of the key feedback included the government not using sign language quickly enough during their daily briefings, lack of interpreters at vaccination sites, a feeling of being judged for not wearing a mask when out with others so that they could lip read. The move to phone appointments with GPs has also been challenging for the deaf community who have found it difficult to communicate with their GP.
- 4.50 The focus sessions have enabled the Council to work up a programme of welcome back activities for people who have been shielding - an opportunity to engage in cultural activities and facilities in a safe way. The team is working

with colleagues in libraries and galleries to put in place an offer for people who have been shielding to access in the New Year.

- 4.51 When attempting to mitigate the economic impact of Covid 19, the increase in expanding cafés and bars' footprint and safety, there was a major increase in outdoor pavement cafes that created new obstacles for some disabled people where principles of accessible street design were lost. In Manchester, the connections to Disabled People's organisations through the Highways Access Group and the responsiveness of Strategic Lead for City Centre Partnerships reduced that impact wherever possible.
- 4.52 The pandemic also highlighted the importance of digital inclusion in terms of accessibility and access to digital technology as a key requirement for independence. Whereas barriers such as skills, confidence, access to devices and broadband are shared by disabled people and other equality groups. Inaccessible devices, websites, and online services, that are not compatible with assistive technology used by disabled people, e.g., screen readers for blind people, add additional digital exclusion barrier.

Digital Inclusion – Accessing Services Online

- 4.53 Digital exclusion remains a significant barrier for many disabled people. There is a gap in understanding the relationship between digital inequalities and disability. However, in general, disabled people are more likely to be digitally excluded than non-disabled people, whilst potentially they would benefit disproportionately from being a confident online user. As well as being socially equitable, this means that there are many residents who are digitally excluded from jobs, skills, and online services.
- 4.54 The Manchester Digital Strategy is the vision for the city's digital future. It reflects the importance of digital and technology in people's lives and aims to bring together, plan for and harness the opportunities that technology presents to help us meet the vision for Manchester set out in the Our Manchester Strategy with an approach that puts equality, inclusion and sustainability at its heart.
- 4.55 In developing the recent Manchester Digital Strategy, engagement and consultation took place with local groups and led to the strategy being divided into four themes which are intended to align with the city's existing priorities: Smart People, Digital Places, Future Prosperity, and Sustainable Resilience. The Smart People priority ensures that everyone can gain and sustain the skills, aspirations, and confidence to fully participate in the digital world, particularly for people experiencing inequalities including disabled people.
- 4.56 The Council's Digital Inclusion Action Plan has a strong focus on developing better intelligence around the challenges of data and focussing on disabled people. The Council has recently developed a Digital Exclusion Index - this is being used to target projects in areas where there appears to be high risk of digital exclusion. Disability is a priority area for the Council's Digital Inclusion Action Plan, as it is also for Greater Manchester's. The Digital Inclusion Team

are using the Council's event for International Day of Disabled People to engage with disabled people about their digital barriers.

- 4.57 In 2020 the Digital Inclusion Programme Lead hosted an engagement event with Manchester disability organisations, to gain a deeper understanding of the digital barriers faced by disabled people. This led to further engagement, including presentations by Guide Dogs for the Blind and Manchester Deaf Centre to the Digital Inclusion Working Group, where good connections have been formed and the work of the programme to tackle disability digital barriers continues to be informed by disabled people's lived experience.

Digital Accessibility

- 4.58 The Council's website is the front door to the Council, and it is essential that the website is fully accessible. The Digital Communications Team have taken a strong leadership role in this area have ensured that the website is in line with Web Content Accessibility Guidelines (WCAG 2.1AA) by updating site look and feel. The site now scores 96.7% for accessibility according to SiteImprove data an increase from around 76% beforehand. The website has also integrated BrowseAloud as an accessibility tool. This allows users to customise their user experience and to personalise the way they access content on the website.
- 4.59 Over the last year BrowseAloud was used nearly 300,000 times, equivalent to 821 times a day or 1% of users. Training for website content authors includes accessibility module as standard, and a governance control process that prevents inaccessible content being approved. The team actively respond to actionable 'webfeedback' and analytics to improve user journeys, accessibility, and inclusion.
- 4.60 To build knowledge in Council officers about accessibility in documents and digital content, an organisation wide campaign is being delivered to help every council service build their own accessible content using the SCULPT framework: Structure, Colour, Use of images, Links, Plain English. The campaign is supported by e-learning and strong governance arrangements to prevent use of inaccessible documents.
- 4.61 The Council also has an active social media presence across Facebook, Twitter, and Linked In. All social media videos are created using captions, all images use ALT text descriptions, and content written in plain English. Some content is also produced in translated formats such as BSL/Easy Read.

Resident and Business Digital Experience Programme (RBDXP)

- 4.62 The Council's Resident and Business Digital Experience Programme (RBDXP) which has four key objectives:
- Make Manchester City Council a digital leader of public services, reducing internal demand costs and increasing customer satisfaction.
 - Connecting our organisation together, allowing effective collaboration with partners.

- Use inclusive design and understanding of the digitally diverse needs of our residents, to ensure fair and equitable access to all our services.
- Ensure systems and technology provide the best customer experience and manages demand.

4.63 This programme is taking a strong intentional approach to accessibility and will pioneer a new approach to the design, implementation and procurement of technology using expertise in accessible design, that will set a new standard for any future Council digital projects. The Council's EDI manager sits on the Programme Board and is chairing a new Accessibility Working Group which is bringing Council officers from across ICT, HROD, EDI, procurement and H&S together to develop and strengthen our approach to accessibility. This group has recently produced a new user-testing resident protocol to ensure diverse groups of residents can test council digital services before they are implemented.

Improving Access to Housing

4.64 In May 2018 the Equality and Human Rights Commission (EHRC) undertook an inquiry into the current provision of accessible and adaptable housing for disabled people provided by local authorities and registered landlords supporting disabled people's right to independent living. The report recommends that more adaptable homes are built for disabled people and that local and national governments engage with disabled people at planning stages. In Manchester, a new supported housing strategy is currently being developed by the Council and its registered provider partners.

4.65 Manchester's Supported Housing Strategy sets out both the housing (building/ accommodation) and commissioning (care and support services) dimensions to both maintaining existing provision and developing new services. It identifies the key objectives and priorities for the City over the next 10 years, alongside the principles which will underpin our approach. The strategy will enable the city and its partner organisations to develop and sustain a high quality, balanced supported living marketplace that meets the needs and aspirations of current and future residents.

4.66 Supported housing provides a home to a wide range of groups including older people, people with learning disabilities or with mental health needs, those with a physical disability, care leavers and people experiencing homelessness and rough sleeping. Supported housing is any housing scheme where housing, support and sometimes care services are provided as an integrated package. It is a home for someone with an additional need, and can be permanent or temporary, depending on what its occupants' needs are.

Improving highways and access to transport

4.67 The Highways Service has made significant improvements in the past 12 months in relation to equalities. A recently established Highways Access Group has been created to obtain advice on projects and feedback from represented disability groups. The main purpose of the group is to provide comments,

suggestions, and solutions with regards to accessible design. The idea being that these changes can be considered as part of the detailed design phase.

- 4.68 The first meeting was held in October 2020 and since the beginning of 2021 the group now meets virtually monthly. A fee is paid for the members of the Highways Access Group, reflecting our commitment and valuing their time and feedback. Membership includes representatives from the Royal National Institute of the Blind People (RNIB), Guide Dogs, Manchester Disabled People's Access Group, Age Friendly Manchester, as well as people with experience and expertise in inclusive design and access issues for disabled people. Further on-going recruitment is underway to ensure that the Highways Access Group members are diverse, providing opportunities for people to bring different perspectives and life experiences. See Appendix 2 Case Study Victoria North and Eastern Gateway Project.
- 4.69 Highways have worked very closely with the Council's EDI Team to embed best practice and have since been asked to share experience with other service areas and pass on any knowledge and lessons learnt to date. An Equality Impact Assessment (EqIA) plays an important part within the design process for Highways projects and allows the project team to understand the impact a scheme's proposals may have on users with protected characteristics. Using EqIA's effectively allows the project team to take alternative measures into consideration that may help to make the design more inclusive and accessible for all. Training sessions have been provided to staff within the Highways service to help raise awareness and increase knowledge and understanding of inclusive design. Design guidance and standards have been shared and highlighted with project teams as inclusive best practice including the likes of; Gear Change (2020), LTN1/20 Cycle Infrastructure Design (2020) and Pave the Way (2021).
- 4.70 The Blue Badge parking scheme is designed to help disabled people to park closer to their destination. Blue Badge 'standards' are set by the Department for Transport and govern who is and isn't eligible for a Blue Badge. There are two routes to obtaining a Blue Badge: a) those who are automatically eligible and b) those where a further 'assessment' needs to be carried out. Locally, administration of the Blue Badge Service is carried out by the Council. Two teams are responsible for the processing of badges in Manchester.
- 4.71 Manchester currently has 16,438 badges on issue. Between 1st January and 30th June 2019, 3,206 Blue Badges were issued in Manchester. Around 38% of these badges (1,214) were issued to people with a mobility impairment or registered blind, of which 69% were new applications. A further 1,136 badges (36%) were issued to people receiving a Personal Independence Payment and 820 (26%) to people receiving Higher Rate Mobility Allowance.
- 4.72 As a large public provider, Transport for Greater Manchester (TfGM) is required to anticipate the requirements of disabled people and make reasonable adjustments so that they can use our services. To do that TfGM engage with a range of different groups and work closely with colleagues across GM such as the GMCA, The Greater Manchester Mayors Disabled People's Panel, Our

Manchester Disability Board and its own the Disability Design Reference Group (DDRG).

- 4.73 The DDRG is coordinated by the disabled people's organisation, Breakthrough UK, and includes members with a range of impairments, people from various ethnic backgrounds and of people of different ages. It meets around once a month with project managers, designers, architects, planners, and transport professionals. It plays a vital role in offering solution driven approaches in relation to the design and build of a range of projects and initiatives. It has advised on, and influenced, a wide range of features to improve the journey experience, for example, strong colour-contrasting infrastructure, clear signage, audio information, and additional corner posts and tapping rails. The DDRG has been involved in the design and functionality of the TfGM website. The group is seen as an example of best practice by the Equality and Human Rights Commission.

Hate Crime

- 4.74 The number of disability related hate crimes reported are low, however, it is recognised that all hate crime is under reported and particularly disability related hate crime. The GM Plan to Tackle Hate Crime has an action plan to address and support this, the plan has been developed and is led by the GMCA with Manchester's Community Safety Partnership (CSP) is part of the GM Steering Group. The Greater Manchester Disabled People's Panel also supports the development of policies to drive meaningful change across Greater Manchester. Throughout the last 18 months the Community Safety Team have continued to support and engage with hate crime reporting centres which provide victims with advice and support in a safe space, centres can also report hate crimes or act on behalf of the victim. A review of the reporting centres is underway to ensure anyone wanting to make a hate crime report can access a centre and has a good experience and service.
- 4.75 Hate crime has been monitored on a weekly basis since the first lockdown in March 2020. During this period there have been fluctuations in reports of hate crime, reflecting some of the changes in places of congregation from areas such as the city centre and public transport to parks, for example. To respond to this, resources have been provided to promote reporting and raise awareness of hate crime. Data on race and hate crime isn't currently available. A public statement from GMP explains that:
- “Following a change in computer systems at GMP, crime and incident data is not yet available at a local authority level. Recorded crime in Manchester and Greater Manchester has started to increase in response to a HMICFRS report published in December 2020: *'An inspection of the service provided to victims of crime by Greater Manchester Police'*. While the pandemic and procedural changes have led to changes in levels of recorded crime, other underlying factors have remained relatively constant”
- 4.76 The Council has continued to deliver grants programmes for the voluntary and community sector, recently awarding 17 organisations funding to hold activities and events to raise awareness and promote reporting of hate crimes, five

projects awarded funding are organisations who support people with disabilities these include: The Manchester Deaf Centre who will be hosting an event with over 100 members to raise awareness of hate crime; Manchester People First will produce a video which will be shared with 500 members to reinforce messages and raise awareness of hate crime and where to go for help and support; and The Dimobi Children's Disability Trust who are holding a week of events and activities for its members to raise awareness of hate crime and the importance of reporting.

Domestic Abuse

- 4.77 Disabled women are statistically twice as likely to experience domestic abuse in Manchester than non-disabled women, which mirrors the national trend, therefore in developing the Council's new Domestic Abuse strategy the Council's Community Safety Team (CST) met with a range of stakeholders and women with lived experience. This included women who self-identified as having a physical or sensory disability and their views and comments fed into the strategy. CST recognise that the diverse range of people who may become victims of domestic abuse need to see themselves in the support and services they offer. The new strategy commits to targeted community engagement which includes disabled people.
- 4.78 Building on the domestic abuse training already available, CST will ensure that frontline staff can recognise abuse, understand the diversity of victims and ensure that the first response to calls for help is appropriate and effective. This work will be developed into a more detailed multi agency delivery and action plan.

Access to buildings and universal services

- 4.79 In addition to specific targeted services the Council is also committed to ensuring equitable access to the buildings and universal services it provides. Design for Access 2 (DfA2) are the Council's current standards for accessible buildings and supplementary to national planning and building regulations. DfA2 standards were developed in 2002 and need review and refresh. A revised set of Manchester Inclusive Design Standards will incorporate the best design standards across all protected characteristics, including disability, age, and race.
- 4.80 Early work is in development to scope out what these revised standards would look like. To support this work and to further develop our commitment to ensuring accessibility and inclusion within the public realm and built environment, the City Centre Growth and Infrastructure team in Growth and Development Directorate has recently agreed to appoint a dedicated Access Advisor, who will support, train and advise officers and give expert access advice to major schemes. This post will be initially funded for 12 months and sit within the Growth and Development Team; work is underway to finalise the details of this appointment.

Changing Places Toilets CPT)

- 4.81 In addition to improving future inclusive design it is importance to ensure the Council are continuing to improve our existing buildings. A Changing Places Toilets (CPT) consultation showed that having days out, taking part in leisure and sport activities and going shopping are the three top activities that the presence of a CPT has allowed people to do. Country parks, open spaces, tourist attractions and transport networks are the top three locations respondents would like to see future provision. We have recently submitted an expression of interest to the MHCLG for their Changing Places capital funding. The purpose of this funding is to invest over three financial years from 2021/22 to increase the number of changing places toilets in existing buildings.
- 4.82 Taking the insights from the consultation, the Council proposes to install six additional CPT facilities across the city. Two in the North (Heaton Park and North City Family and Fitness Centre) would improve access to parks and open spaces as well as leisure and retail facilities; two in the South (Wythenshawe Forum Trust and Wythenshawe Park) to provide inclusive access to leisure, retail, healthcare services and transport links as well as country parks and open spaces; and two in the City Centre (HOME arts Centre and People's History Museum), providing inclusive access to two significant tourist attractions, and the surrounding facilities. The funding complements changes that have already been made to building regulations requiring Changing Places toilets to be included in new publicly accessible buildings.

Leisure and events

- 4.83 Leisure services strive to be accessible in both their buildings and their programmes of activity for example Moss Side Leisure Centre provides Changing Places toilets, boccia court and lift access to the swimming pool. The number of disabled McrActive members has doubled since before the centres closed for the various lockdowns. The operators use the membership data to guide the programmes to cater to target groups to make activities fully inclusive.
- 4.84 The Council's Events team aim to deliver a diverse and accessible programme ensuring audience provision at public space civic events such as Christmas Lights Switch On. This provision may include designated viewing platform and BSL interpreted performance. Commercial partner events such as Parklife work with Attitude Is Everything, a charity helping the music industry to understand and accommodate the requirements of disabled people at music venues and festivals.
- 4.85 Working in partnership with the parents and carers network for disabled children we have designed some free and accessible skating sessions for approximately 50 people on the ice rink at Cathedral Gardens. The rink is fully accessible to wheelchair users every day (on and off the rink) and staff have been trained to support disabled customers. We will look to build on this accessibility offer in future years of the ice rink contract.

- 4.86 The Christmas Markets also strive to be accessible with a fully staffed Changing Places Unit, including adult weighted changed bed with adjustable height, a track hoist in the ceiling and a toilet installed at Piccadilly Winter Gardens site. The unit will be moved to Cathedral Gardens during the period of the accessible skating sessions.

Other services

- 4.87 It is also important that other core vital services delivered by the council are accessible for residents with disabilities. For example, the Pest Control service provides a variety of pest treatments across both commercial and residential properties. For residents the call agents will capture if a resident is disabled and needs additional needs to be factored into service delivery. This information is used by the senior technician to prepare for the visit and to provide the appropriate additional support.
- 4.88 Similarly, Bereavements services support residents and the buildings are accessible (except for the customer care office at Southern Cemetery), there are accessible toilets at several locations, and hearing loops are available in the reception areas and in the chapels. They also live stream of services from the Crematorium chapels for those who can't attend funerals in person.

Climate Change

- 4.89 Climate Change is an issue that affects us all and Manchester City Council is committed to making the City zero carbon by 2038. The MCC 2020-25 Climate Change Action Plan contains a range of actions to reduce the City Council's Co2 emissions by 2025 and includes some specific actions which will in part support residents with disabilities and long-term health issues including retrofitting homes across the city, which will help to reduce costs and tackle fuel poverty. We will be providing safe and accessible active travel routes, helping support all people to travel safely using sustainable transport modes.
- 4.90 Reducing carbon emissions and improve air quality across the city, which in turn will help reduce health inequalities. Increasing and improving the quality and quantity of green spaces and nature within the city also involves looking at improved access by removing accessibility barriers, will enable all people to benefit from spending time in nature, resulting in improved physical and mental health and wellbeing of residents. Engaging and educating people on the climate emergency and offer advice and support for residents on how they can take climate positive actions. This in turn can help reduce climate anxiety, provide opportunities to build community cohesion and help people to connect with their local communities and meet new people.
- 4.91 The Corporate Core provides the central point of coordination for Equality, Diversity, and inclusion across the Council. The City Solicitor is the SMT responsible officer for EDI and is currently introducing new governance arrangements to bring together all aspects of EDI from across the council, providing coordinated leadership and direction. Operationally the Equalities work is delivered by two teams – Talent and Diversity in HROD lead workforce

equalities issues and the Equality Diversity and Inclusion Team lead on specialist advice and service delivery. The EDI team provide advice and support to all services mentioned throughout this report.

5.0 Equality Objective 3 - Celebrating Our Diversity

5.1 Manchester's commitment to equality and diversity is part of its fabric. The city has championed equality for generations and has been home to a number of inclusion figureheads. We have a thriving and increasingly diverse population with a wealth of characters, cultures, and contributions. Manchester has much to celebrate, be that its past, present, or future. We have achieved a lot by working with our different communities to promote their identities and achievements. We will maintain and build on that, going even further to celebrate Manchester's diversity.

5.2 The Council's Communications Team is often providing a first point of contact for residents, through the council website or social media and we tailor messages and channels to meet the needs of the audience. Communications is critical service to promote the service outlined in this report. We also highlight key events in the year including days of recognition such as International Day for People with Disabilities.

5.3 The Council's libraries have always strived to represent the communities in which they are located and to ensure that libraries are accessible, and community initiatives involve and celebrate disability. Since 2014 libraries have hosted and delivered an annual event programme for International Day of Disabled People and UK Disability History Month at Central Library, working in partnership with Greater Manchester Coalition of Disabled People, Disabled Artists Networking Community, Venture Arts, Archive +, Manchester Histories and University of Manchester. As a direct result of this event programme and the relationships built, we're proud to be the home of a new National Disability History Archive, funded by an Award in 2021 by Wellcome Trust of circa £300k to GMCDP who will work closely with library officers to curate and develop this exciting and important work.

5.4 Manchester also strives to attract diverse elite sports events such as the Para Powerlifting World Cup 2021 in March and developing bids to host both the World Para Swimming Championships and Wheelchair Basketball European Championships in 2023.

6.0 Conclusion

6.1 Equalities, diversity and inclusion is a priority for the Our Manchester Strategy and the Council's Corporate Plan. This is also demonstrated in the breadth of current and planned activity in the city as outlined in this report. This 'deep dive' shows that even further action and commitment will be needed going forward to achieve the ambitions we have set for the Council and the City. There needs to be an improvement in the intelligence and data that we hold. A Communities of Identity report in development by the Council's EDI Team will use the new Census 2021 data to add valuable insight and knowledge about Manchester's

diverse population and enable a refreshed and updated evidence base to support decision making and effective service delivery.

- 6.2 The Council recognises there is more to be done in areas such as Housing, Digital Inclusion, Domestic abuse, attitudes, accessibility, built environment, skills and employment to enable disabled children, young people and adults to reach their potential and enjoy the same opportunities as non-disabled people. The Our Manchester Disability, Equality, and Inclusion Partnership (OMDEIP) is critical to this by bringing together commissioners, partners, and people with lived experience to improve the city to improve accessibility and remove barriers.
- 6.3 Fully adopting inclusive design across our strategies and services underpinned by robust Equality Impact Assessments and continued improvements in engagement activity with disability groups will be essential to meet the city's equality and inclusion objectives. In terms of the Council's approach to the built environment, a major aspect of disability inclusion, this has been strengthened by the Council's Highways Access Group and further improvements will come from plans to refresh DfA2 (Design for Access 2) and by the forthcoming appointment of a Council Access Advisor.
- 6.4 Once the JNSA on disability is published, it will give a picture of the state of disability inequality in Manchester, which will help the Council, Partners and VCSE identify where to focus and prioritise their efforts to remove barriers. In undertaking this report, it's become clear that whilst there are pockets of good practice across many of the Council's universal services, we would benefit from a mechanism to gain a collective citywide view to avoid a disparate and disjointed view of disability inclusion in the city and to foster consistency and good practice across services. The Our Manchester Strategy Delivery Plan, currently in development will provide a means to enable that mechanism aligned with achieving a 'fair and equitable city'.
- 6.5 The Council's SMT Lead for Equality, the City Solicitor, is convening a new Equality Leadership Group bringing together senior officers to have oversight and quality assurance of the delivery of the Council's Corporate Priority on Equality, Diversity and Inclusion with a focus on both service delivery and workforce equality, which will have a direct reporting line to the Council's Senior Management Team. This group will provide the support and infrastructure to ensure that continuous progress is made on this agenda.

7.0 Recommendations

- 7.1 The Committee is invited to consider and comment on the information provided in this report.